



PATIENT

Lilly Grace Davis

SPECIES

Canine

BREED

Papillon

SEX

Spayed Female

AGE

2 Years 11 Months

WEIGHT

18.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Leon Anderson

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Leon Anderson

INVOICE

37692

DATE

5/17/22

PRESENTING CLINICAL SIGNS

Came to us just for the scan- squeals every time she is picked up.

Abnormal PE/Chem/CBC/UA Results: PE: Stage I dental disease. Moderate anal gland fill. Nails long. BCS 4/5. Painful to deep palpation of cranial mid abdomen. Positive Murphy sign over spleen and right adrenal/kidney on scan. No labs done.

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 4.6 cm. The left kidney measured 4.52 cm. Slight cortical infarct noted at the dorsal cortex of the left kidney, appears to be stable without evidence of inflammation, likely a lesion of prior significance.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.67 cm x 0.33 cm at the caudal pole and 0.29 cm at the cranial pole. The right adrenal gland measured 1.69 cm x 0.45 cm at the caudal pole and 0.49 cm at the cranial pole.

Spleen

The **spleen** presented normal size, contour and position without evidence of periserosal inflammation.

Liver

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.

Gastrointestinal

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.

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

- Structurally unremarkable abdomen
- Stable left renal infarct

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral pathology that would be responsible for the clinical signs. Concern for referred back pain in this patient, as there is no evidence of visceral disease responsible for the clinical signs.

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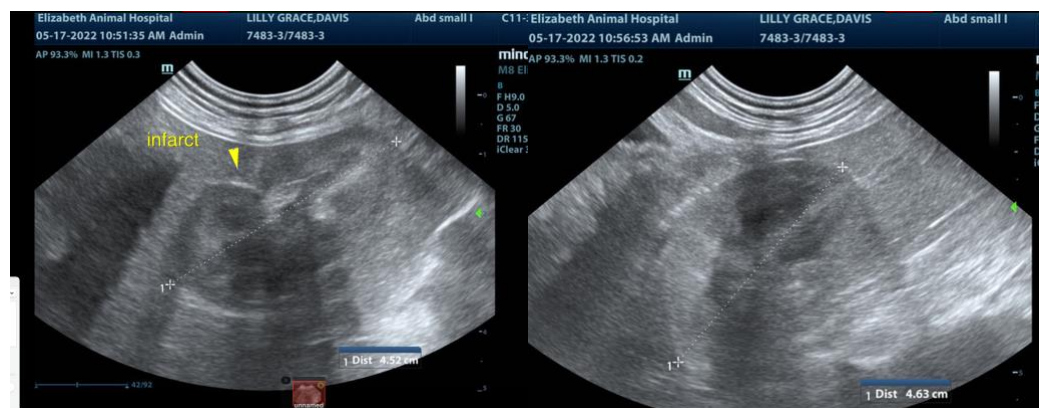
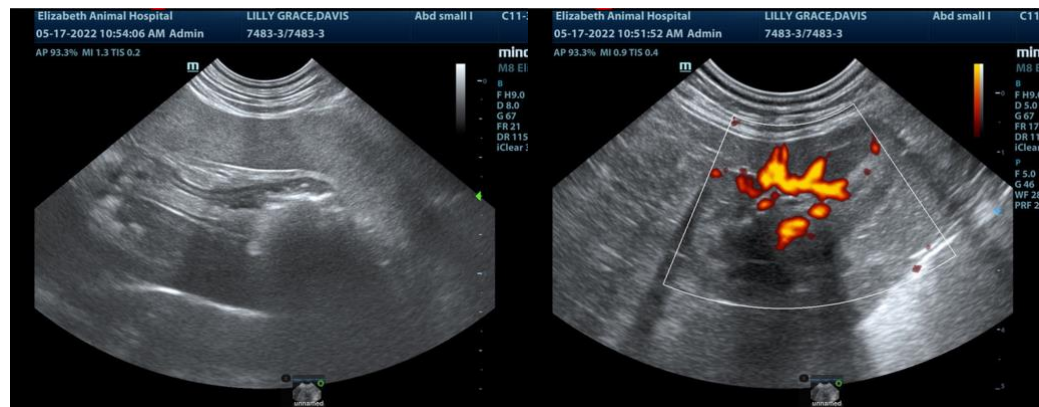
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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