



PATIENT

Bella Sims

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

11 yr

WEIGHT

63.8 lb

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gramazio

HOSPITAL NAME

Shohola Veterinary
Hospital

REFERRING VET

Dr. Gramazio

INVOICE

10796ag

DATE

06/13/2022

PRESENTING CLINICAL SIGNS

History: Decreased energy- goes outside and just wants to lay down. O has to carry her to get back in. Normal appetite, normal water intake. No V/D. Snap negative for tick borne diseases
Abnormal PE/Chem/CBC/UA Results: ALT 135 (18-121) ALP 1115 (5-160) CHOLESTEROL 362 (131-345 mg/dL) lipase 260 (0-250) MCV 58 (59-76) MCH 18.8 (21.9-26.1) MCHC 32.1 (32.6-39) Retic 127 (10-110) HCT normal Microcytic hypochromic with regeneration

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra presented normal thicknesses and normal tone to a depth of 2 cm. 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 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. Occasional cortical cysts were noted, this no not a pathological finding. The left kidney measured 6.96 cm in length. The right kidney measured 5.4 cm in length.

Adrenal Glands

The left adrenal gland was slightly swollen at the caudal pole visualized obliquely measuring 0.8 cm width, the cranial pole measured 0.5 cm in width. The right adrenal gland measured 0.5 cm in width.

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 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. Minor gallbladder sludge was observed.

The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the gastrointestinal tract revealed a stomach and intestine of normal wall thickness and acceptable curvilinear mural detail. Some nonobstructive shadowing material was noted in the stomach measuring approximately 2.0 cm, this may represent medications or foreign body such as wood chips or



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similar. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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Free Abdomen

Cystic hepatic lymph nodes were noted, likely owing to chronic lymphadenitis, measuring approximately 2.5 cm as a grouping.

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ULTRASONOGRAPHIC FINDINGS

AGE

11 yr

- Geriatric abdomen
- Nonspecific hepatic remodeling-nonspecific chronic inflammatory hepatopathy
- Shadowing material in stomach
- No cause of anemia noted in this study

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63.8 lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A bile acid profile would be ideal as well as a hepatic FNA for further clarification. Poor energy may be cardiac related, orthopedic or thoracic disease related. Further workup is recommended. A full CNS and orthopedic examination and three view chest radiographs with cardiac exam +/- echocardiogram are recommended to assess for pain related disease. Technically blood loss thru the GI tract could be considered especially with the 2 cm shadowing structure noted.

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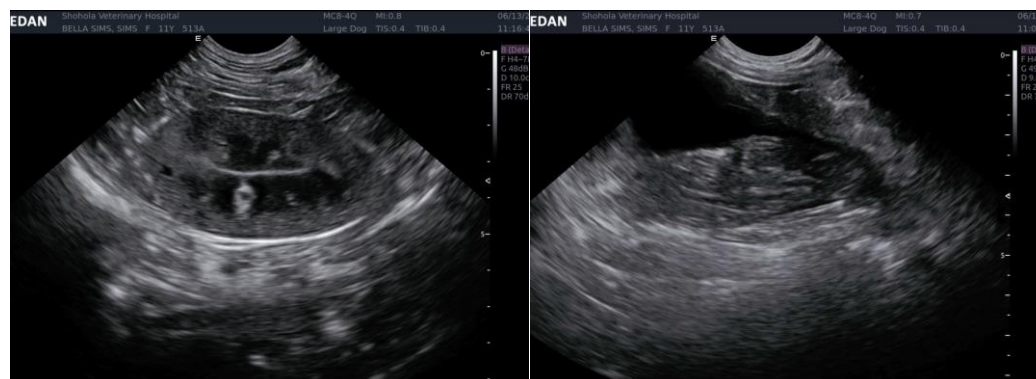
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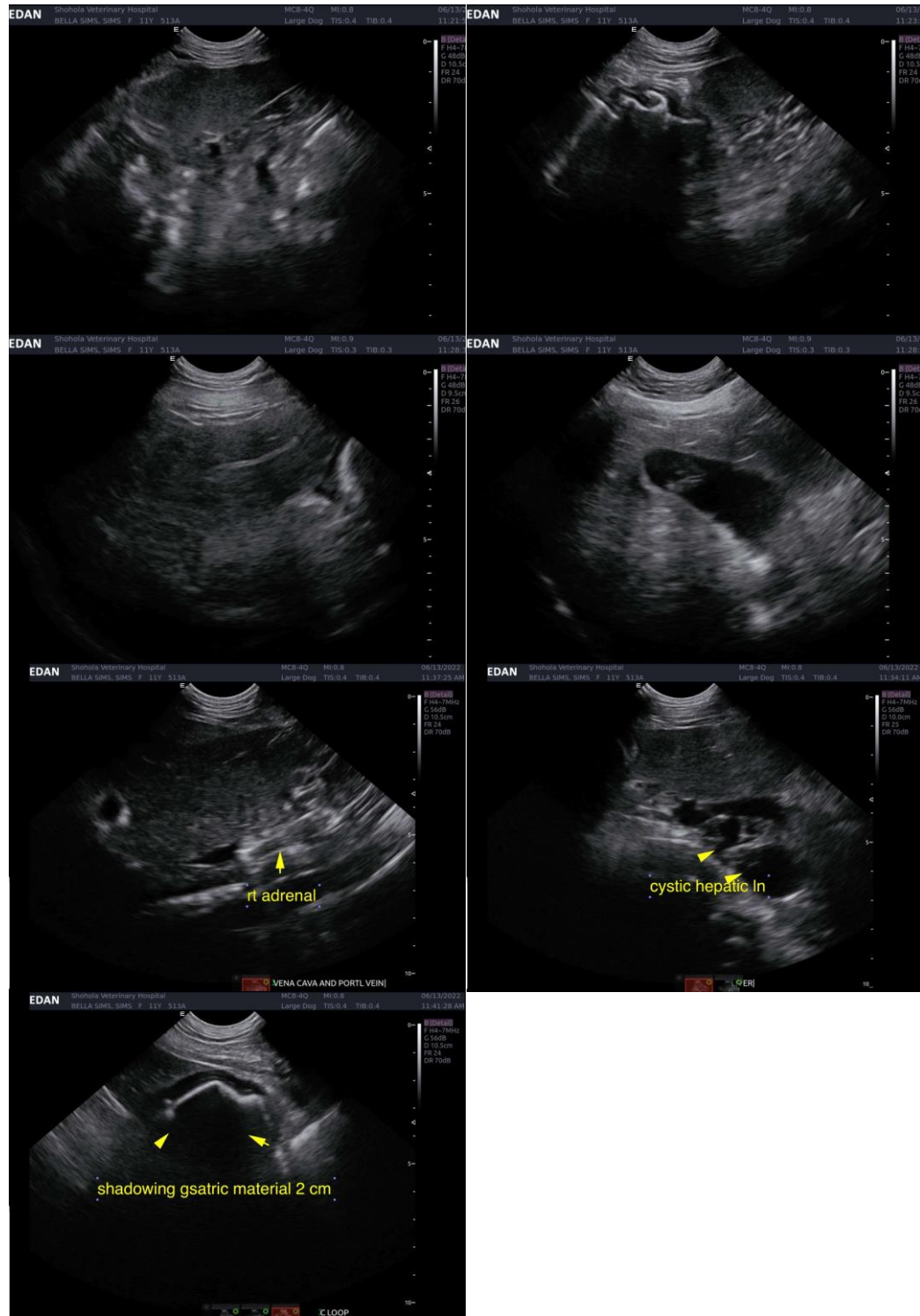
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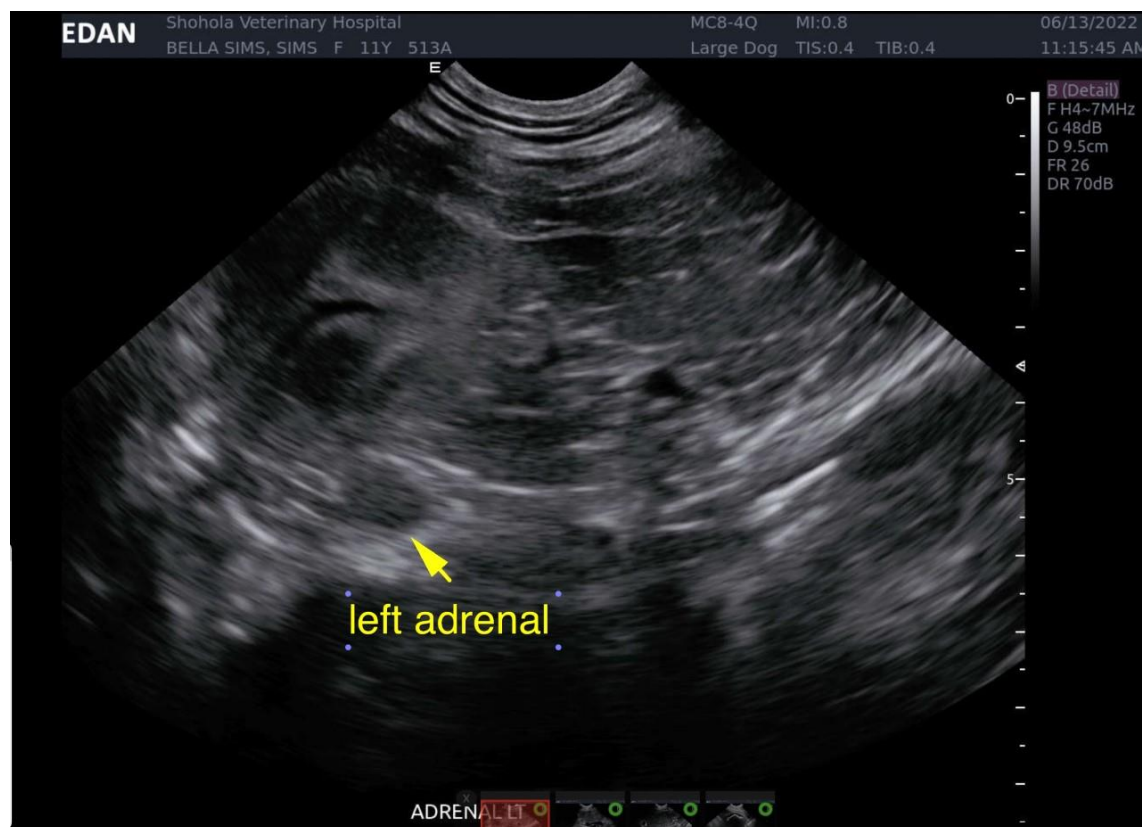
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

IMAGING PERFORMED BY

Dr. Gramazio

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