



PATIENT PRESENTING CLINICAL SIGNS

Brownie Brown Recheck prev u/s 4/26 re checking spleen

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

BREED

Shepherd X

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.

SEX

Spayed Female

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 right kidney measured 6.5 cm. The left kidney measured 6.1 cm.

AGE

5

Adrenal Glands

WEIGHT

47.5

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 left adrenal gland measured 2.34 cm x 0.54 cm at the caudal pole and 0.66 cm at the cranial pole. The right adrenal gland measured 2.59 cm x 1.45 cm at the cranial pole and 0.68 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV

Spleen

DABVP, Cert. IVUSS

The **spleen** presented persistent heterogeneous nodular changes. No significant progression from the prior sonogram. Most consistent with prominent nodular hyperplasia or history of splenitis.

IMAGING PERFORMED BY

Jenn

Liver

HOSPITAL NAME

Rockaway AH

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.

REFERRING VET

Dr. Maniar

Gastrointestinal

INVOICE

44641

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

DATE

8/14/23



PATIENT

Pancreas

Brownie Brown

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

BREED

- Persistent nodular hyperplasia splenic pattern, stable, non-progressive
- Partially full stomach

Shepherd X

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

If not already performed, FNA of the spleen warranted as a baseline. If any weight loss is an issue, FNA is strongly encouraged.

Spayed Female

AGE

5

WEIGHT

47.5

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

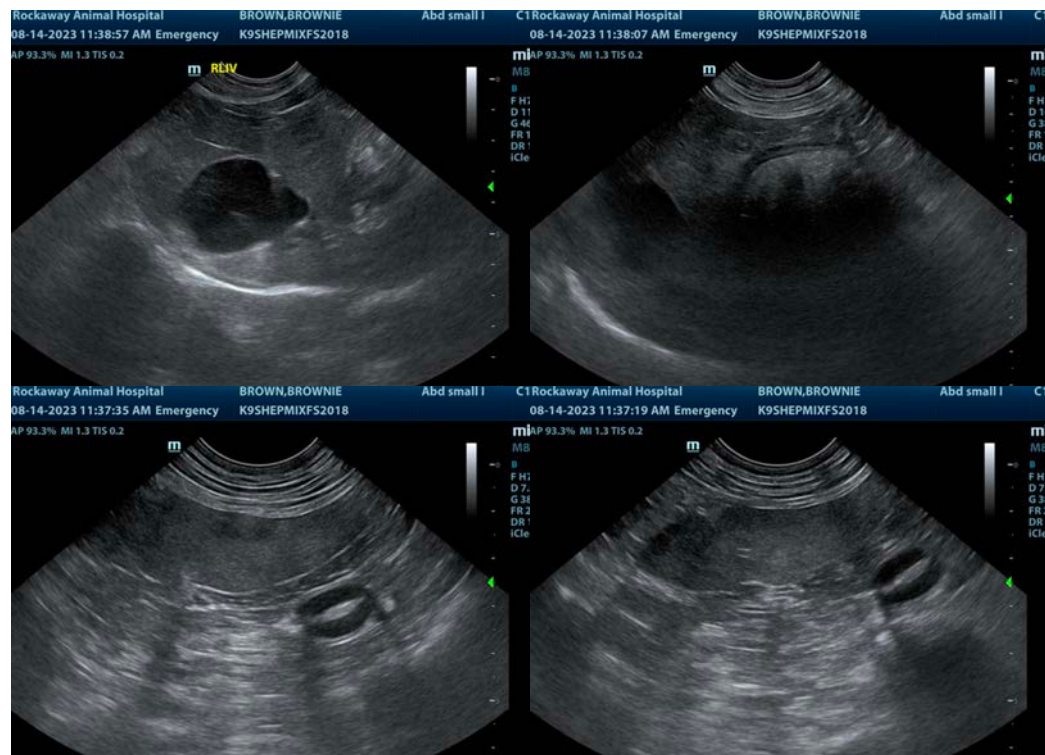
Dr. Maniar

INVOICE

44641

DATE

8/14/23





PATIENT

Brownie Brown

SPECIES

Canine

BREED

Shepherd X

SEX

Spayed Female

AGE

5

WEIGHT

47.5

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Eric Lindquist, DMV
DABVP, Cert. IVUSS

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HOSPITAL NAME

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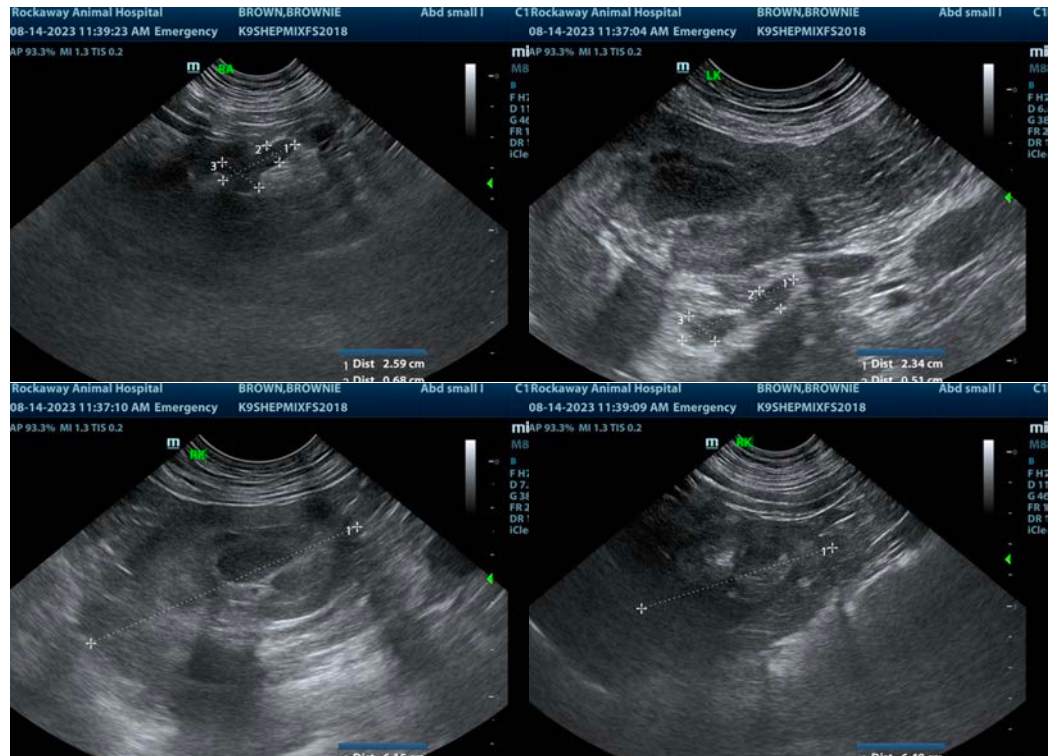
Dr. Maniar

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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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