



PATIENT

Suzie Vibbard

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

14 Years

WEIGHT

29 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Daniel Finch

HOSPITAL NAME

Neighborhood PHC

REFERRING VET

Daniel Finch

INVOICE

12823

DATE

8/27/21

PRESENTING CLINICAL SIGNS

History: Will attach medical notes and previous bloodwork

Abnormal PE/Chem/CBC/UA Results:

BUN: 60, Creat 1.5, Phosphorus: 6.8, ALT 32, AST 81, ALP 11.34, GGT 43, Cholesterol 439, Lipase 536

Hematuria, Urine Specific Gravity: 1.013, Minimal White Cells

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 loss of corticomedullary definition, slight pyelectasia (non-specific) and moderate degenerative changes. No evidence of neoplasia or obstructive disease. Occasional cortical cysts noted. Slight mineralization was present in the kidneys. The right kidney presented a pericapsular echogenic enhancement, suggestive for inflammation.

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 0.6 cm at the cranial pole and 0.63 cm at the caudal pole. The right adrenal gland measured 0.71 cm at the cranial pole and 0.57 cm at the caudal pole.

Spleen

The **spleen** revealed multifocal hyperechoic nodules, likely benign lipogranulomas. Minor disruption of architecture noted at the cranial pole. Coalescing nodular changes noted at the cranial pole, measuring approximately 1.0 cm – 1.5 cm each, non-disruptive yet with mild capsular impingement/expansion.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor 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. A trace amount of gallbladder sand and dependent debris present. Minor gallbladder polyps noted.

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.

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

- Possible nephritis pattern primarily in the right kidney with pyelectasia
- Age-related hepatic changes with minor biliary debris, sand and minor polyps
- Spleen, multifocal hyperechoic nodules, likely benign lipogranulomas

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Boston Terrier

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

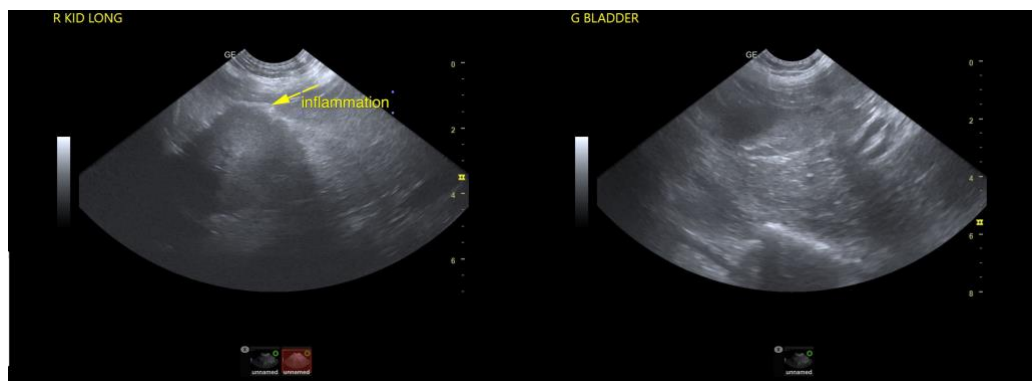
FNA of the liver warranted for further information on the liver enzyme elevations. IV fluid support and urine culture warranted. Leptospirosis titers warranted. Ampicillin and Metronidazole combination with nutraceuticals and ursodiol could all be justified in this patient. No evidence of neoplasia.

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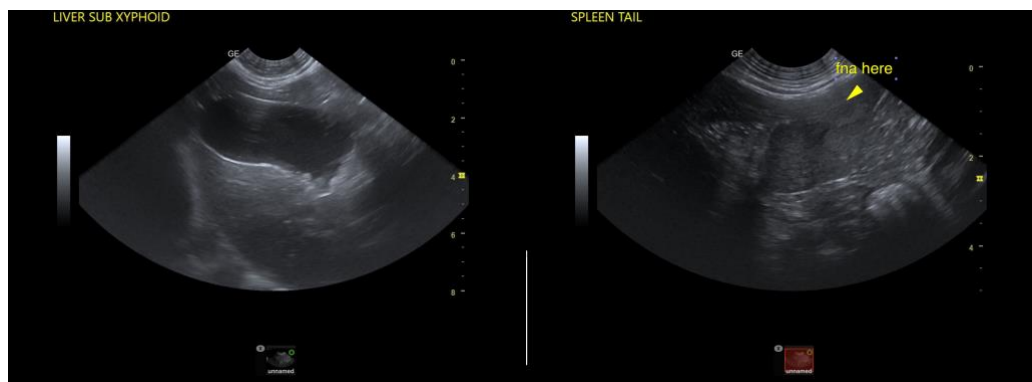
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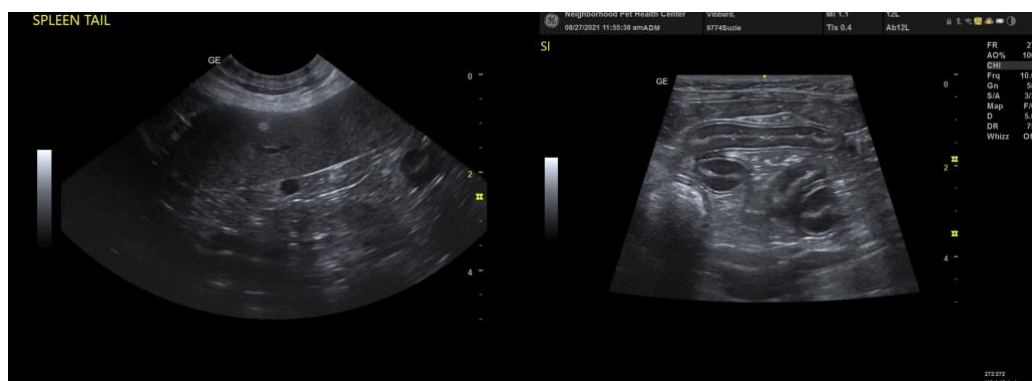
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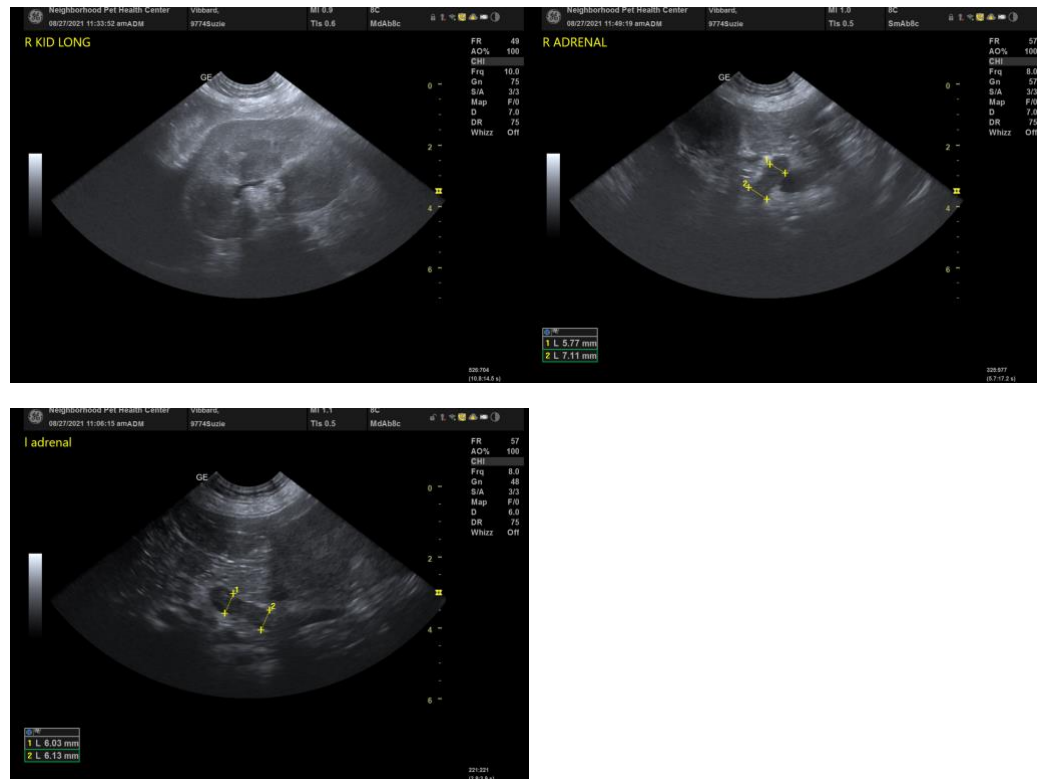
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com