



PATIENT

Chloe Smith

SPECIES

Canine

BREED

Poodle

SEX

Spayed Female

AGE

15 Years

WEIGHT

5.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Griffin

INVOICE

16038

DATE

6/13/22

PRESENTING CLINICAL SIGNS

History: Currently straining to urinate/ BM Left adrenalectomy at OSU 2 yrs ago

Abnormal PE/Chem/CBC/UA Results: CBC: WNL CHEM: WNL SDMA 15 ug/dL Thyroid 3.9 Rads: No evidence of thoracic or abdominal mass U/A: USG 1.029, protein 30 mg/dL, no evidence of bacteria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was visualized to the cystourethral junction and was structurally unremarkable. However, deep pelvic urethral disease cannot be ruled out.

The **left kidney** revealed minor age-related changes. No evidence of significant disease. An anechoic cyst was noted in the left kidney, measuring 2.0 cm. The left kidney measured 3.6 cm.

The **right kidney** 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.0 cm.

Adrenal Glands

The **right adrenal gland** was normal in size and contour, measuring 0.6 cm at maximum width.

The region of the **left adrenal gland** was unremarkable. No return of prior pathology.

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 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. A slight gallbladder polyp was noted at the neck of the gallbladder, measuring 8.0 mm.

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 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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ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes with left renal cyst
- Age-related hepatic changes
- Structurally normal bladder

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Deep pelvic urethral imaging recommended in this patient given the history with SDEP 3 position. Otherwise, benign abdomen.

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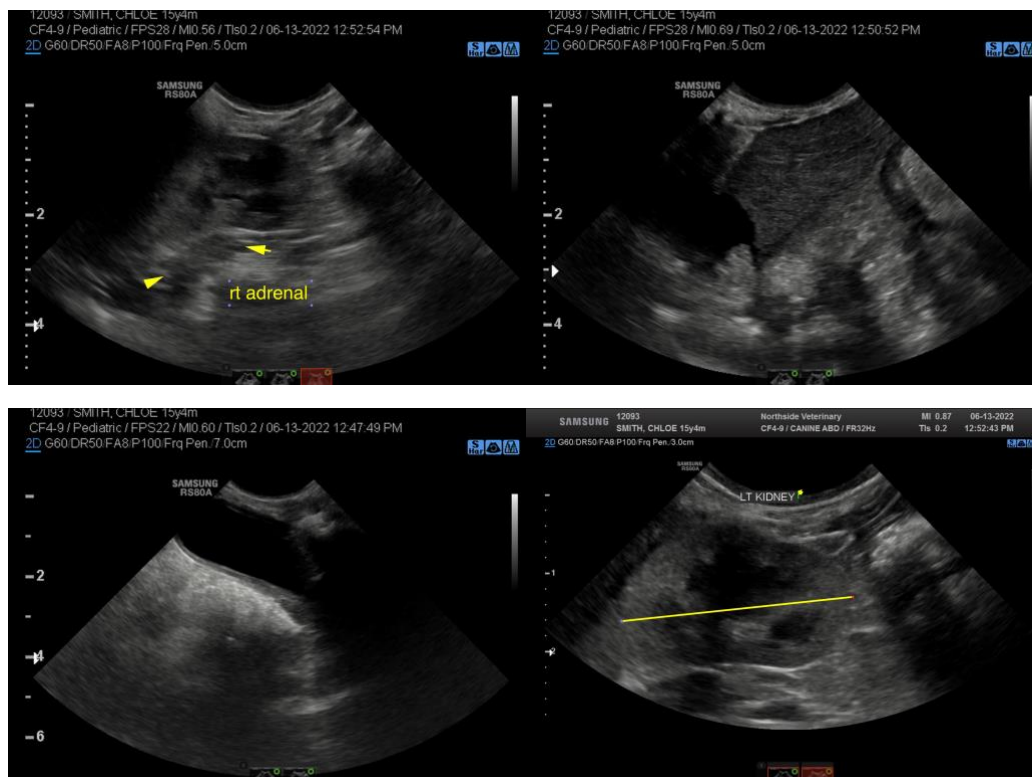
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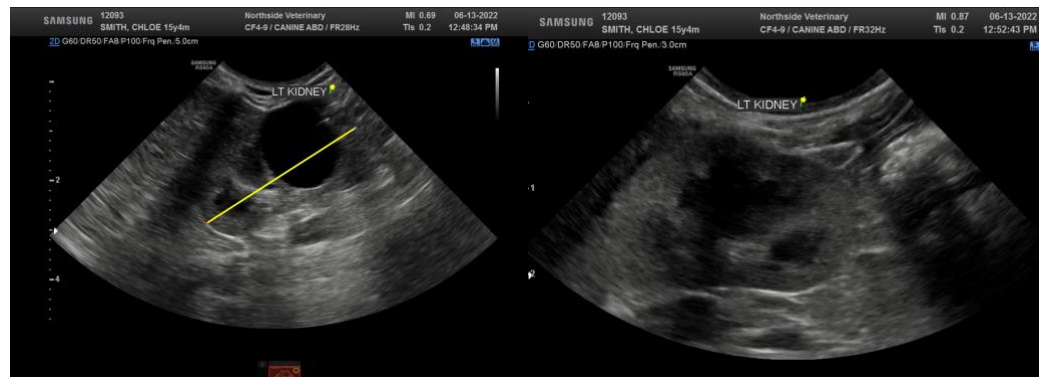
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Griffin

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.

HOSPITAL NAME

Northside VC

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