



**PATIENT**

Molly Struble

**SPECIES**

Canine

**BREED**

Border Collie

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

50 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

JK

**HOSPITAL NAME**

Hamburg VC

**REFERRING VET**

Dr. DenHeyer

**INVOICE**

16603

**DATE**

7/12/22

**PRESENTING CLINICAL SIGNS**

History: Elevated liver value.

Abnormal PE/Chem/CBC/UA Results: ALK PHOS 251. Spleen enlarged on radiograph

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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. Minor pyelectasia was noted in the left kidney. The right kidney measured 6.0 cm. The left kidney measured 6.14 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 right adrenal gland measured 0.3 cm. The left adrenal gland measured 0.4 cm.

**Spleen**

The **spleen** revealed uniform parenchyma with cranial folding of the spleen.

**Liver**

The **liver** was uniformly swollen. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with minor vacuolar hepatopathy and some level of remodeling and history of inflammatory component. Minor gallbladder sand was noted. There was no overt suspicion of neoplasia.

**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.

**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.

## SPECIES

Canine

## ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy with gallbladder sand
- Folded spleen- positional variant
- Minor renal pyelectasia
- Minor bladder thickening

## BREED

Border Collie

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## SEX

Work up for urinary tract infection is warranted. This is a positional anomaly on the spleen. No overt pathology. Lateral radiograph revealed uniform hepatomegaly.

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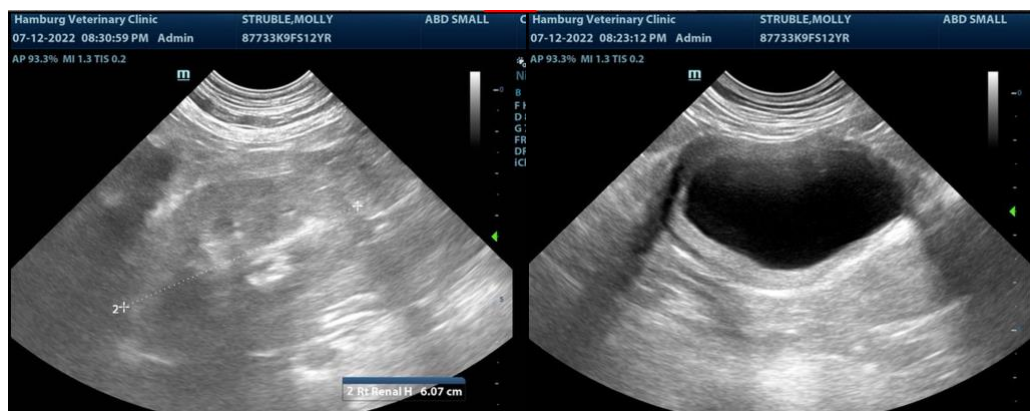
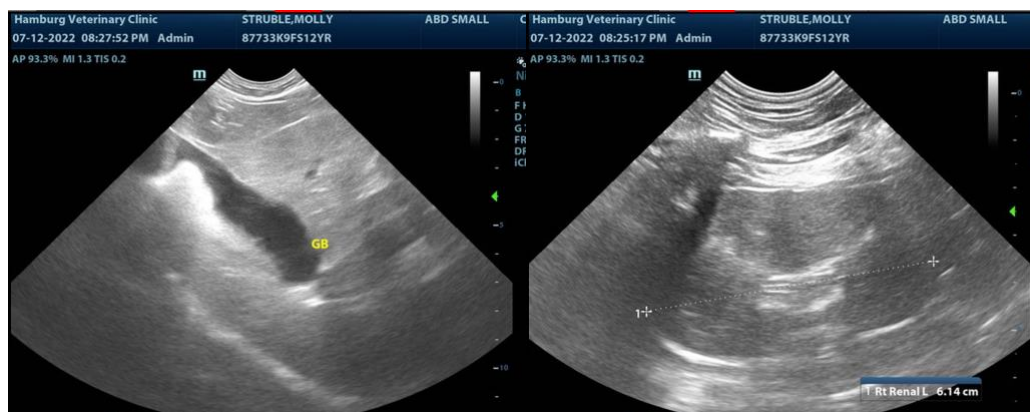
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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