



PATIENT

Kendall Ammiano

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed female

AGE

7 ½ years

WEIGHT

56 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

Animal Care Center of
Flanders

REFERRING VET

Dr. Hallihan

INVOICE

76714

DATE

8/22/23

PRESENTING CLINICAL SIGNS

History: hematuria - urine culture pending
Abnormal PE/Chem/CBC/UA Results: total protein (lo) - 5.3, albumin (lo) - 2.3, UPC - 5.6(hi) urine protein - 4+, RBC 15-20, BLOOD 2+, WBC 0-2, 1.037 - urine specific gravity

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. The left kidney measured 6.2 cm. The right kidney measured 6.8 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 right adrenal gland measured 0.8 cm at the cranial pole and 0.5 cm at the caudal 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 was noted.

Liver

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.



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Gastrointestinal

The stomach revealed a minor fluid filled lumen. Areas of intestinal thickening was noted with increased submucosal echogenicity and minor muscularis hypertrophy. The colon was unremarkable. Some remodeled mesentery was noted. This is likely secondary to episodes of enteritis.

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Pancreas

The **pancreas** revealed mixed, echogenic changes in the left limb.

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ULTRASONOGRAPHIC FINDINGS

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Mild gastritis and enteritis pattern.

Pancreatitis pattern, minor.

AGE

7 ½ years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of hematuria is unclear. Empirical treatment for PLN is indicated. Tick borne disease panel, Doxycycline trial, blood pressure measurements and ace inhibitor are all indicated. Assessment for GI signs are indicated as well as abdominal palpation for discomfort. It is difficult to assess how active the mesenteric and pancreatic presentation is in this patient. These may be remodeling lesions from prior episodes of GI insult.

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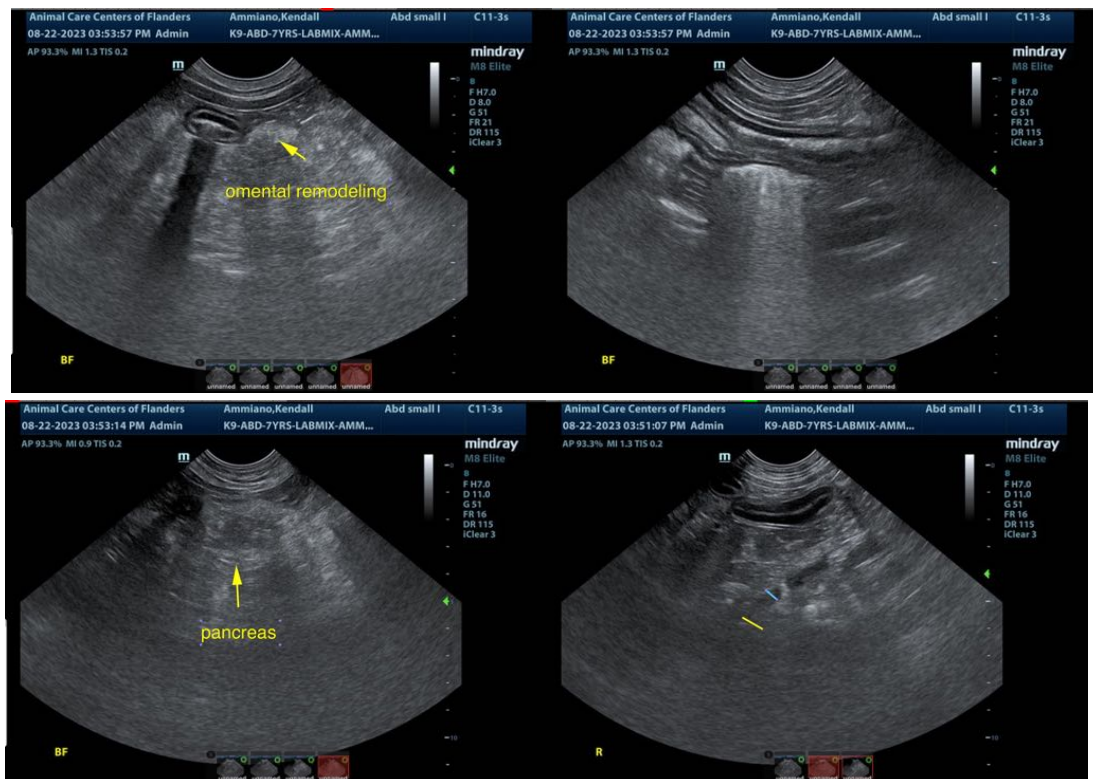
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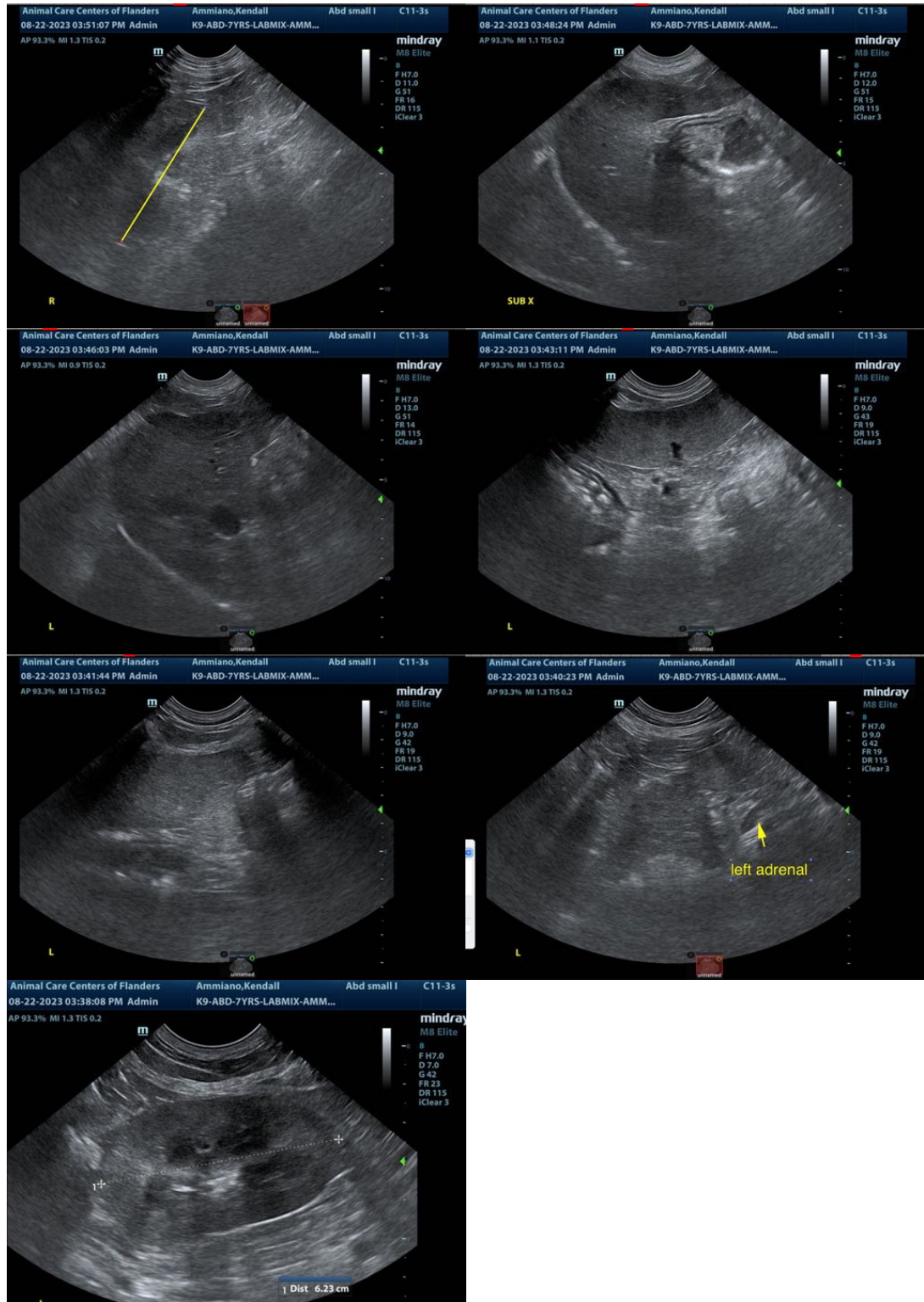
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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

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