



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Fiona Nelson

SPECIES
Canine

BREED
Jack Russel Terrier

SEX
Spayed Female

AGE
10 years

WEIGHT
9.1 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Donna Markland

HOSPITAL NAME
Island Mobile Paws VS

REFERRING VET
Harbour City AH

PRESENTING CLINICAL SIGNS
History: Fiona has had three seizures since May 7, 2022. CBC/Chem test showed only a mild elevation in ALT. A urinalysis is pending. Fiona is also on cetirizine (started end of May) and a hypoallergenic diet for itching. This has improved but not eliminated her clinical signs. Fiona has a BCS of 6/9 and is otherwise healthy. 3-view chest radiographs are normal. This study was done prior to referral to a neurologist.
Abnormal PE/Chem/CBC/UA Results: May 27, 2022: ALT=137 (18-121) All other liver enzymes and TBili were mid-normal range

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 left kidney measured 4.53 cm. The right kidney measured 4.66 cm.

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 left adrenal gland measured 1.77 x 0.55 cm at the caudal pole and 0.48 cm at the cranial pole. The right adrenal gland measured 1.83 x 0.44 cm at the caudal pole and 0.38 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 was noted.

Liver

The **liver** revealed slightly coarse architecture with isoechoic, right medial liver nodule measuring 1.4 x 1.1 cm. Hepatic enlargement was noted. Mildly increased portal markings were noted. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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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

Jack Russel Terrier

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

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Subjectively benign vacuolar hepatopathy pattern with minor right medial liver nodule, non-disruptive.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA from SDEP 12 position of the right hepatic nodule is recommended with FNA of the general parenchyma. This is likely nodular hyperplasia with non-specific inflammatory hepatopathy. There is a minor potential for neoplasia. Sampling is recommended.

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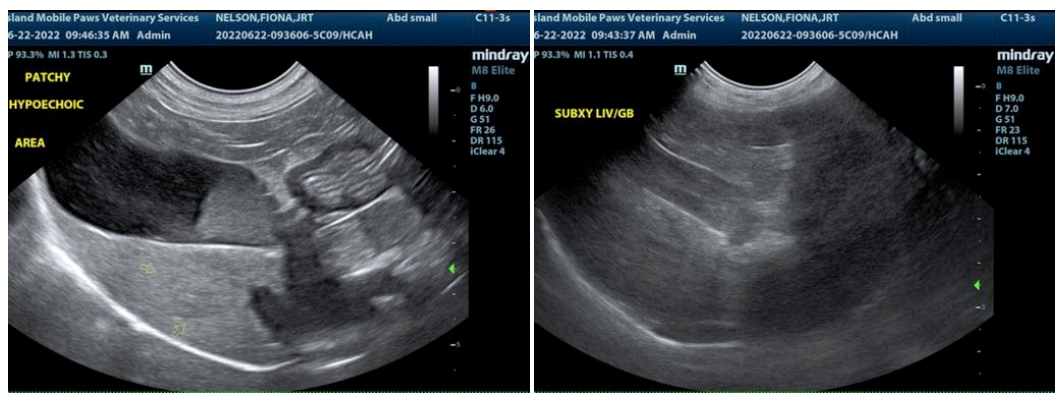
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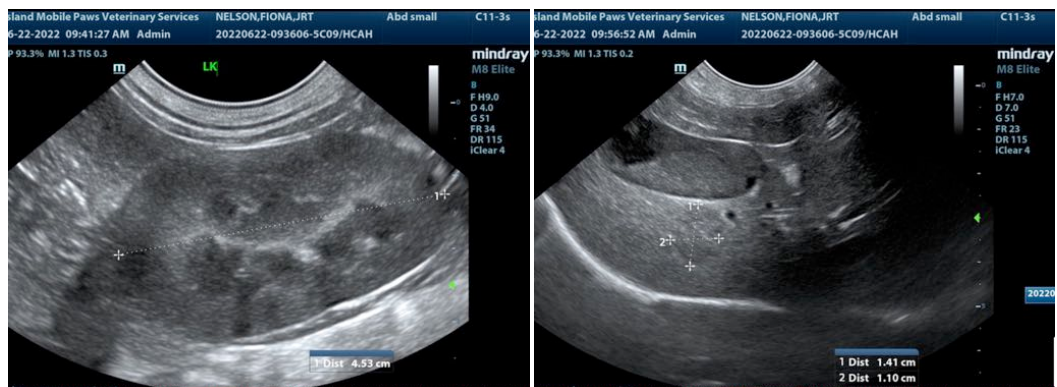
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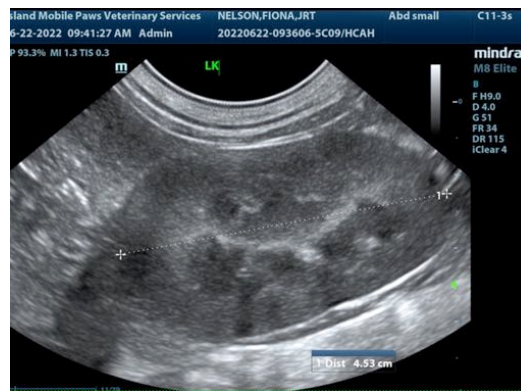
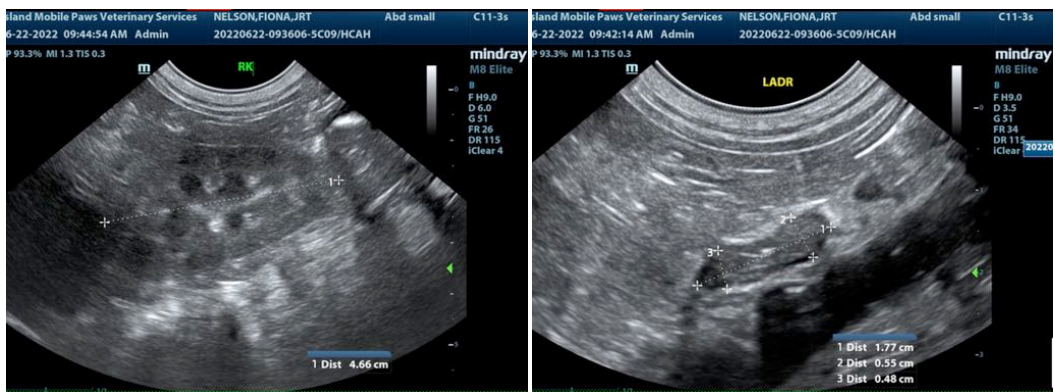
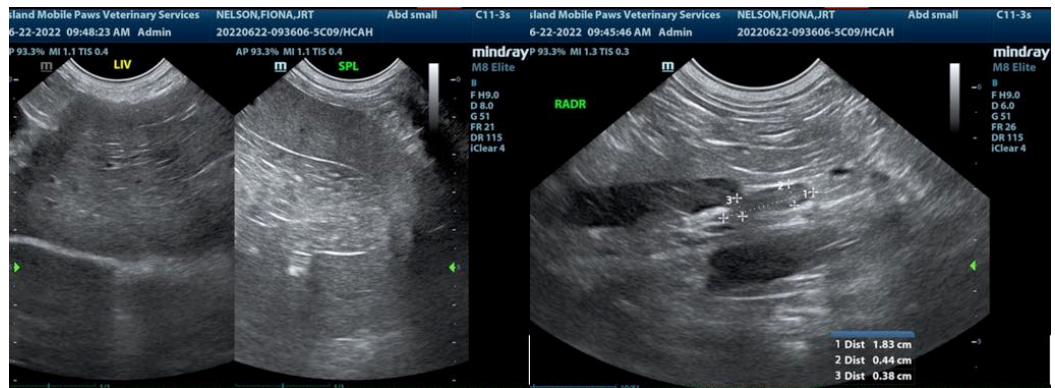
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

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

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