



PATIENT

Betsey Magnolia Goldstein

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

15 years

WEIGHT

8.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Barnea

HOSPITAL NAME

Tenaflly VC

REFERRING VET

Dr. Barnea

INVOICE

91556

DATE

8/30/21

PRESENTING CLINICAL SIGNS

History: VOMITING X 6 DAYS AT NIGHT, ANOREXIA LAST 3 DAYS 1 LB WT LOSS BW WNL DONE BY PREVIOUS VET, NO PLI, RESTING CORTISOL OK US DONE TO ASSES GB, PANCREAS, GI PET DOING WELL NOW K9 IBD ASSAY CAME BACK MILDLY ELEVATED ON LAST SET OF X RAYS DONE BY US A CALCIFIED FB WAS SEEN IN COLON / THAT DAY PET STARTED TO EAT IN OUR OFFICE

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mild to moderate mineralization was noted. The right kidney measured 3.6 cm. The left kidney measured 3.5 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. An occasional, hypoechoic nodule was noted in the liver. The largest of which measured 0.5 cm. 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.



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Gastrointestinal

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The **stomach** was filled with ingesta. This is consistent with post prandial presentation. Minor shadowing material was noted and measured up to 1.0 cm. The small intestines and colon were unremarkable.

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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

Nodular hyperplasia liver pattern. Differentials include nodular hyperplasia with a minor potential for primary metastatic neoplasia.

AGE

15 years

Minor age related renal changes with mineralization.

WEIGHT

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Minor retention of ingesta, consistent with post prandial presentation, however, no evidence of obstructive disease was noted.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

FNA of the liver would be ideal especially if any weight loss or liver enzyme elevations are an issue. There was no evidence of a foreign body.

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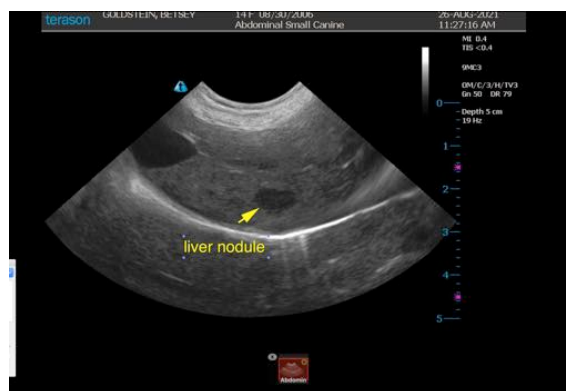
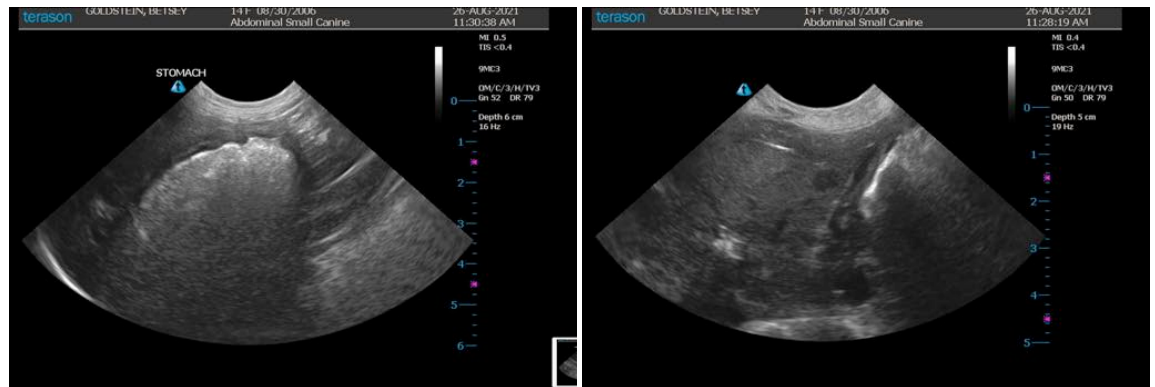
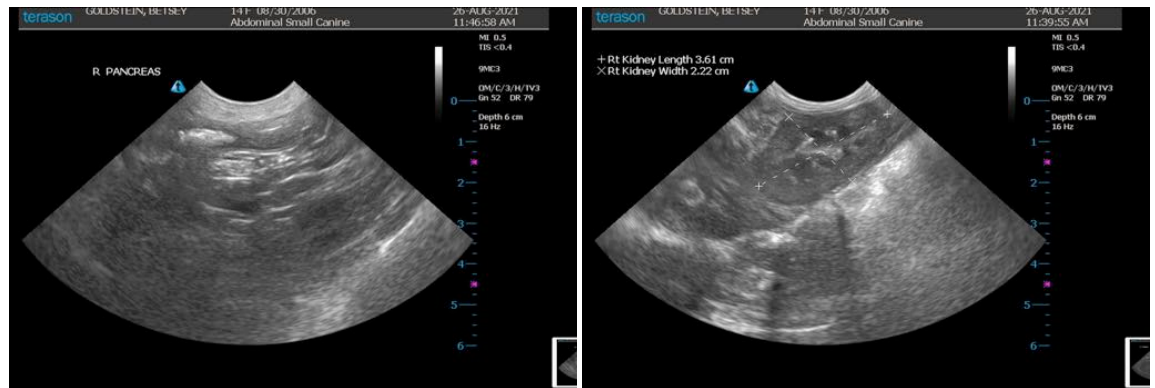
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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