



PATIENT

Cider Shadrick

SPECIES

Canine

BREED

Border Collie

SEX

Spayed female

AGE

11 years

WEIGHT

42 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hewitt

HOSPITAL NAME

Pawsitive Wellness
Veterinary Center

REFERRING VET

Dr. Hewitt

INVOICE

31969

DATE

7/26/22

PRESENTING CLINICAL SIGNS

History: Cider is an ~11 year old SF border collie that presented 5/13/2022 for ADR. She wasn't wanting to go out and do chores with owner. Complete Chem 17, CBC, T4, 4dx, UA was performed and unremarkable. She was painful on hip extension and started on NSAID, the NSAID helped for a few days then she continued to be lethargy and started becoming inappetant. no vomiting or diarrhea. An AFAST showed a mottled spleen with a possible splenic mass so complete AUS was elected. Vet Blue: No evidence of metastasis. TFAST: No evidence of pleural/pericardial effusion. Thoracic radiographs: unremarkable aside from possible lesion L caudal lung field. Abdominal radiographs: unremarkable. Abnormal PE/Chem/CBC/UA Results: Pain on hip extension bilaterally. Possible painful abdomen; however, patient is and always has been adverse to abdomen handling

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.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** presented patchy, mixed echogenic nodular changes with only minor areas of capsular expansion. This is most consistent with prominent nodular hyperplasia.

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.



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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

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.

ULTRASONOGRAPHIC FINDINGS

Pronounced nodular hyperplasia, potential for splenitis or round cell neoplasia.

Adrenals not visualized, minor potential for occult Addison's at this age.

Otherwise, unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the spleen is warranted with cytology and culture. Given the patient's history other causes of the clinical signs such as CNS or orthopedic/referred back pain should be considered. However, there was no evidence of significant visceral disease noted except for the splenic nodule. Baseline cortisol would be ideal for completeness.





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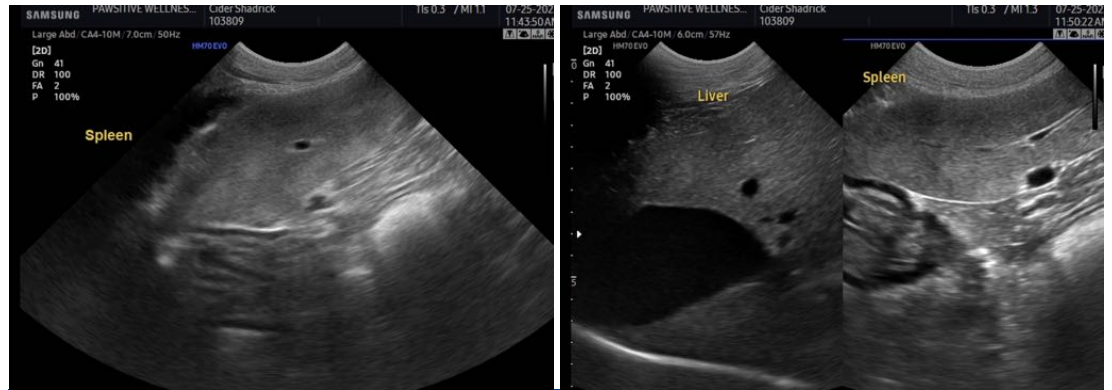
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com