



PATIENT

Sprocket Duer

PRESENTING CLINICAL SIGNS

hyporexia, ; hospitalized for pancreatitis. Severe lethargy today. on metro, polyflex, loperamide, pepcid, buprenex, IVF. CPL 650 on 4/26, 207 on 4/28. remaining BW wnl.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Spinone

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

SEX

Spayed Female

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.9 cm. The left kidney measured 6.58 cm.

AGE

11 Years

Adrenal Glands

WEIGHT

65 Pounds

The **left adrenal gland** was enlarged and nodular, expansive without capsular escape. The left adrenal gland measured 2.75 cm x 1.02 cm at the caudal pole and 1.11 cm at the cranial pole. The left adrenal gland was moderately vascular.

The **right adrenal gland** was normal in size and shape, measuring 2.31 cm x 1.44 cm at the cranial pole and 0.74 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

IMAGING PERFORMED BY

Diane McFadden

Liver

HOSPITAL NAME

Basking Ridge AH

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

REFERRING VET

Dr. Ulassin

Gastrointestinal

INVOICE

37249

The **gastrointestinal tract** was hyperperistaltic and revealed mild muscularis hypertrophy and minor colonic thickening.

DATE

4/28/22



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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Enlarged left adrenal gland – hyperplasia, adenoma, adenocarcinoma all possible
- Non-specific GI insult

BREED

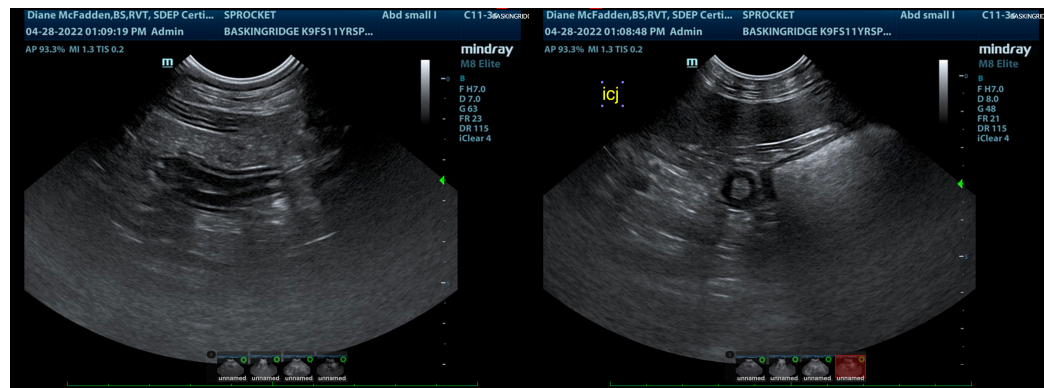
Spinone

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Serial blood pressures recommended. If hypertension is present, then urine catecholamine warranted. If the patient appears Cushingoid, workup for adrenal dependent Cushing's indicated. GI supportive therapy warranted in the meantime. Recheck sonogram in one month of the left adrenal gland to assess for any growth.

AGE

11 Years



WEIGHT

65 Pounds

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IMAGING PERFORMED BY

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HOSPITAL NAME

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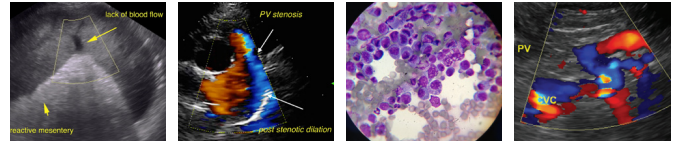
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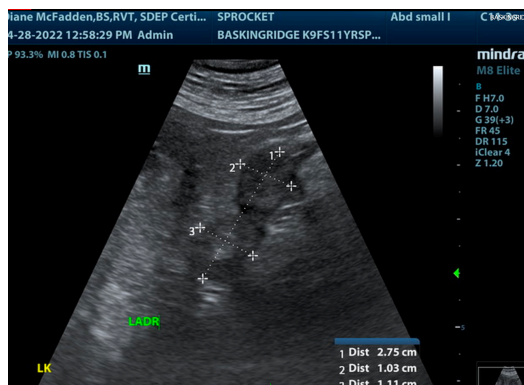
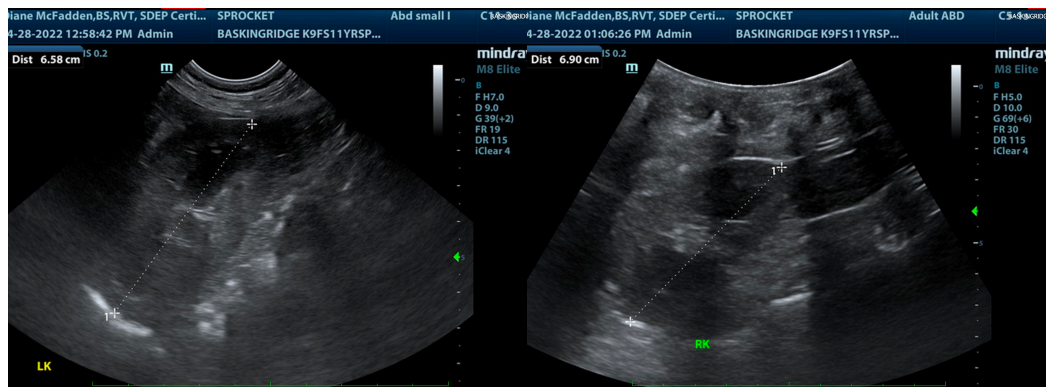
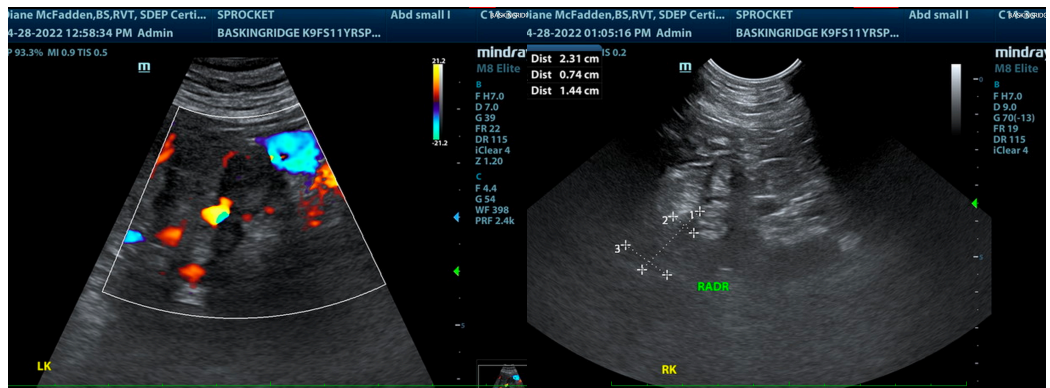
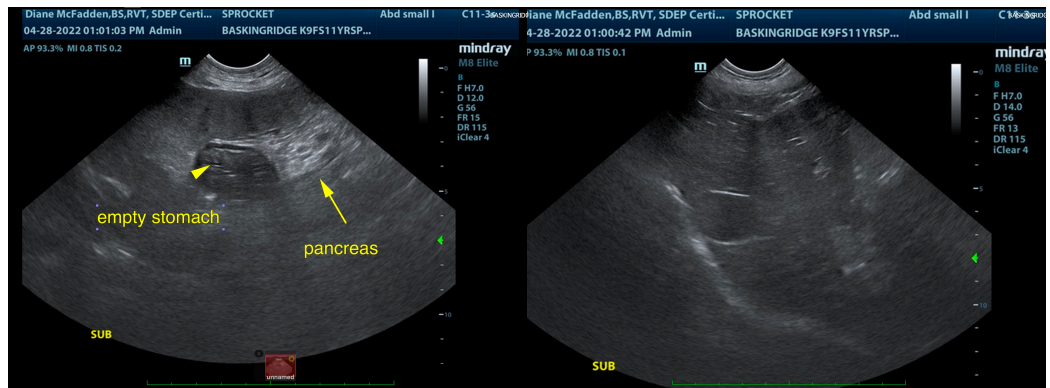
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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