



PATIENT

Sophie McConnell

PRESENTING CLINICAL SIGNS

History: Coughing and gagging Increased panting and appetite noted
Abnormal PE/Chem/CBC/UA Results: Cough elicited on tracheal palpation CBC: WBC 21%, Neut 17 K/uL CHEM: BUN 34,ALT 127,ALKP 1743, CHOL 399 T4:0.9 mg/dL SDMA: WNL

SPECIES

Canine

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 was noted. Ureteral papillae were normal.

BREED

Poodle

SEX

Spayed Female

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.

AGE

10 years

Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The kidneys measured 4.0 cm.

WEIGHT

16.9 lbs

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 0.5 cm. The right adrenal gland measured 0.5 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

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Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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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.

SPECIES

Canine

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.

BREED

Poodle

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

Benign hepatopathy.

Structurally normal adrenal glands.

AGE

10 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Technically this patient could have pituitary dependent hyperadrenocorticism. A small percentage of PDH patient's have normal adrenal glands. However, this would be rare. Blood pressure measurements are warranted. Idiopathic hepatopathy is likely. If urine specific gravity is less than 1.020 and urine cortisol to creatinine ratio is elevated then further work-up for Cushing is indicated.

WEIGHT

16.9 lbs

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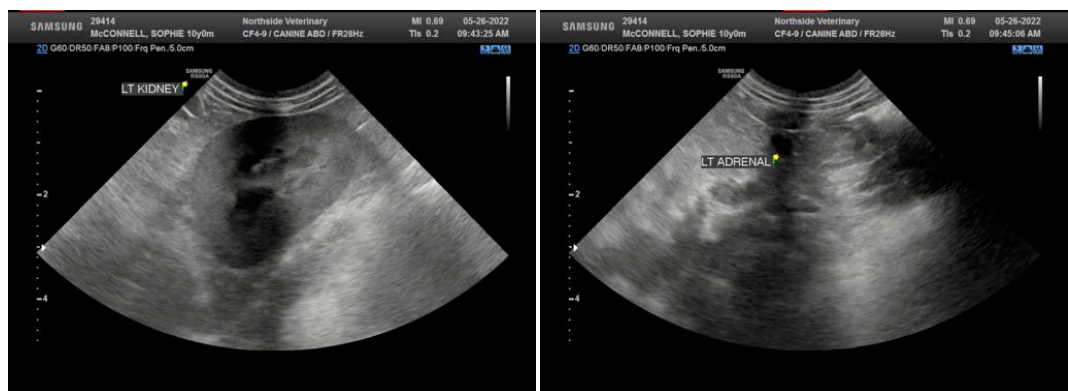
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SPECIES

Canine

BREED

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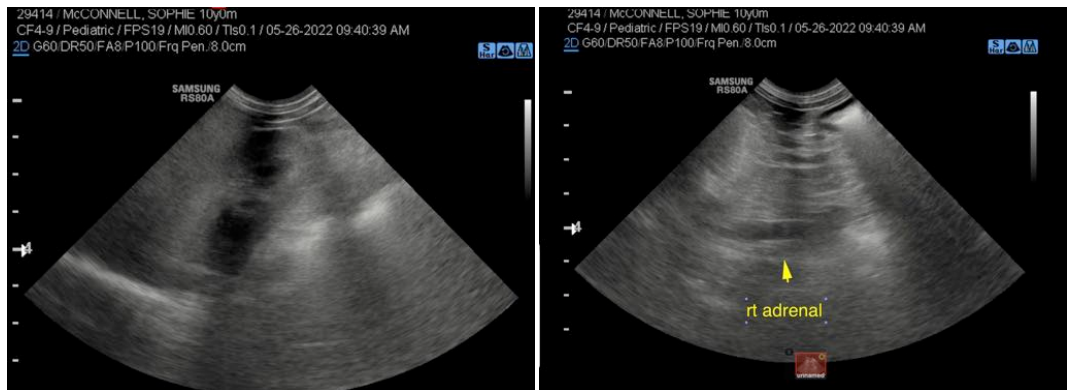
Spayed Female

AGE

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WEIGHT

16.9 lbs



SEX

Spayed Female

AGE

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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.

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