



PATIENT

Sadie Bielecki

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

10 years

WEIGHT

36.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

Animal Care Center of
Flanders

REFERRING VET

Dr. Hallihan

INVOICE

47864

DATE

6/20/23

PRESENTING CLINICAL SIGNS

History: mild anemia, non regenerative, thrombocytopenia, mild elevated alk phos, patient not acting herself. r/o neoplasia on vitamin supplement and fluoxetine 20mg, 1 tab SID chest rads clear of mets
Abnormal PE/Chem/CBC/UA Results: neu- 83(hi), eos - 1(lo), alk phos - 145(hi), sodium- 155 (hi), chloride - 122(hi)

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.

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. The right kidney measured 4.84 cm. The left kidney measured 4.5 cm.

Adrenal Glands

The left **adrenal gland** was enlarged and measured 0.88 cm at the cranial pole and 0.77 cm at the caudal pole. The right adrenal gland was mildly enlarged and measured 0.97 cm at the cranial pole and 0.7 cm at the caudal 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 was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. 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.



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Gastrointestinal

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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

Mild, bilateral adrenal hypertrophy.

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Structurally unremarkable abdomen otherwise.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no other evidence of disease. CBC path review +/- bone marrow aspirate is indicated. If the patient appears Cushingoid then eventual work-up for pituitary dependent hyperadrenocorticism is indicated, yet this is not the immediate issue in this patient. Clinical stabilization is recommended first.

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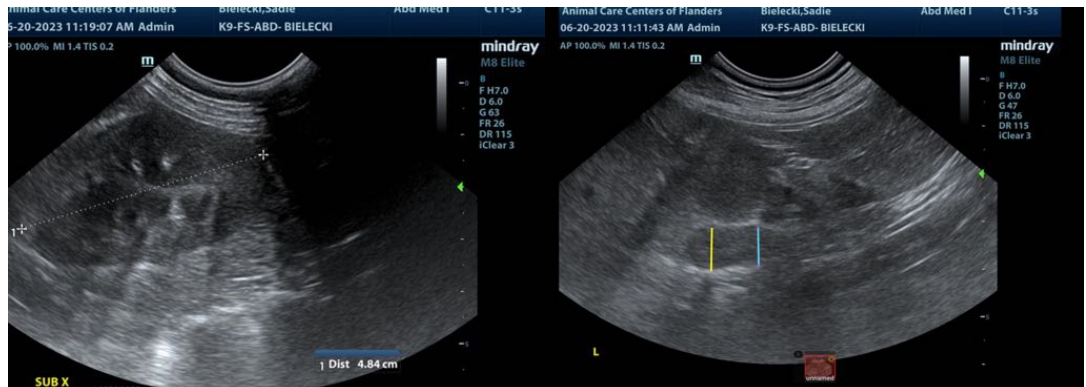
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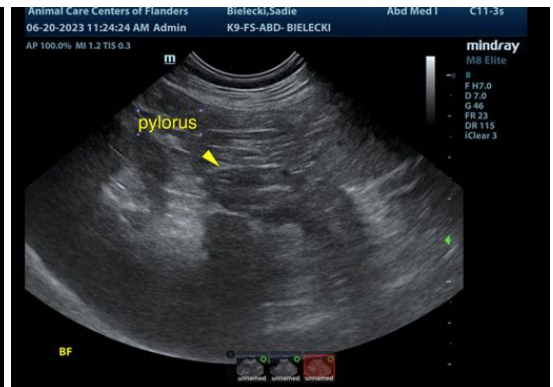
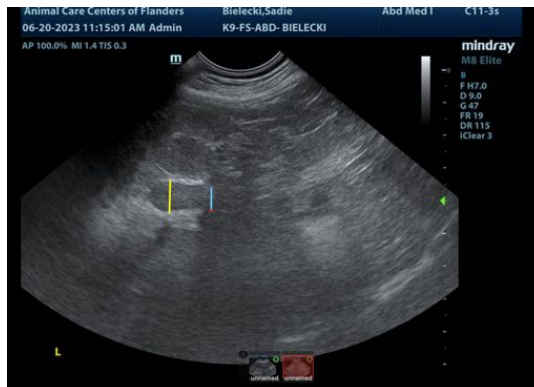
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com

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