



PATIENT

Cammy Schepree

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

11 Years

WEIGHT

74 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Diane McFadden

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

16708

DATE

8/5/22

PRESENTING CLINICAL SIGNS

History: 1st seizure episode R/O abdominal neoplasia. LDDS for cushings pending. not on any meds.
Abnormal PE/Chem/CBC/UA Results: elevated platelets, ALT; al others wnl

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 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.47 cm. The right kidney measured 7.0 cm.

Adrenal Glands

The **left adrenal gland** was 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 2.64 cm x 0.8 cm at the caudal pole and 0.68 cm at the cranial pole.

The region of the **right adrenal gland** was unremarkable yet not visualized owing to patient body tension.

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. Cranial folding of the spleen was noted.

Liver

The **liver** revealed multifocal hypoechoic nodular changes and increased portal markings. Occasional cysts were noted. These are diffuse changes. The gallbladder and common bile duct were normal.

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

- Diffuse hepatic nodular changes
- Splenic fold

BREED

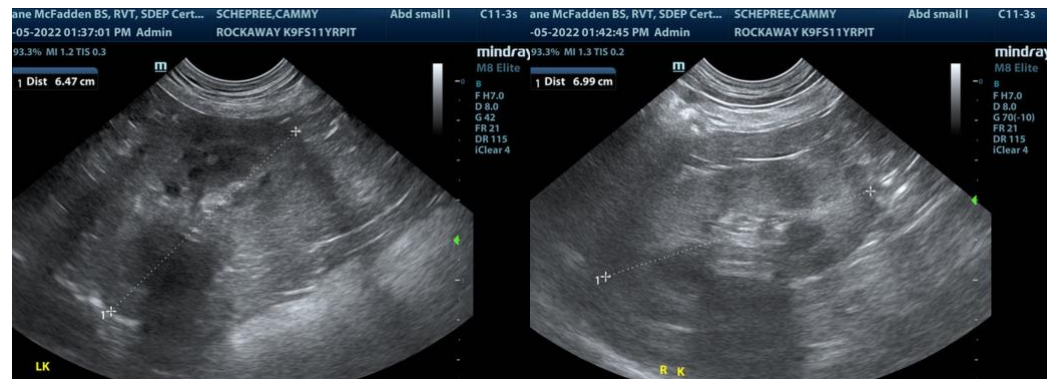
Pit Bull

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA and bile acids recommended. No evidence of neoplasia. Heavy sedation would be necessary in order to image the right adrenal gland, owing to patient demeanor.

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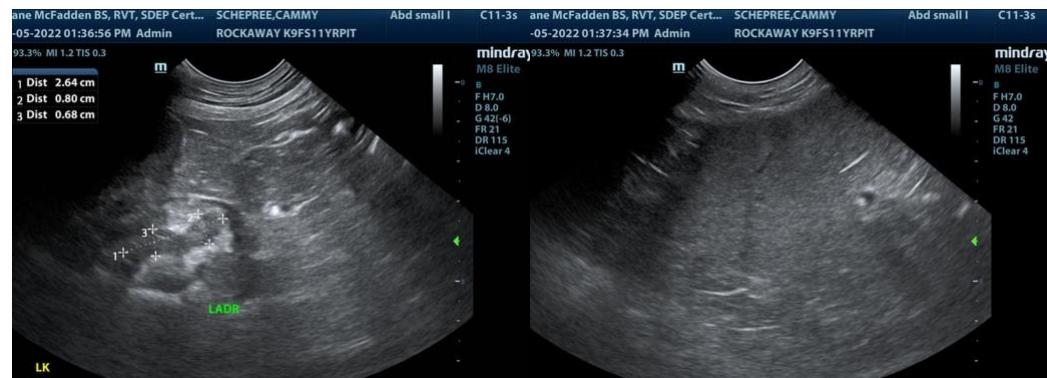
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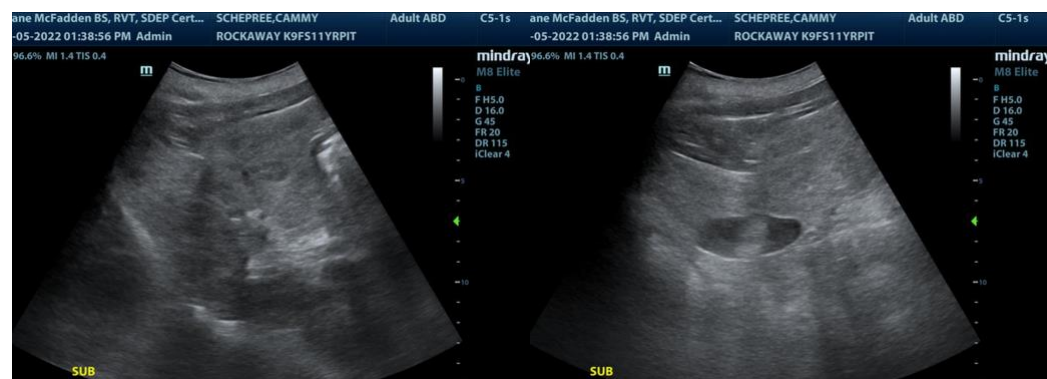


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The information and recommendations provided are based on the images presented by the



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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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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com

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