



**PATIENT**

Lucy Jobson

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Spayed Female

**AGE**

11 years

**WEIGHT**

25.4 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Green

**HOSPITAL NAME**

Stanglein VC

**REFERRING VET**

Dr. Rothrock

**INVOICE**

30653

**DATE**

5/23/22

**PRESENTING CLINICAL SIGNS**

History: Week long history of intermittent vomiting and unable to keep food down.. Cerenia 24mg 1T PO SID PRN  
Abnormal PE/Chem/CBC/UA Results: BW: BUN 44(H), Phos 2.3(L), K 3.9(L) otherwise wnl Rads: small liver, concern for pyloric outflow obstruction

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** presented apical and ventral wall polyps. Ventral wall polyp measured 1.0 cm. The apical polyp measured 1.5 x 1.5 cm. The cystourethral junction and proximal urethra appeared unremarkable. Further imaging of the deep pelvic urethra would be ideal.

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 and no evidence of pelvic dilation was present. The right kidney measured 5.34 cm. The left kidney measured 4.59 cm.

**Adrenal Glands**

The left adrenal gland was flattened and isoechoic measuring 1.29 x 0.43 cm. The right adrenal gland was flattened and isoechoic measuring 1.57 x 0.37 cm.

**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** 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 revealed a minor polyp, yet this is not clinically significant.

**Gastrointestinal**

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small intestines demonstrated normal luminal chyme. Soft stool was noted in the



**PATIENT**

colon. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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**SPECIES**

**Pancreas**

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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**ULTRASONOGRAPHIC FINDINGS**

Spayed Female

Bladder polyps, appear resectable with aggressive partial cystectomy.

**AGE**

Soft stool was noted in the colon.

11 years

Flattened adrenal glands.

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

25.4 lbs

Cystoscopy with polyp biopsies could be considered to assess polypoid hyperplasia versus carcinoma as well as inspect the pelvic urethra. Screening for Addison's is warranted as well with baseline cortisol or ACTH stimulation.

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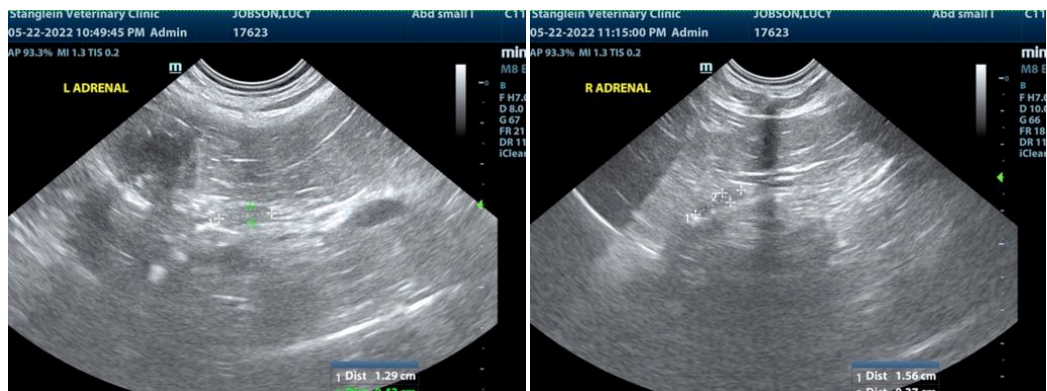
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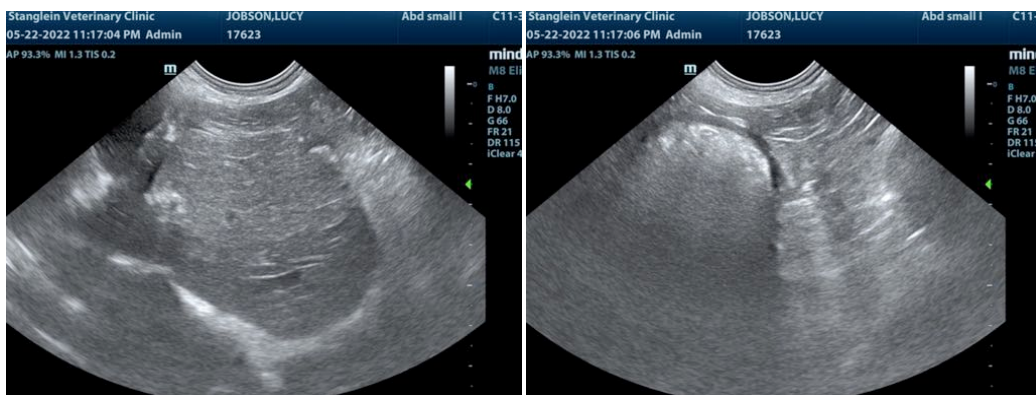
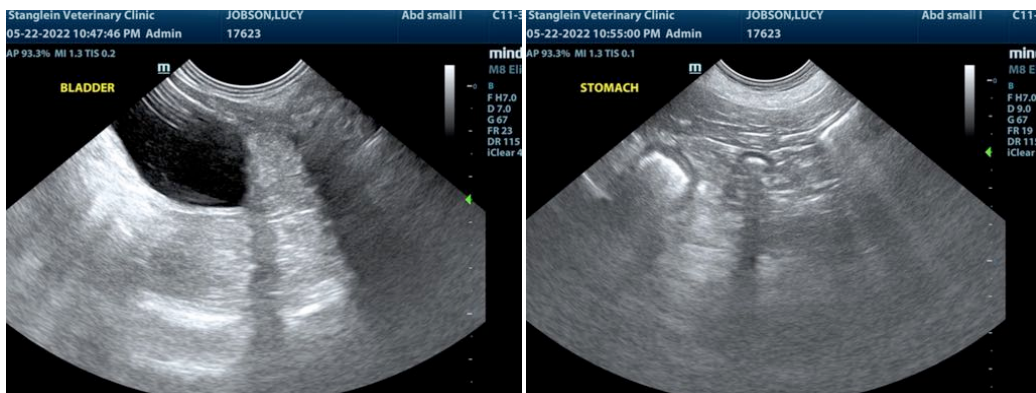
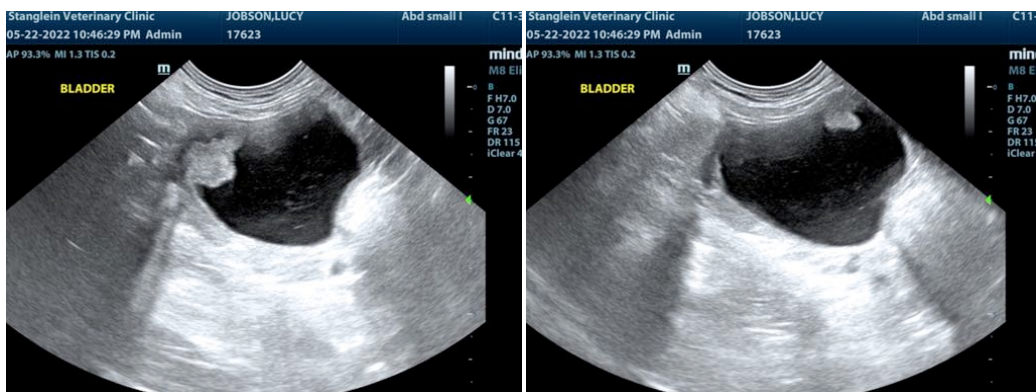
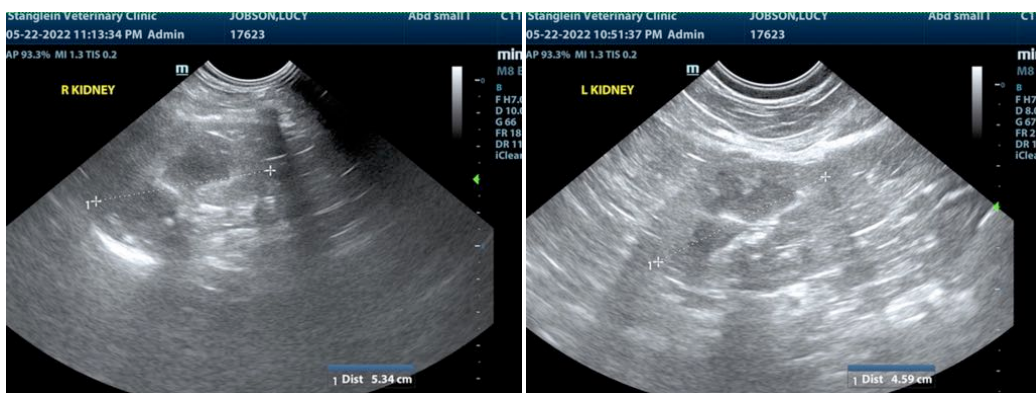
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com