



PATIENT

Lucy Rounds

SPECIES

Canine

BREED

Heeler Mix

SEX

Spayed Female

AGE

6 Years

WEIGHT

33 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Jenna Walsh, CVT

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Bretschneider

DATE

8/2/22

Invoice

16680

PRESENTING CLINICAL SIGNS

History: 6/27/22 came in for dental - overall health good. Pre-op blood work identified elevated ALT at 530. Bile Acids done and normal. Lucy was put on Denamarin and Doxycycline and she acted much more energetic than she had been. So owner's were impressed and happy. Today 8/2/22, Lucy is back for follow up blood work and ALT is now 770. No abnormal symptoms

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 6.23 cm. The left kidney measured 5.84 cm.

Adrenal Glands

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 2.19 cm x 0.29 cm at the caudal pole and 0.55 cm at the cranial pole. The right adrenal gland measured 1.88 cm x 0.47 cm at the caudal pole and 0.56 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** was normal in size and contour with slight increased portal markings. Uniform parenchyma was noted. A minor gallbladder polyp was noted. The portal vein to vena cava ratio was 1:1. No evidence of extrahepatic or intrahepatic shunting.

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.



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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

- Nonspecific low grade minor inflammatory hepatopathy

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Heeler Mix

FNA is warranted to assess inflammatory cell type. This may be an inflammatory/reactive hepatopathy. Leptospirosis titers is warranted to rule out potential underlying occult infection.

SEX

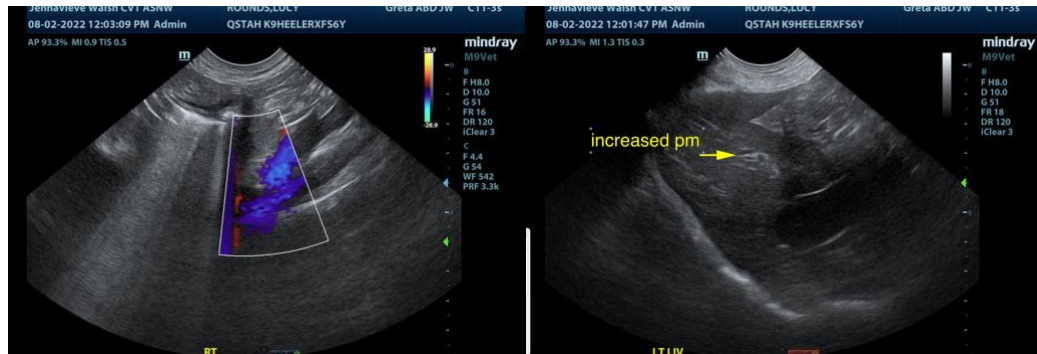
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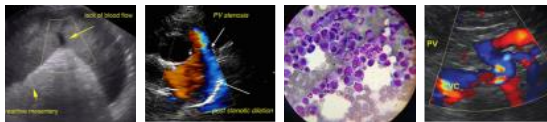
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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