



**PATIENT**

Phoebe Kupka

**SPECIES**

Canine

**BREED**

Great Pyrenees

**SEX**

Spayed Female

**AGE**

12 Years 5 Months

**WEIGHT**

46.4 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Agnes Rupley, DVM

**HOSPITAL NAME**

All Pets Medical Center

**REFERRING VET**

Agnes Rupley, DVM

**INVOICE**

16824

**DATE**

8/12/22

**PRESENTING CLINICAL SIGNS**

History: PRESENTED FOR: Annual, but ultrasound evaluation is for having a low body score. REPORTED SYMPTOM: A normal, healthy appetite is reported with no current vomiting or diarrhea. VITALS: 46.4 pounds Temperature: 101.3 (normal range is 99.5 F- 102.0 F) Heart Rate: 132 bpm (normal is 70-80) Respiratory Rate:100 bpm (normal is 15-25) Mucous Membrane Color: pink, tacky Capillary Refill Time: <2 CURRENT DIET AND MEDICATIONS: Food eating (brand and type): Purina One Lamb and Rice dry; 2 cups twice daily Heartworm and flea prevention EXAM FINDINGS: Phoebe has had a gradual decrease in weight since 7/2018. Thin with a body score of 2-3/9. Ideal weight is approx 55 pounds. She last weighed this amount 7/2018. She was being fed the same diet as now Purina One Lamb and Rice dry, and only 1 cup twice a day. The food was increased from this to 2 cups twice daily (reported giving for previous 6 months on 8/3/21), then 3 cups bid (reported giving on 7/6/22). The cause may be lack of groceries however it does not make sense for her to lose weight while eating more. Otitis externa. Nuclear sclerosis. Worn teeth with mild to moderate dental disease. No apparent discomfort on abdominal palpation. No masses palpated. LAB RESULTS: 7/26/22: Intestinal Parasite Screen (Fecal Float) reveals no evidence of intestinal parasites. Heartworm Antigen Test reveals no antigen. CBC Slide review reveals RBC abnormalities of many target cells and echinocytes ( previous splenectomy). 8/1/22: T4 is slightly low and TSH is at the high end of normal. GI PANEL results 8/5/22: The folate and PLI are within normal limits. The TLI is elevated. The Folate is significantly / severely elevated. Fecal biome test results are all normal. HISTORY of splenic masses. Splenectomy performed 7/20/21. Histopathology: Spleen: Six sections of spleen are submitted for histologic examination. All have similar histologic features. Expanding the splenic parenchyma and raising the splenic are multifocal areas of congestion with locally extensive proliferation of well-differentiated lymphoid follicles. Histopathologic Diagnosis Splenic nodular hyperplasia. Comments: Splenic hematoma or hyperplastic nodules (or both) in the canine spleen have a favorable post-splenectomy outcome. No neoplastic tissue was detected among the selected sections. The threat of rupture and intra-abdominal hemorrhage posed by these nodules is prevented by timely splenectomy. ADDENDUM on 8/12/2022 at 09:51:55 from Agnes E. Rupley, DVM, ABVP Based on calories, the amount of her diet recommended for pound dog is 3.5 CUP DAILY-aer

**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 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 6.3 cm. The right kidney measured 6.3 cm.

**Adrenal Glands**

The **left adrenal gland** was 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 0.75 cm.



**PATIENT**

The **right adrenal gland** was not visualized.

Phoebe Kupka

**Spleen**

**SPECIES**

The region of the **splenic fossa** was unremarkable.

Canine

**Liver**

**BREED**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Great Pyrenees

**SEX**

**Gastrointestinal**

Spayed Female

The **stomach** was overdistended with ingesta or soft foreign matter, such as grass or similar. Prandial timing prior to the sonogram should be evaluated. Some transit of chyme appeared to be present in the small intestine.

**AGE**

**Pancreas**

12 Years 5 Months

The overdistended stomach obscured some visibility of the cranial abdominal structures, such as the **pancreatic body**. The visible pancreas was unremarkable.

**WEIGHT**

**ULTRASONOGRAPHIC FINDINGS**

46.4 Pounds

- Full stomach will progressively shadowing material, possible soft foreign matter depending upon when the patient ate prior to the sonogram

**INTERPRETED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

No other evidence of pathology.

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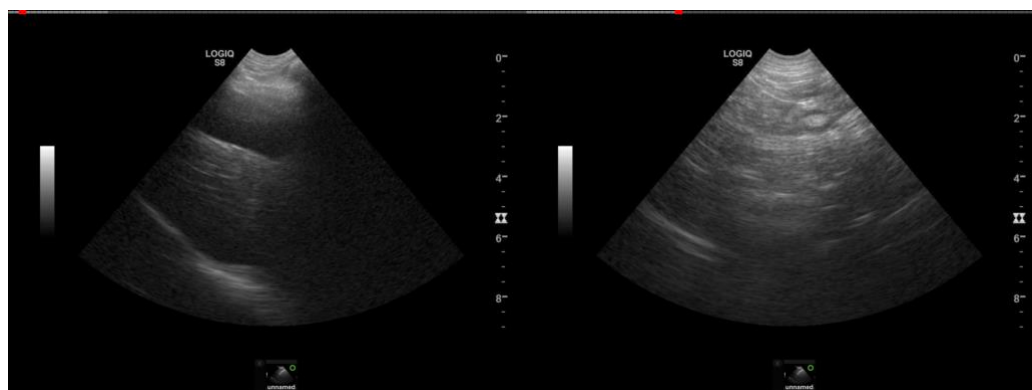
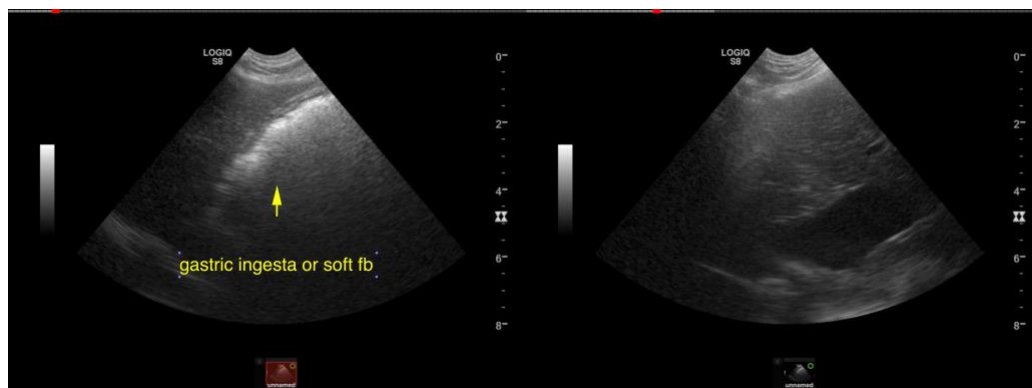
Agnes Rupley, DVM

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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  
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