



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Abby Given
Acute ADR, not eating, horizontal nystagmus over the weekend. Increasing LE and thrombocytopenia today. On IVF and Cerenia for suspected Old Dog Vestibular syndrome. Has had several FB surgeries previously.

SPECIES
Canine
Abnormal PE/Chem/CBC/UA Results: PE: Quiet, intermittent horizontal nystagmus, "not herself" per O. BW (today): Plt 105k on machine, apx. 78k on manual count. ALT 369, ALP 725. HW4Dx (today) Anaplasmosis + (has been + previously).

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

English Springer Spaniel
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.

AGE
14 Years
The **kidneys** 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 7.33 cm. The left kidney measured 6.79 cm.

WEIGHT
51 Pounds
Adrenal Glands

Both **adrenal glands** presented minor heterogeneous changes, not pathological and expected for this age patient. The right adrenal gland measured 1.86 cm at the cranial pole and 0.81 cm at the caudal pole. The left adrenal gland measured 0.82 cm at the caudal pole and 0.74 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

Spleen

The **spleen** revealed persistent nodules, the largest of which measured 0.85 cm. No progression from the prior sonogram.

IMAGING PERFORMED BY

Dr. Ebersole

Liver

The **liver** presented coarse architecture, increased portal markings, and irregular contour. Remodeling present, similar to prior sonogram. No significant progression. The gallbladder was unremarkable.

HOSPITAL NAME

Scanvet

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.

REFERRING VET

Dr. McMullin

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.

38897

DATE PRIMARY FINDINGS

6/20/22

- Persistent splenic nodules and hepatic remodeling, stable



PATIENT

Abby Given

SECONDARY FINDINGS

- Age related renal changes
- Heterogeneous adrenal glands – expected for this age patient

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of primary abdominal disease was responsible for the clinical history. Essentially the sonogram is similar to the prior sonogram. Given the patient history, skull CT with contrast would be recommended.

BREED

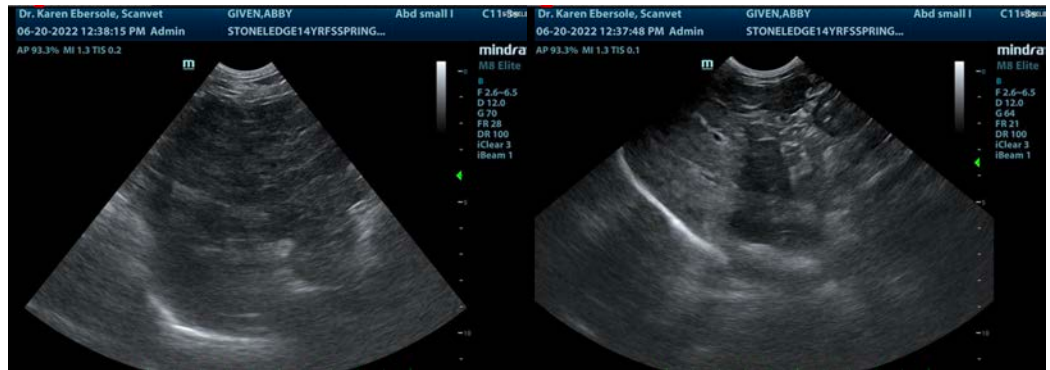
English Springer
Spaniel

SEX

Spayed Female

AGE

14 Years



WEIGHT

51 Pounds



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IMAGING PERFORMED BY

Dr. Ebersole



HOSPITAL NAME

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REFERRING VET

Dr. McMullin

INVOICE

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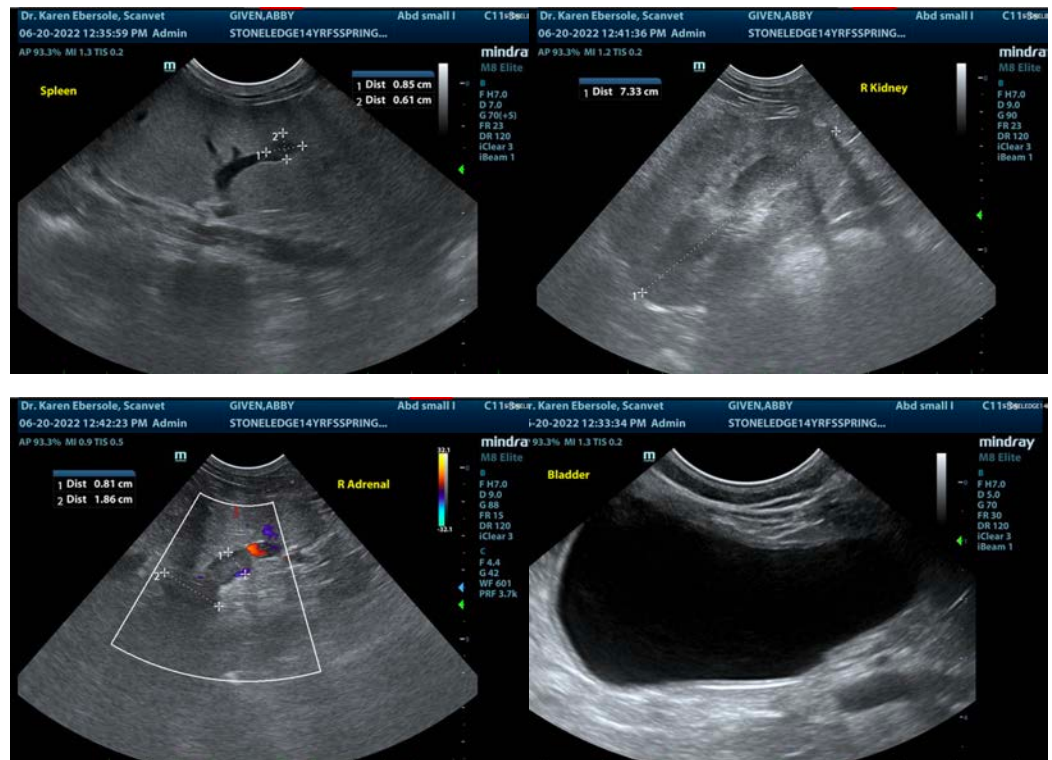
Dr. McMullin

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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.

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

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