



**PATIENT**

Ahsoka Hodson

**SPECIES**

Canine

**BREED**

Golden Doodle

**SEX**

Spayed Female

**AGE**

13 years

**WEIGHT**

20 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Biederbeck

**HOSPITAL NAME**

Lomsnes VH

**REFERRING VET**

Dr. Biederbeck

**INVOICE**

30738

**DATE**

5/25/22

**PRESENTING CLINICAL SIGNS**

History: Lethargic, diarrhea. Doesn't want her kibble anymore. Abdomen becoming progressively distended, pu/pd and urine in the house. Urine smelled foul to owner.  
Abnormal PE/Chem/CBC/UA Results: Lethargic, not herself, pendulous abdomen. AlkP 2671, was 1887 in Oct, ALT 207, was 161 in Oct. Remainder of labwork was done in Oct and was normal so just repeated liver values today USG- 1.018 microscopic findings for urine: many bacteria, rare struvites, few WBC

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **bladder** revealed ventral wall thickening that measured up to 0.7 cm and extended for 3.4 cm across the ventral wall. This appears potentially resectable. There was 1.5 cm of sand accumulation.

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 left and right kidney measured 6.0 cm.

**Adrenal Glands**

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was 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. Maximum width of the left and right adrenal gland was 1.0 cm.

**Spleen**

The **spleen** was mildly enlarged, slightly congested and folded upon itself with minor, heterogenous parenchymal changes.

**Liver**

The **liver** revealed multi-focal, hypoechoic nodules in the midst of diffuse, hyperechoic parenchyma compared to the falciform fat. The liver presented generalized enlargement and mild irregular contour. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy 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



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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**

Canine

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**

Golden Doodle

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Splenohepatomegaly. Subjectively benign.

Spayed Female

Nodular hyperplasia vacuolar hepatopathy pattern.

Ventral bladder wall thickening and bladder sand.

**AGE**

Swollen adrenal glands.

13 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

FNA of the general parenchyma and nodules is recommended. Work-up for Cushing's is warranted in this patient if the urine specific gravity is less than 1.020. Full urinary work up is indicated given the bladder presentation or direct ventral partial cystectomy. No overt evidence of neoplasia. There is a minor potential for emerging bladder carcinoma. I suspect UTI in this patient. The patient may be lethargic owing to UTI. However, other disease such as orthopedic, CNS and thoracic disease should be considered.

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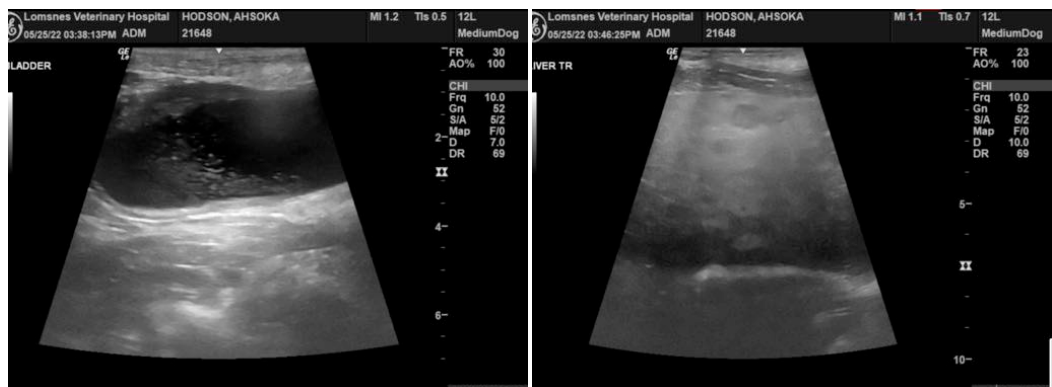
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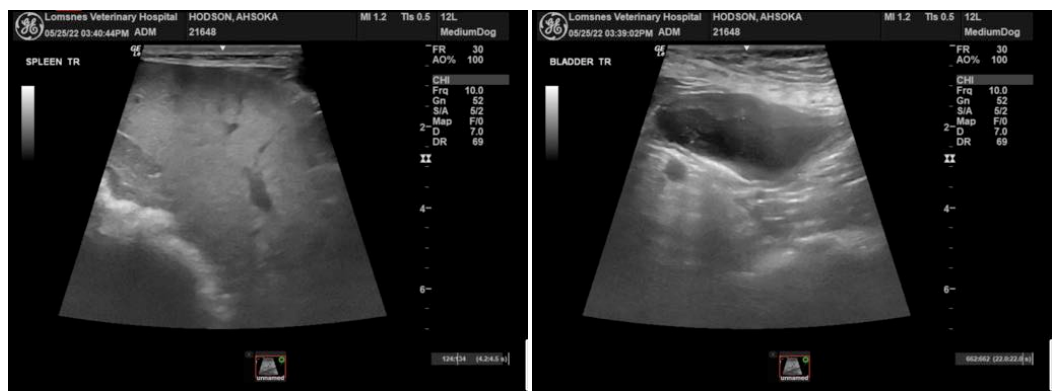
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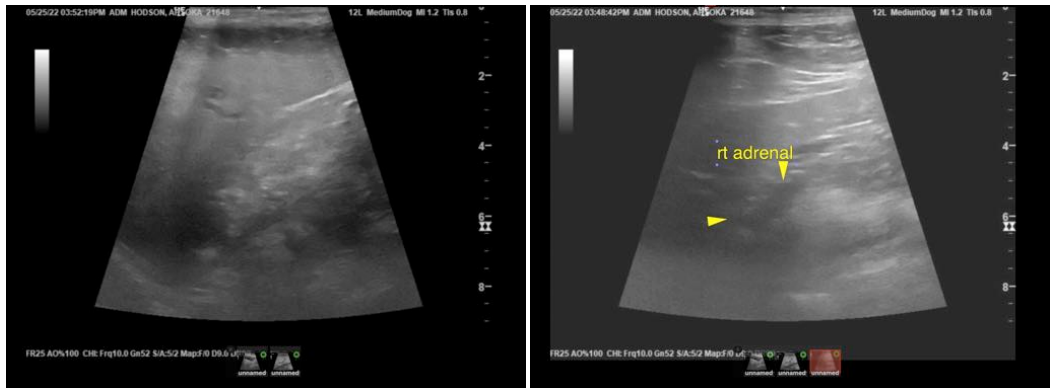
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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