



PATIENT

Lacey Coventry

SPECIES

Canine

BREED

Staffordshire Terrier X

SEX

Spayed Female

AGE

8 Years

WEIGHT

72 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

North Warren AH

REFERRING VET

Dr. Corrado

INVOICE

25031

DATE

8/27/21

PRESENTING CLINICAL SIGNS

persistent vomiting; anorexia despite meds. On metoclopramide, ondansetron, sucralfate, amoxi/clav, enrofloxacin
Abnormal PE/Chem/CBC/UA Results: CPL +

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 3.0 cm beyond the cystourethral junction.

The **kidneys** were swollen and irregular with pericapsular inflammation owing to infarcts or an expansive neoplastic process. Slight areas of subcapsular fluid accumulation noted. The left kidney measured 6.49 cm. The right kidney measured 6.51 cm and presented regional inflammation and mineralization with dorsal cortical collapse.

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 2.49 cm x 0.53 cm at the caudal pole and 0.47 cm at the cranial pole. The right adrenal gland measured 3.51 cm x 2.15 cm at the cranial pole and 0.78 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 were noted.

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.

Gastrointestinal

The **stomach** itself was unremarkable. Minor intestinal fluid dilation noted, consistent with enteritis. No evidence of obstruction.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain



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upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

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- Subacute on chronic nephritis renal pattern with potential for underlying emerging neoplasia
- Minor intestinal fluid dilation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

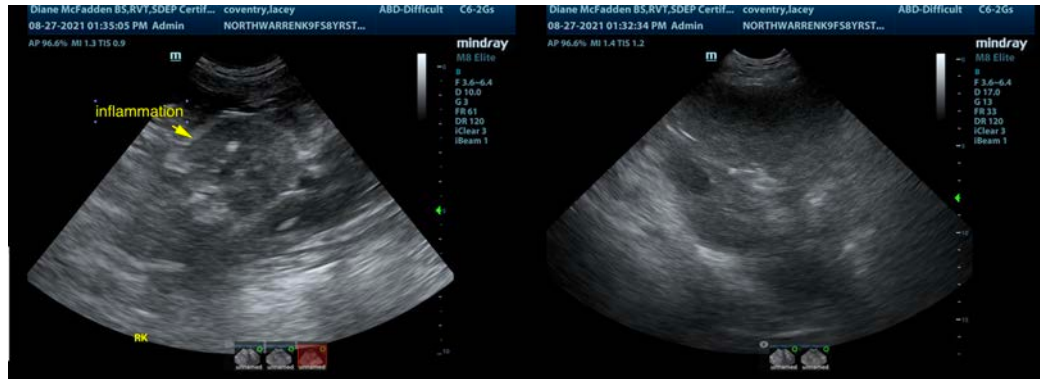
BREED

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Coagulation panel and FNA of either kidney (likely the left is best accessible) warranted. Full urinalysis +/- culture and sensitivity warranted. Sedation and ultrasound guided FNA of the left kidney indicated to rule out underlying neoplasia. 3-view chest radiographs warranted to assess for thoracic neoplasia.

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AGE

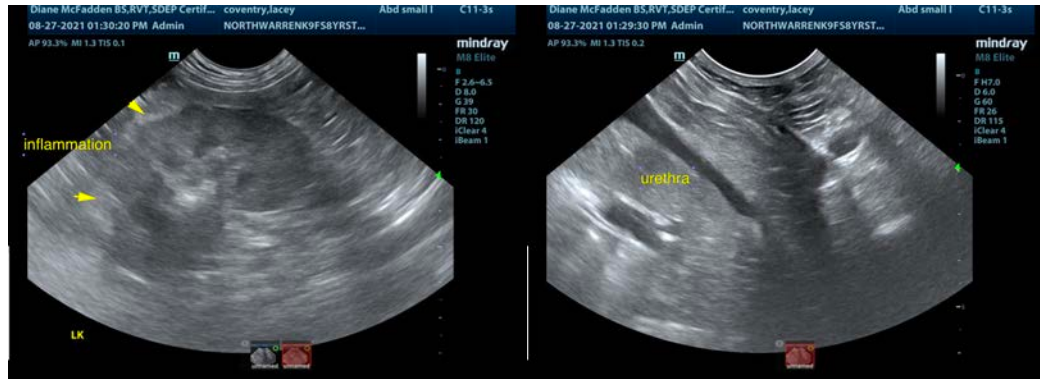
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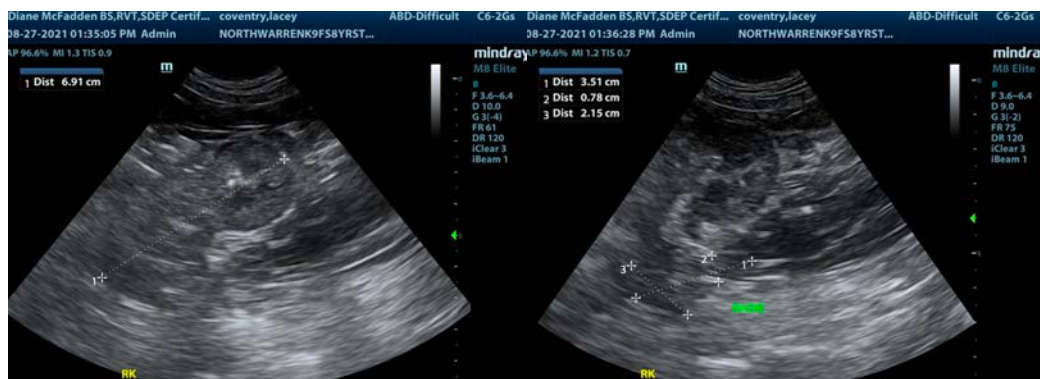


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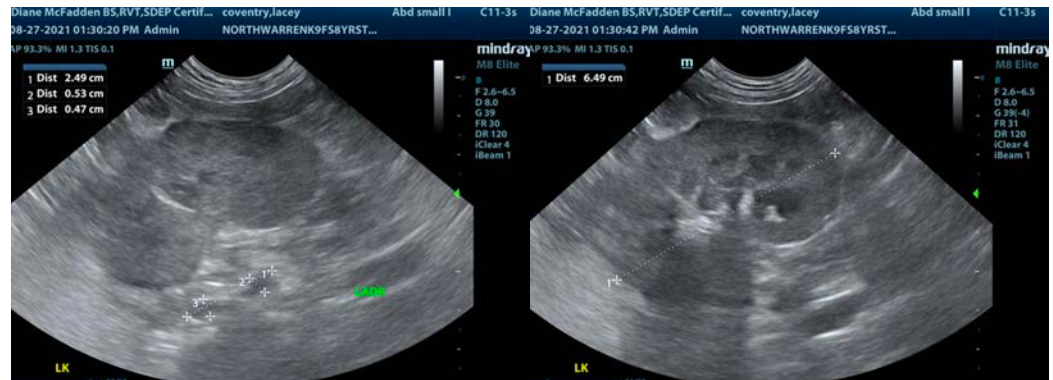
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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