



PATIENT

Kiera Waters

SPECIES

Canine

BREED

Kerry Blue Terrier

SEX

Spayed Female

AGE

13 years

WEIGHT

30.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Waffle

HOSPITAL NAME

Torchk Lake VC

REFERRING VET

Dr. Waffle

INVOICE

30731

DATE

5/25/22

PRESENTING CLINICAL SIGNS

History: Owner would like abdominal screening ultrasound as patient has had several neoplasia removed.

Abnormal PE/Chem/CBC/UA Results: Hx of recurrent UTI Hx of soft tissue sarcoma R shoulder removed. Hx of ulceration at toe nail bed (lysis noted) TPR - WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

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 left kidney measured 5.43 cm. The right kidney measured 5.5 cm.

Adrenal Glands

The left **adrenal gland** measured was mildly enlarged with uniform swelling and measured 0.9 cm in width. The right adrenal gland was normal in size and contour visualized obliquely. The left right adrenal gland measured 0.5 cm at the caudal pole and 0.8 cm at the cranial pole.

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

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 presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

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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 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.

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Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

13 years

Swollen left adrenal gland.
Geriatric abdominal changes otherwise.

WEIGHT

30.2 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Blood pressure measurements are warranted. There is no evidence of metastatic disease. Work-up for Cushing's is indicated if urine specific gravity is less than 1.020 and the patient appears Cushingoid.

INTERPRETED BY

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DABVP, Cert. IVUSS

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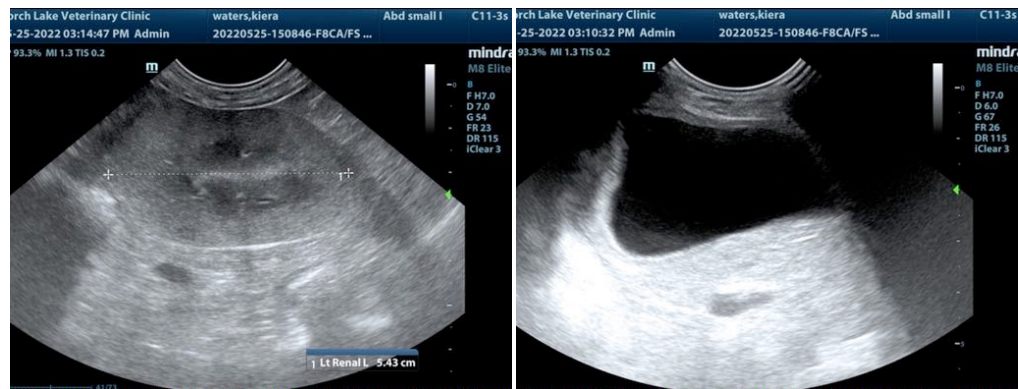
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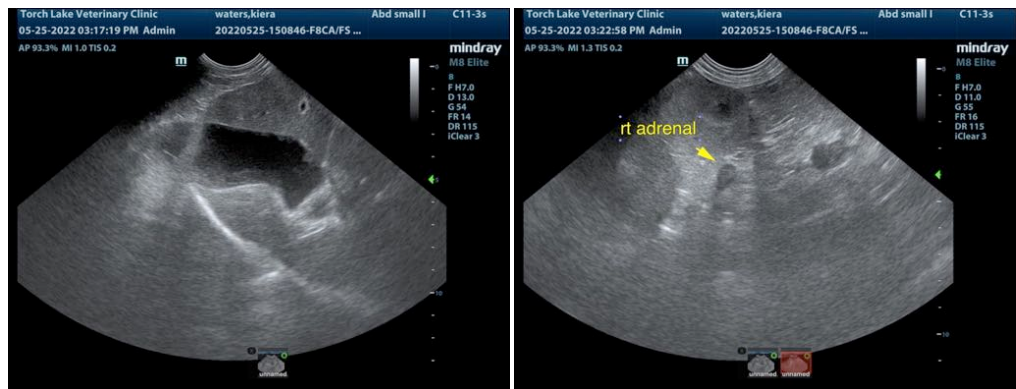
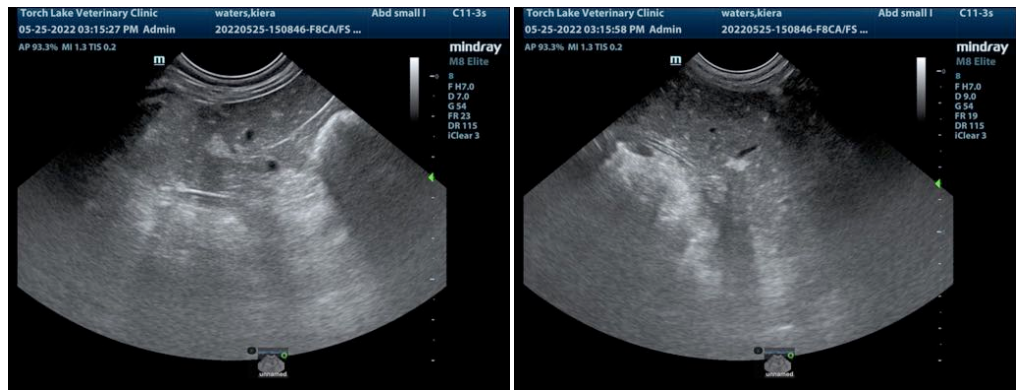
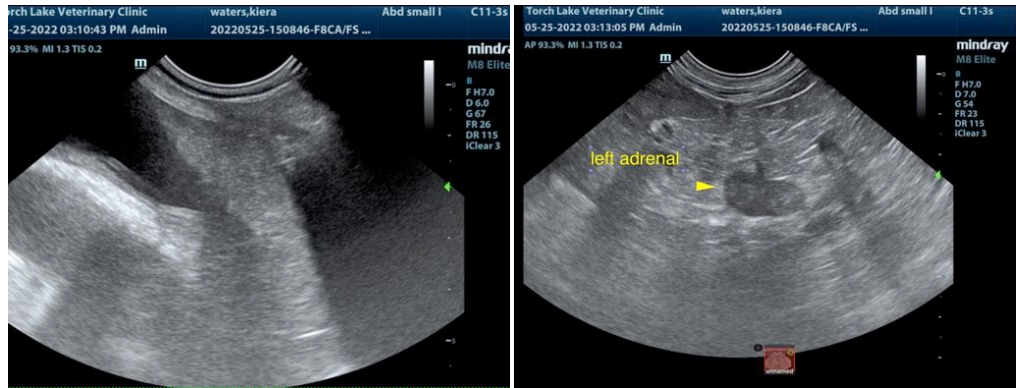
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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