

PATIENT

Lola Mahr

SPECIES

Canine

BREED

Collie Mix

SEX

Spayed female

AGE

14 years

WEIGHT

49.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Beachy

HOSPITAL NAME

Linn VH

REFERRING VET

Dr. Stern

INVOICE

75949

DATE

7/6/23

PRESENTING CLINICAL SIGNS

History: Hx of incontinence, on incurin. Presented in March 2023 for behavioral change, reduced appetite, Pu/PD. Since 6/27/23 has had 3 episodes, first collapsed in the car, mild tremors, second was sleeping (o unsure if dreaming or seizing), back legs paddling then urinated, third p was walking in kitchen and collapsed, mild leg tremors, no tonic clonic, o gave rectal diazepam. Per o p aware for first and third episodes, responsive. No hx of cough or resp distress Ddx seizure vs syncope, cardiac vs hepatic vs neuro

Abnormal PE/Chem/CBC/UA Results: Grade III/VI systolic heart murmur R axillary 8 cm soft SQ growth, R lat thorax 3 cm soft SQ growth Lung sounds originally clear, mildly increased 7/5/23, mild tachypnoea (30 bpm) Firm lobular structure palpated (~4-6cm) cr. ventral abd ddx spleen vs liver lobe vs mass Thoracic rads VHS 12.5, soft tissue opacities dorsal on lateral views (rads attached) Abd rads soft tissue opacity caudal to liver on lateral views (rads attached) Mildly elevated liver values, results attached

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 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 and no evidence of pelvic dilation was present. The left kidney measured 6.5 cm. The right kidney measured 6.2 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was folded upon itself cranially and uniform. There was no evidence of pathology.

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

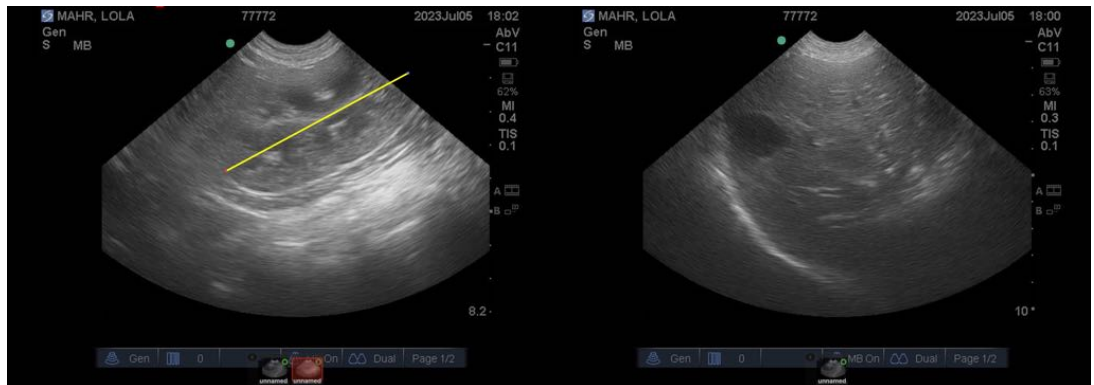
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

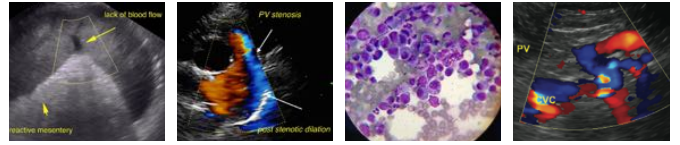
ULTRASONOGRAPHIC FINDINGS

Age related renal and hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of overt disease. Given the behavioral changes, poor appetite and PU/PD then further imaging with higher resolution of the adrenal glands is recommended. Full CNS examination +/- skull CT are recommended if any occult neuro signs are present.





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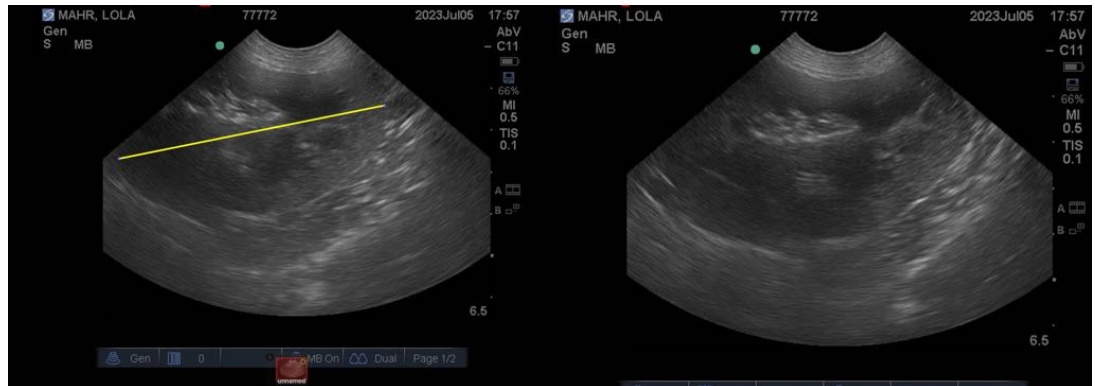
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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