



PATIENT

Bella Bias

SPECIES

Canine

BREED

Border Collie

SEX

Spayed Female

AGE

12 Years

WEIGHT

57 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carlos Abdul-Chani

HOSPITAL NAME

Byram AH

REFERRING VET

Dr. Carlos Abdul-Chani

INVOICE

22394

DATE

5/9/23

PRESENTING CLINICAL SIGNS

History: Reason for Ultrasound: intermittent anorexia; otherwise normal Current meds: none

Abnormal PE/Chem/CBC/UA Results: Senior Profile Antech: all normal Abnormal UA Findings: Normal Urine Specific Gravity: 1.038

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 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.49 cm. The left kidney measured 6.79 cm. Slight cortical mineralizations were noted in both kidneys.

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 right adrenal gland measured 2.48 cm x 1.26 cm at the cranial pole and 0.69 cm at the caudal pole. The left adrenal gland measured 2.31 cm x 0.56 cm at the caudal pole and 0.5 cm at the cranial pole.

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 were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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. An ill-defined hyperechoic 2.5 cm nodule was noted in the left cranial liver without significant disruption of architecture. This is likely hyperplasia. If liver enzymes are elevated, or weight loss is an issue, then FNA is indicated.

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. Minor excessive gastric gas was noted.

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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

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- Age-related renal changes with slight cortical mineralization
- Undefined minor subjectively benign liver nodule
- Minor excessive gastric gas
- Unremarkable abdomen otherwise

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease. The cause of anorexia is unclear. CNS, thoracic or orthopedic disease would be indicated to assess for causes of anorexia. GI protectant protocol could be considered from an empirical standpoint in case low grade gastritis may be playing a role.

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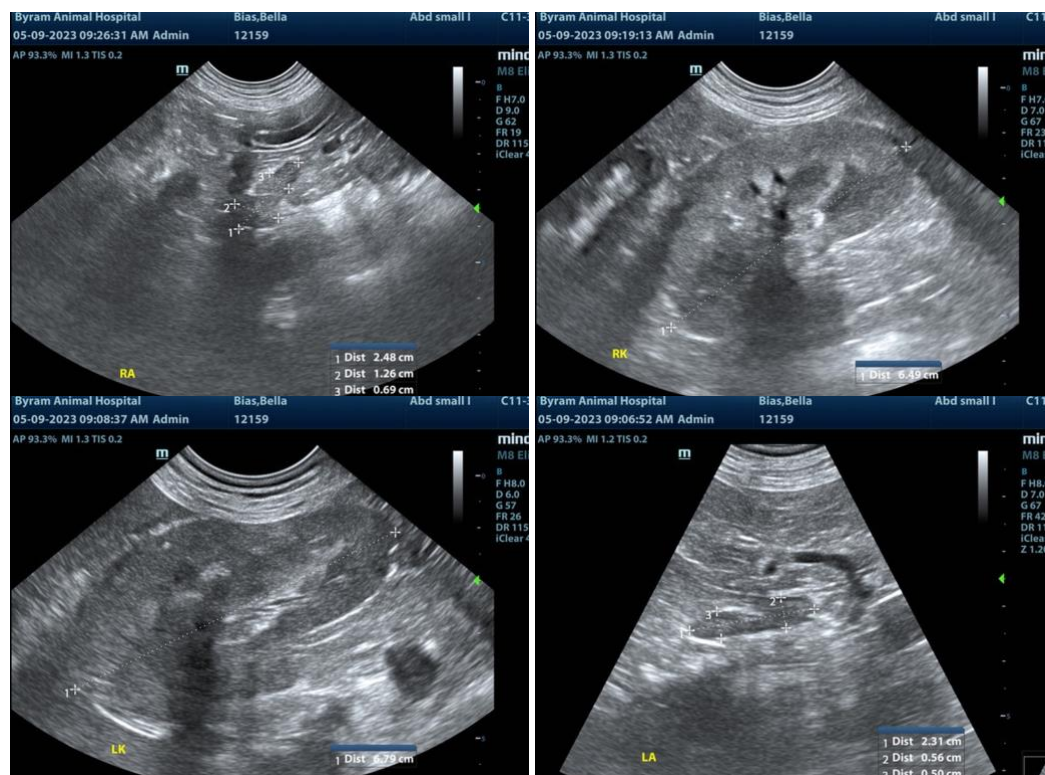
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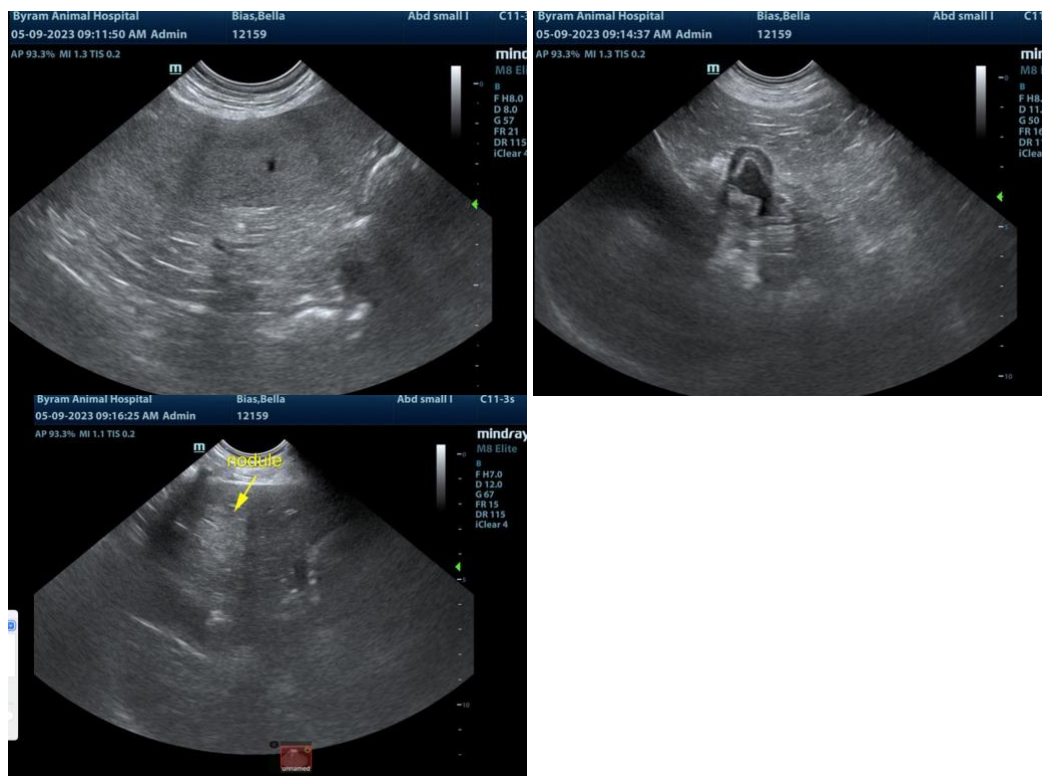
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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