



PATIENT

Tasha Layer

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

11 years

WEIGHT

57 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Griffin

INVOICE

32253

DATE

8/9/22

PRESENTING CLINICAL SIGNS

History: Constipation, no eating well, on Z/D diet for allergies
Abnormal PE/Chem/CBC/UA Results: Rads: enlarged liver with minor loss of detail in cranial abdomen -CBC: LYM 0.77 -Chem: BUN 5, ALKP 214 -SDMA: 16 -TT4: 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 was noted. Ureteral papillae 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. The left kidney measured 5.0 cm. The right kidney measured 6.0 cm.

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 right adrenal gland measured 1.0 cm in maximum width. The left adrenal gland measured 0.7 cm.

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** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal.



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Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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Pancreas

The **pancreas** revealed mixed, echogenic coarse parenchyma with minor remodeling. The patient likely has a history of pancreatitis. The degree of current inflammation is likely minor if present at all.

BREED

Mix

ULTRASONOGRAPHIC FINDINGS

SEX

Benign abdomen.

Spayed female

Minor pancreatic remodeling.

Benign hepatopathy.

AGE

11 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

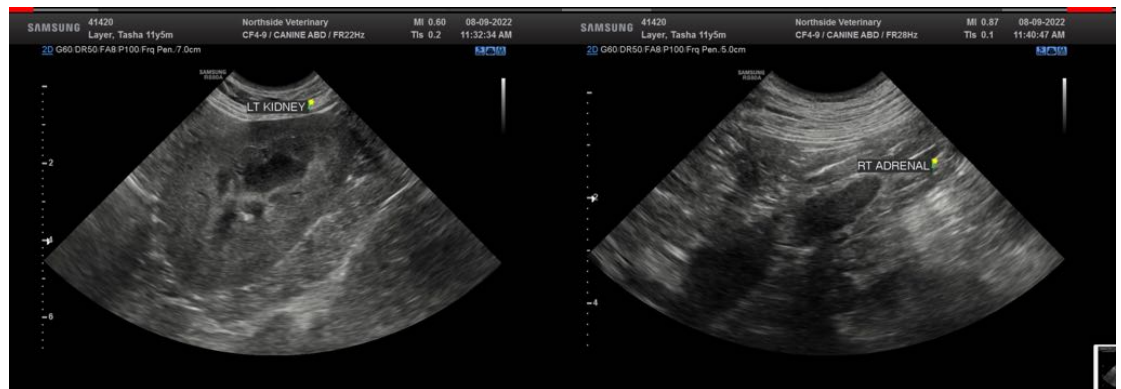
WEIGHT

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There was no evidence of active pathology. Some level of low-grade pancreatitis is possible. Subxiphoid palpation is recommended to assess if there is any pain or discomfort in the pancreatic region as low grade pancreatitis may be present, yet is minor and appears benign.

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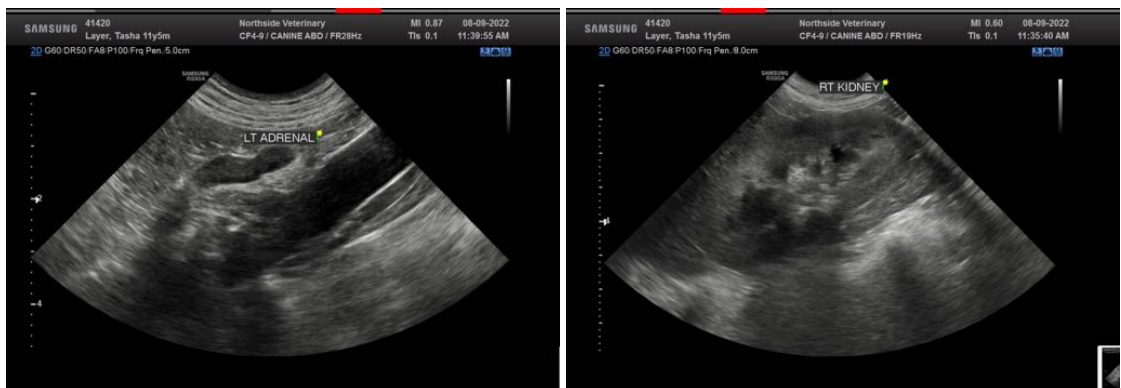


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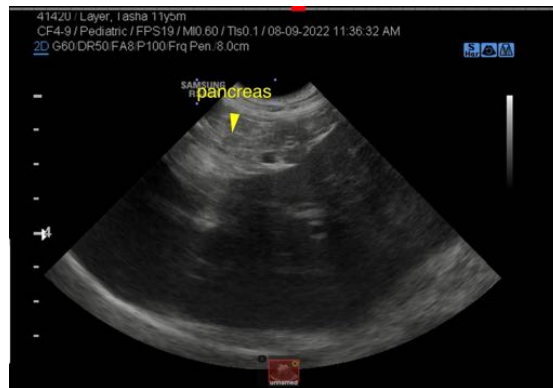
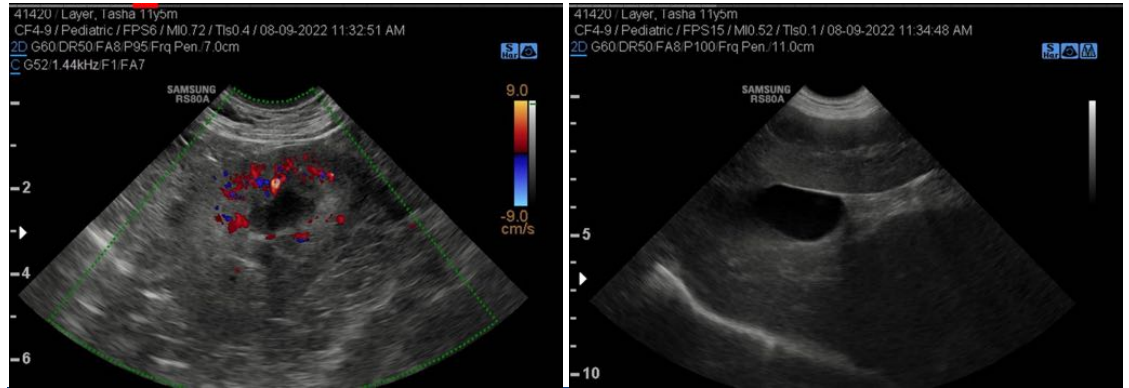
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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