



PATIENT

Abby Berry

SPECIES

Canine

BREED

German Shepherd

SEX

Female

AGE

10 years

WEIGHT

60 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Griffin

INVOICE

39601

DATE

9/22/22

PRESENTING CLINICAL SIGNS

History: Patient has lost about 12 lbs but the primary complaint was limping left rear leg
 Abnormal PE/Chem/CBC/UA Results: PE: Left rear leg drawer consistent with CCL tear CBC: WNL
 CHEM: ALT 481, ALKP 1873, Tibili 1.2 Rads: VHS 9.1-9.35 depending on lateral view. Mild intermittent spondylosis throughout the spine. Abdomen- R lateral view, round soft tissue opacity between the ventral fundus and the liver (r/o artifact vs liver vs pylorus). L stifle effusion.

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 kidneys measured 6.1 cm.

Adrenal Glands

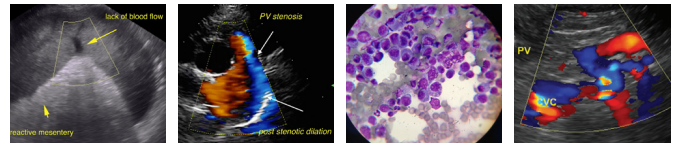
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.6 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** was normal in size and contour. The gallbladder and common bile duct were unremarkable. There was no evidence of post hepatic obstruction. The parenchyma was uniform. The cause of bilirubin elevation is unclear.



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Gastrointestinal

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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.

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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.

SEX

Female

ULTRASONOGRAPHIC FINDINGS

Structurally benign abdomen.

AGE

10 years

Non-specific inflammatory hepatopathy.

WEIGHT

60 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is indicated. I recommend reassessment of the bilirubin value to ensure that this is not artifactual is also indicated assuming there is no anemia. Leptospirosis titers are indicated especially if the bilirubin values are confirmed, yet structurally the abdomen appears unremarkable.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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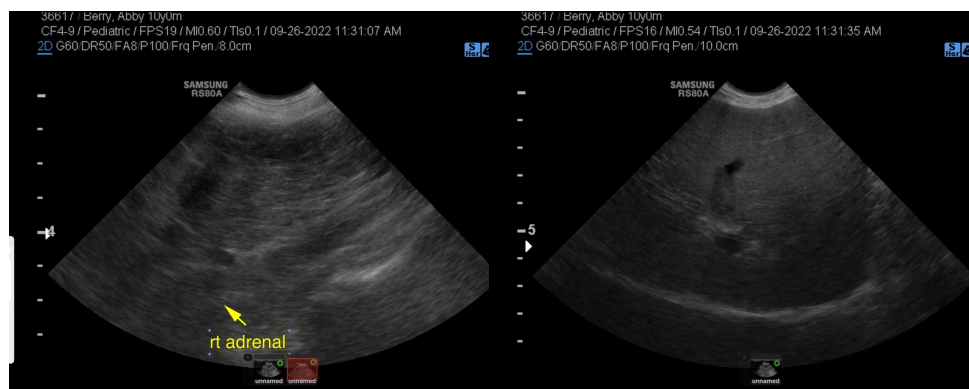
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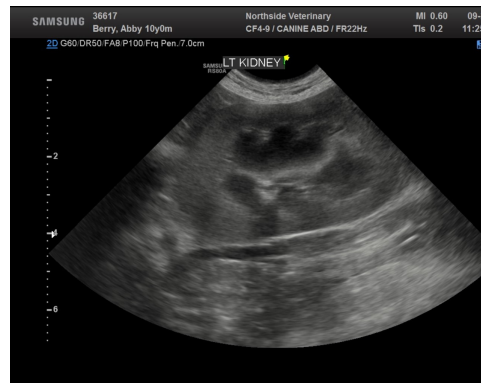
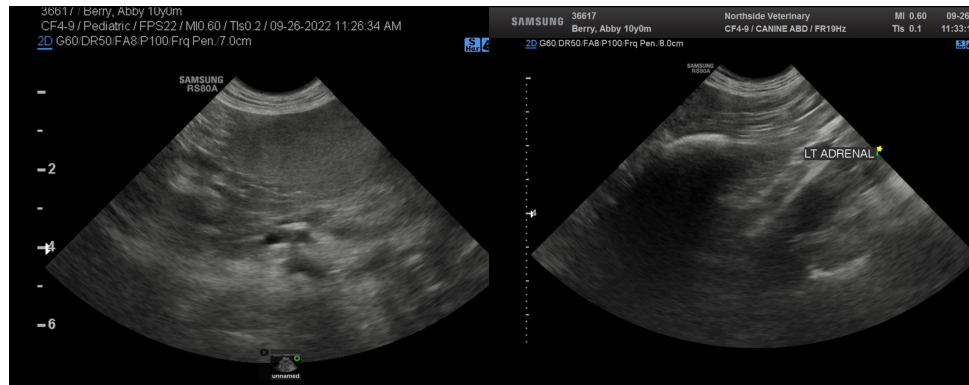
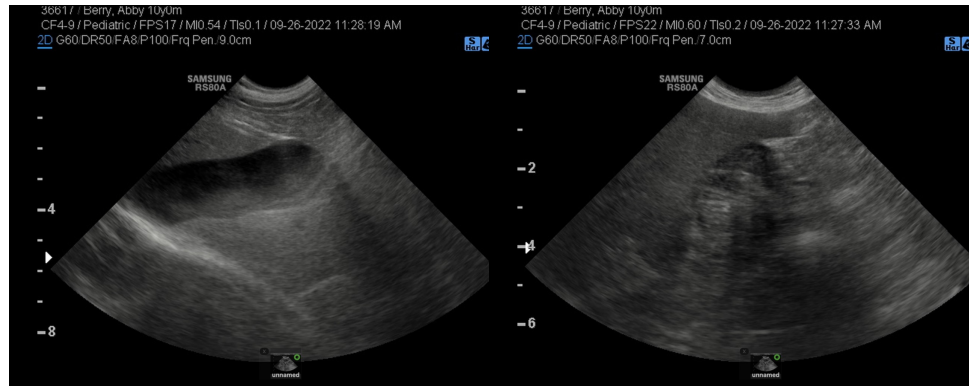
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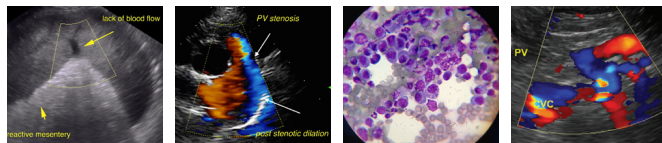
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



PATIENT info@SonoPath.com

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