

PATIENT

MeKenna Bandstra

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed Female

AGE

11 Years

WEIGHT

47.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

HOSPITAL NAME

West Salem AC

REFERRING VET

Dr. Crane

INVOICE NUMBER

23341

DATE

7/13/23

PRESENTING CLINICAL SIGNS

BAR, Abdominal palpation WNL Eyelid mass OD P seen previously for collapsing episodes
Cardiologist found chronic degenerative valve disease (mitral), ACVIM stage B1 and
prehypertensive 154 mmHg, sinus arrhythmia, exercise-induced collapse events - etiology
unknown Primary Question/Differential to Be Answered in This Exam Decreased appetite r/o
systemic disease vs worsening heart disease/collapsed lung vs anxiety

Abnormal PE/Chem/CBC/UA Results: Superchem - ^Amylase 1136, ^PSL 344 CBC - ^PLT 425,
increased T4 - WNL U/A - USG 1.039 Proteinuria 4+ Pyuria 4-10 hpf Urine culture pending

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 were
noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio
(cortex 1/3 of medulla) were essentially maintained with some minor 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 left kidney measured 5.83 cm. The right kidney measured 5.83 cm.

Adrenal Glands

The **right adrenal gland** was enlarged and nodular, measuring 2.85 cm x 1.1 cm at the cranial
pole and 0.66 cm at the caudal pole.

The **left adrenal gland** was enlarged, nodular and swollen. The left adrenal gland measured
3.53 cm x 1.04 cm at the cranial pole and 1.04 cm at the caudal pole.

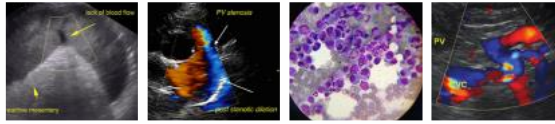
Spleen

The **spleen** revealed a hypoechoic nodule measuring 0.86 cm at the caudal pole.

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.

Gastrointestinal



PATIENT 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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SPECIES ***Pancreas***
Canine 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.

BREED ***Other***
Labrador Mix A rapid view of the **heart** revealed no evident pathology in the right auricle or pericardium.

SEX **ULTRASONOGRAPHIC FINDINGS**
Spayed Female

- Bilateral nodular adrenal enlargement
- Focal splenic nodule
- Age-related renal and hepatic changes

AGE **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

11 Years Adrenal hyperplasia associated with Cushings is possible. If urine specific gravity is <1.020, then work up for PDH is indicated. The focal splenic nodule is subjectively benign, however, should be monitored for progression. There is no obvious evidence in the abdomen related to the clinical status. Paroxysmal arrhythmia, primary CNS disease or orthopedic disease are all potentials. Hypertensive crisis is technically possible. If blood pressures continue to rise, then urine catecholamine is indicated to rule out the minor potential for adrenal pheochromocytoma given the nodular changes, however, given the pyuria, 4+ week treatment for UTI is indicated based on culture results. Assessment of the vaginal vestibule for predisposing issues, such as urine pooling and recessed vulva pyoderma would also be indicated.

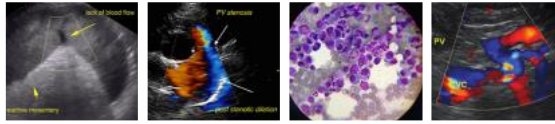
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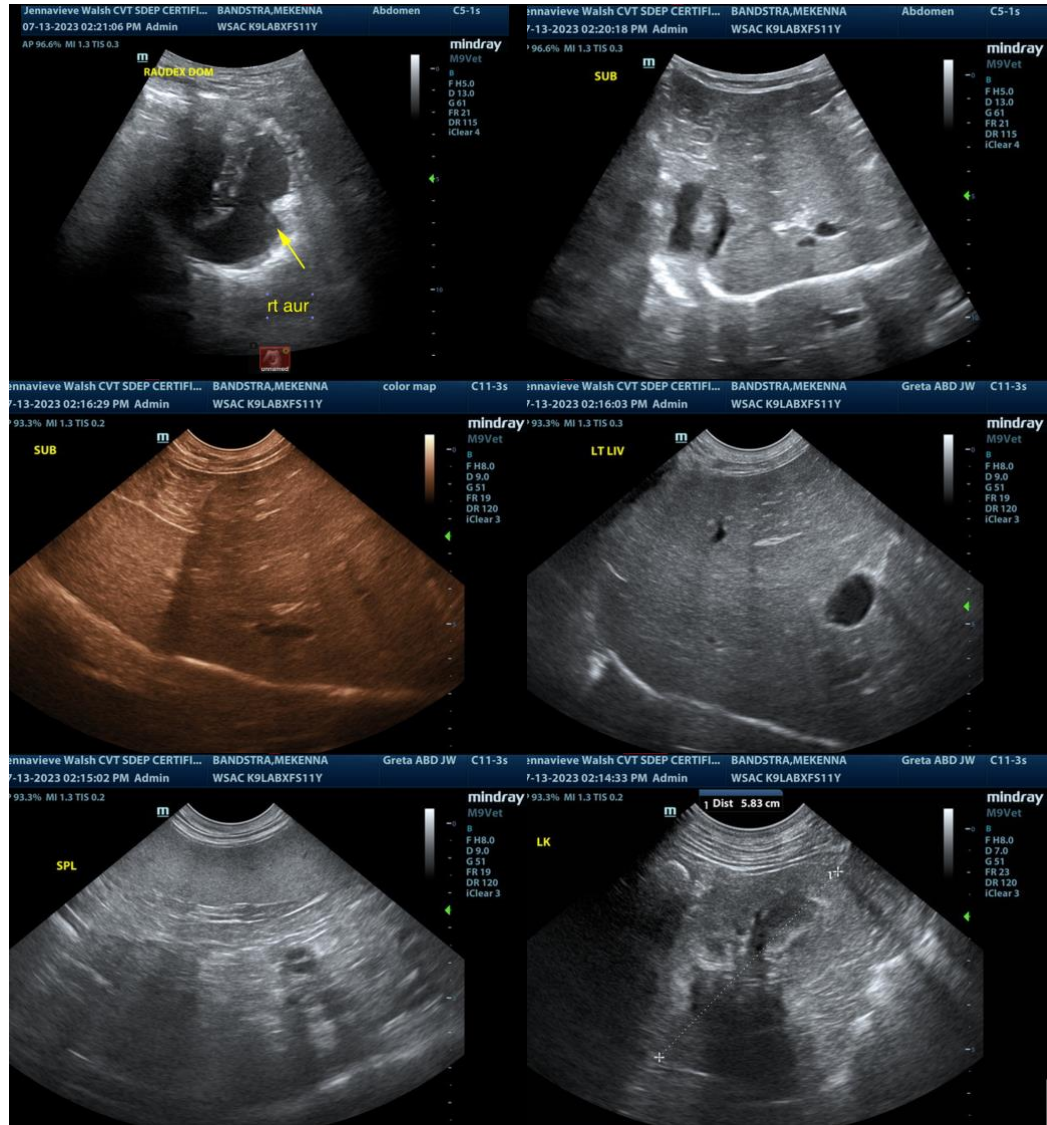
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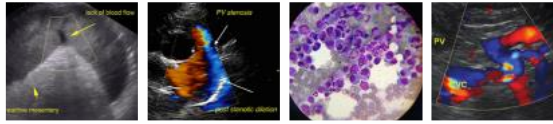
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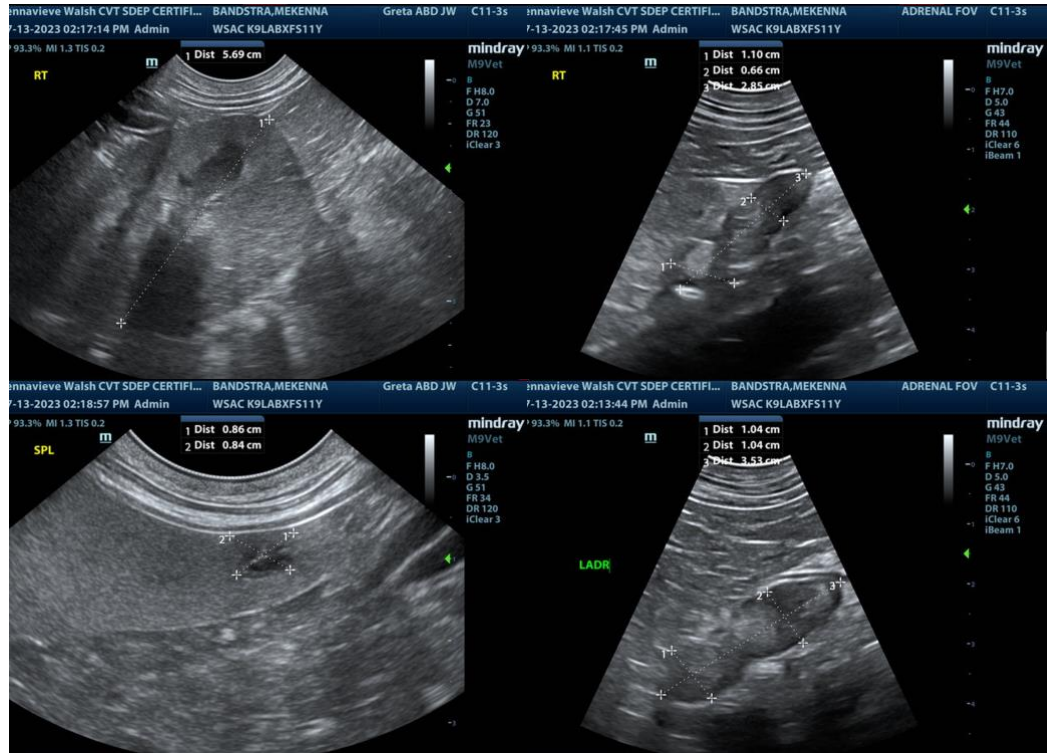
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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