



PATIENT

Princess Leia Golding

SPECIES

Canine

BREED

Lab Mix

SEX

Female

AGE

15 years

WEIGHT

31.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Moss

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

Dr. Moss

INVOICE

98062

DATE

4/5/22

PRESENTING CLINICAL SIGNS

History: Pt presented for vomiting most of what she eats. Pt is able to keep water down but vomiting nearly all food back up. PT on ursodiol from another veterinarian for GB issues
Abnormal PE/Chem/CBC/UA Results: Chem ALP-1900, Glob- 4.6, BUN-41, Creat- 2.5. CBC: RBC4.9, HCT-38, HGB-12.4, WBC-4.44, Lym and Eos- low.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 5.0 cm with slight pyelectasia. The right kidney measured 5.0 cm.

Adrenal Glands

The left **adrenal gland** was uniform and measured 0.5 cm. The region of the right adrenal gland was unremarkable.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed coarse architecture with increased portal markings. This is consistent with chronic inflammatory disease. Isoechoic, non-disruptive, nodular changes were noted. The gallbladder was moderately over distended with striating bile. This is consistent with emerging mucocele. The formation measured approximately 4.0 x 5.0 cm. The gallbladder wall was slightly echogenic. Irregular contour was noted to the caudate process as well.

Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated



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normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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.

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ULTRASONOGRAPHIC FINDINGS

Hepatic remodeling, consistent with fibrosis and nodular hyperplasia.

SEX

Female

Emerging gallbladder mucocele.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile is warranted. The gastrointestinal tract was structurally unremarkable. The cause of azotemia is unclear as the kidneys do not appear end stage. Complicating factors such as Leptospirosis, toxin exposure, UTI and hypertension should all be ruled out. There was no evidence of neoplasia.

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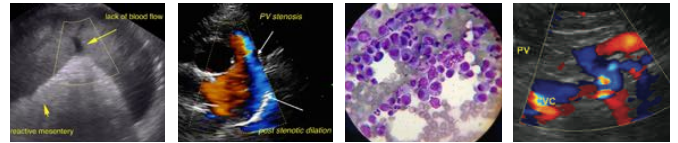
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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