



PATIENT

Sola Kameda

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

12 Years

WEIGHT

17.4 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Resolution Vet
Ultrasound

REFERRING VET

Dr. Malaguti

INVOICE

36772

DATE

4/6/22

PRESENTING CLINICAL SIGNS

ADR, non diagnostic BW and UA
Abnormal PE/Chem/CBC/UA Results:
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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 were 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 his age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 5.44 cm. The left kidney measured 5.4 cm with slight pyelectasia noted.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 0.90 cm at the cranial pole, 0.69 cm at the caudal pole, and 1.2 cm mid body. The left adrenal gland measured 0.97 cm at the caudal pole and 0.69 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself. 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 were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was overdistended at approximately 6.0 cm x 4.0 cm with suspended, dependent debris. Gallbladder sand also noted. The common bile duct was normal at 0.36 cm with minor debris.

Examination of 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 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

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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.

BREED

Labrador Retriever

ULTRASONOGRAPHIC FINDINGS

- Emerging gallbladder mucocele
- Moderate degenerative renal changes
- Bilateral adrenal hypertrophy

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Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If USG is <1.020 and the patient appears Cushingoid, then workup for PDH indicated. Gallbladder motility study would be ideal given the overdistention of the gallbladder. Dysfunction is likely. Empirical treatment with Ursodiol over the next 6 weeks and recheck of the gallbladder could be considered as long as the patient is stable. Subjectively, the patient may be having low-grade clinical signs such as lethargy or hyporexia based on the gallbladder alone.

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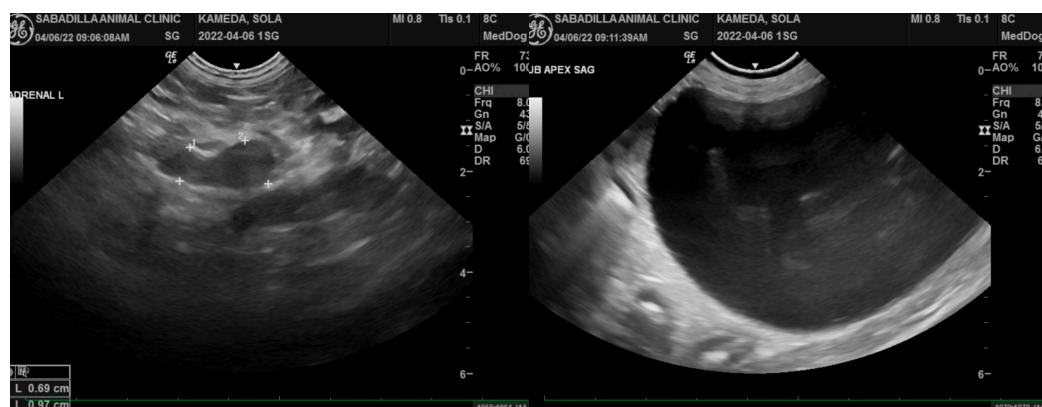
Dr. Malaguti

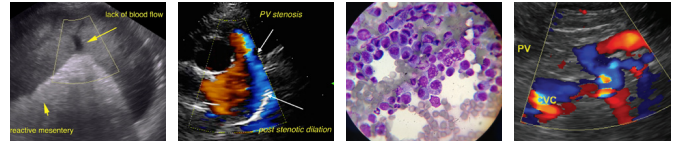
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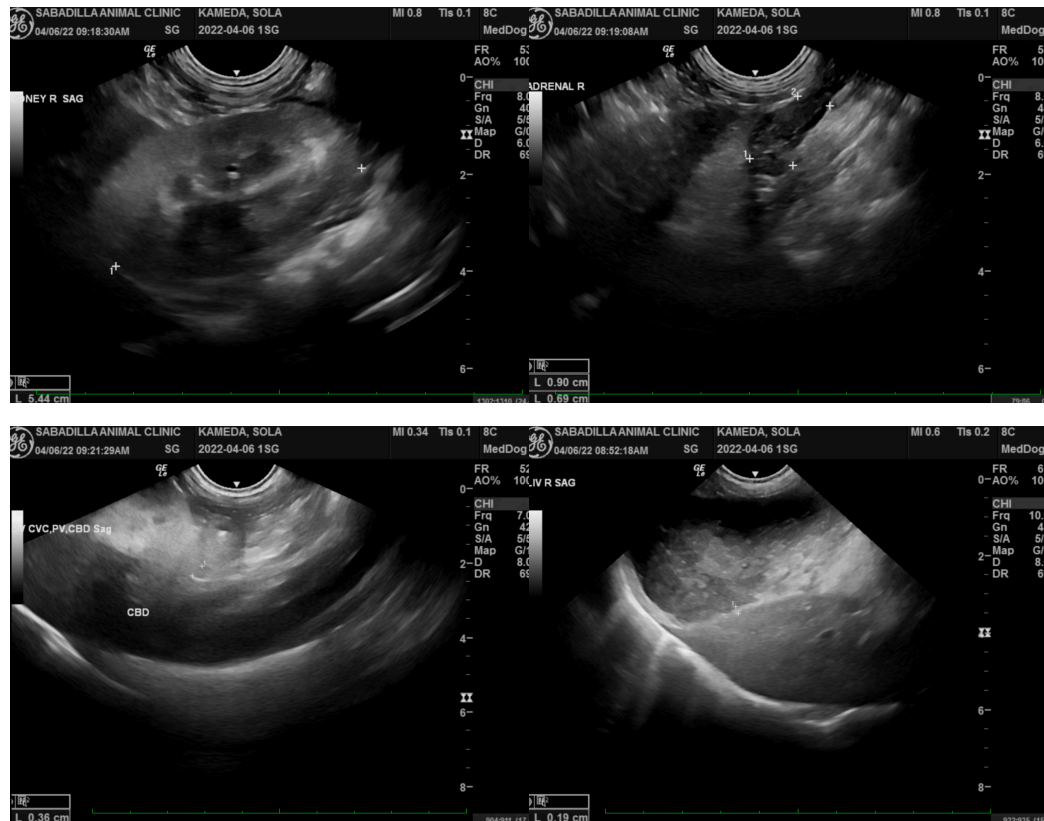
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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