



PATIENT

Willow Deimer

SPECIES

Canine

BREED

Shepherd Mix

SEX

Spayed female

AGE

14 years

WEIGHT

47 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ertunc

HOSPITAL NAME

Healing Spirit Animal
Wellness

REFERRING VET

Dr. Ertunc

INVOICE

32621

DATE

8/29/22

PRESENTING CLINICAL SIGNS

History: Gradually decreasing appetite and energy levels. Recent onset enuresis. Chronically elevated ALT, gradually progressing.

Abnormal PE/Chem/CBC/UA Results: PE- Decreased BCS 3.5/9 with moderate generalized muscle atrophy. CBC: WNL Chem: ALT= 639 (12-121), AST= 95 (16-55), ALP= 186 (5-160), SDMA= 17 (0-14) Creat= 1.3 (0.5-1.5) U/A: pH+ 5, UP:C=<0.2, inactive sediment. Urine culture pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra 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. Occasional cortical cyst was noted in the kidneys.

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.

Spleen

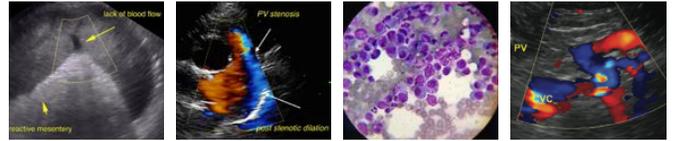
The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally and uniform. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** revealed coalescing, hypoechoic nodular changes with increased portal markings. The gallbladder was unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed excessive gas, yet the stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and



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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

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

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Diffuse hepatic remodeling.
Coalescing nodular changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If any crusting skin lesions are present then hepatocutaneous syndrome may be developing. Bile acid profile is warranted with ultrasound-guided FNA +/- core biopsy. There is a potential that this is neoplasia. Leptospirosis titers are warranted to ensure that underlying infection is not an issue.

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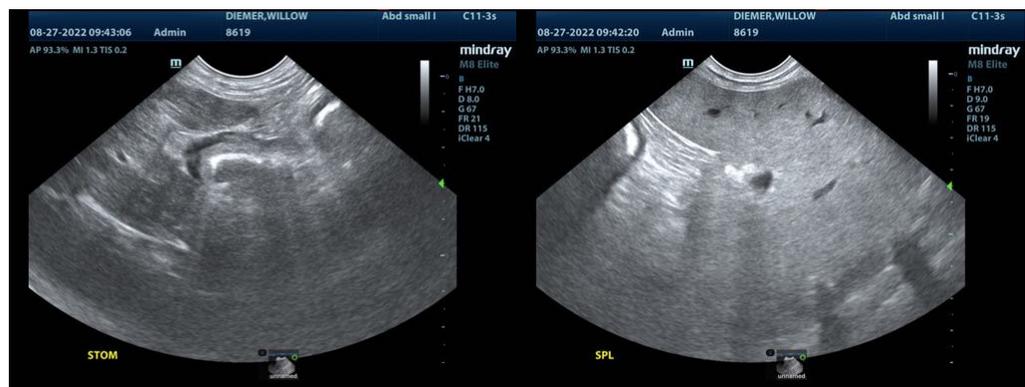
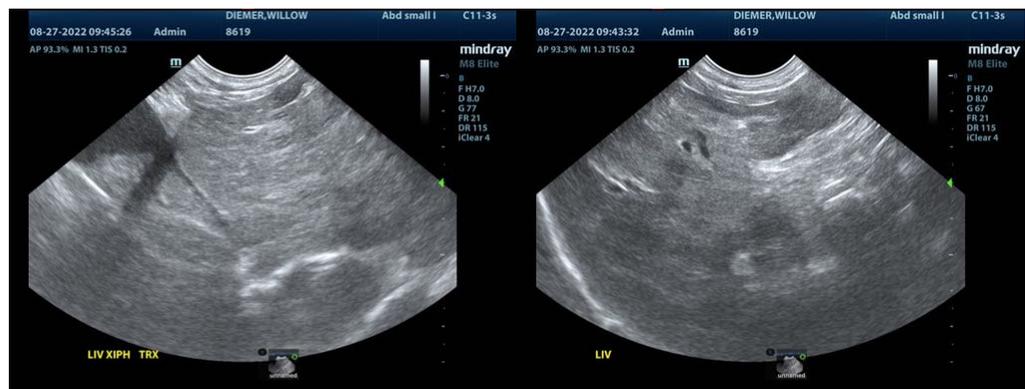
Dr. Ertunc

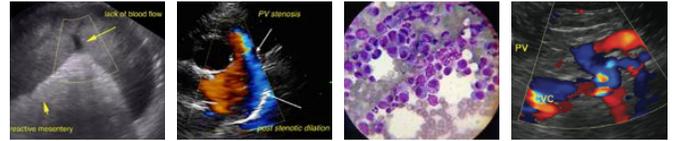
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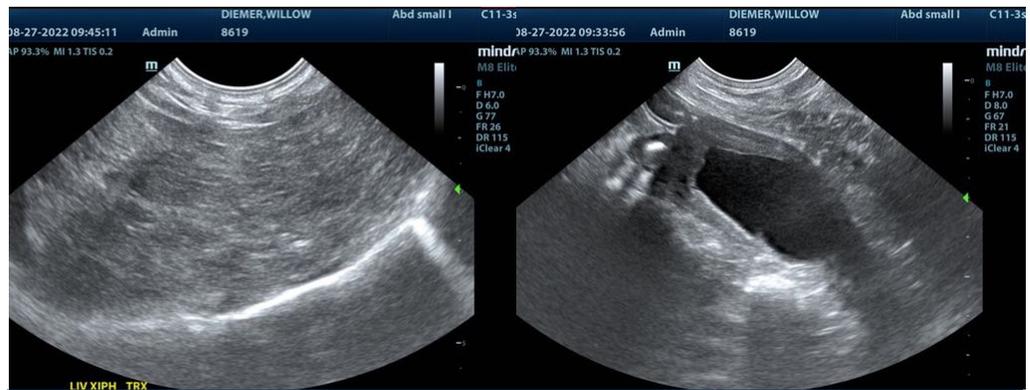
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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