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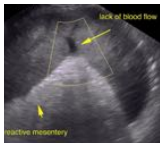
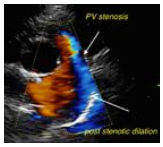
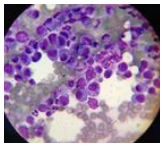
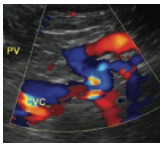




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Molly Manning

SPECIES

Canine

BREED

Lab Retriever Mix

SEX

Spayed female

AGE

14 years

WEIGHT

70 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Welch

HOSPITAL NAME

Long Valley AH

REFERRING VET

Dr. Welch

INVOICE

39615

DATE

9/26/22

PRESENTING CLINICAL SIGNS

History: Hx recent mild, non-regenerative anemia, here for further work-up. Hx arthritis, hind end weakness/IVDD, laryngeal paralysis, and most recently mild anemia. On Apoquel, gabapentin, rimadyl, tramadol, methocarbamol. Gets trazodone for mild sedation when needed.
Abnormal PE/Chem/CBC/UA Results: Recent recheck CBC : RBC 5.20 Hematocrit 34.5 Hemoglobin 11.0 MCV 66 MCH 21.2 MCHC 31.9 Chem in july - 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.

Adrenal Glands

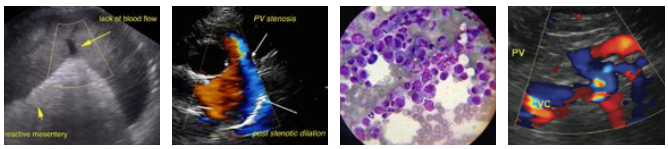
The left **adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm. The right adrenal gland was not overtly visualized; however, the region of the right adrenal gland was unremarkable.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. A slightly expansive heterogenous to echogenic splenic nodule is noted at the caudal pole. The tissue was non cavitated. This is likely hyperplasia but emerging neoplasia possible. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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. 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.

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.

ULTRASONOGRAPHIC FINDINGS

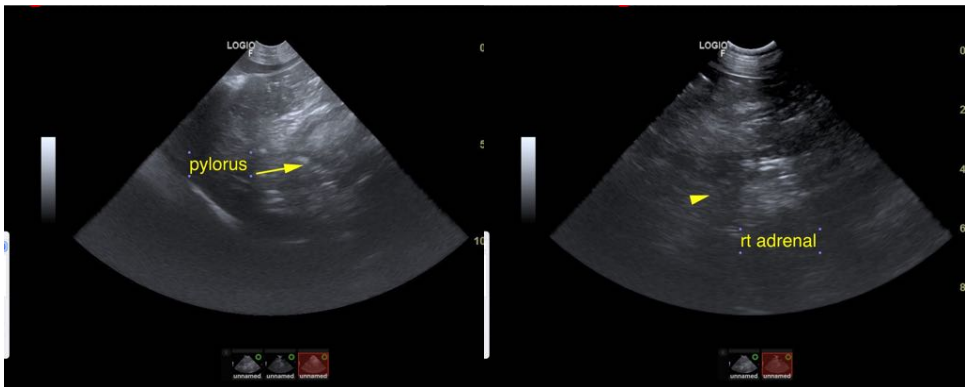
Structurally unremarkable abdomen.

Minor, age related splenic changes with a heterogenous to echogenic nodule. Likely hyperplasia but emerging neoplasia possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic nodule or recheck sonogram in 10-14 days is recommended to monitor for change, yet this is not likely a current clinical issue

There was no evidence of significant disease. The cause of anemia is not evident. CBC path review +/- bone marrow aspirate may be indicated. Empirical treatment for GI hemorrhage can be considered even though structurally the GI tract appears unremarkable.



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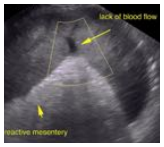
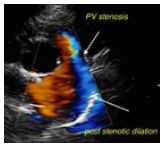
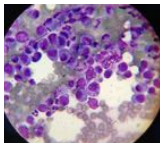
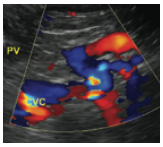

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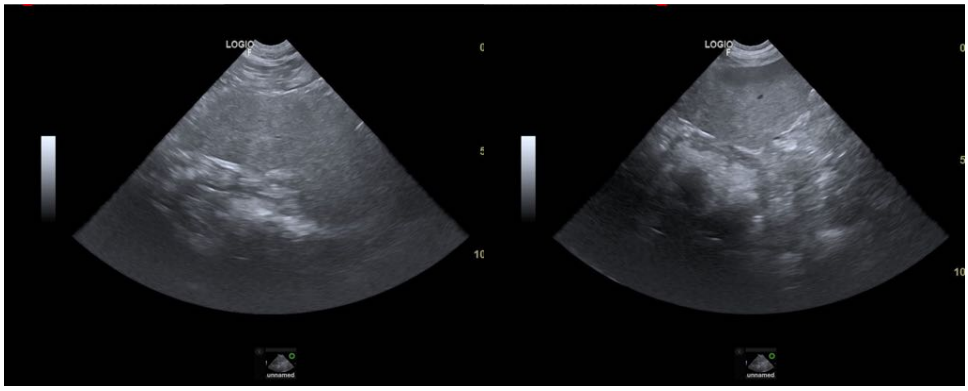

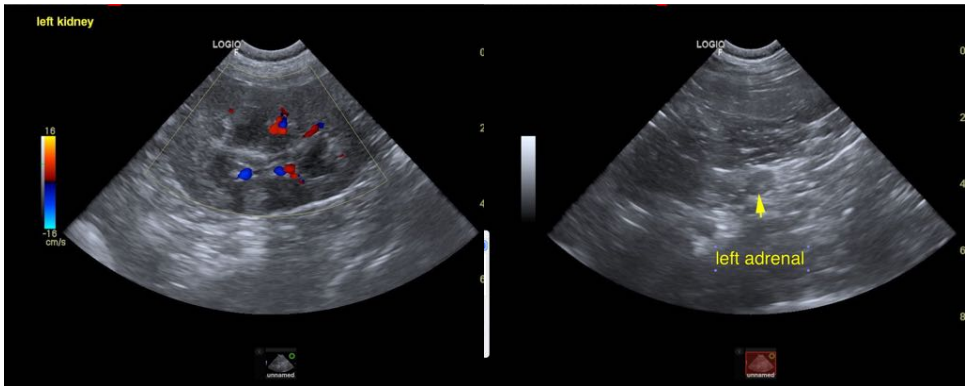

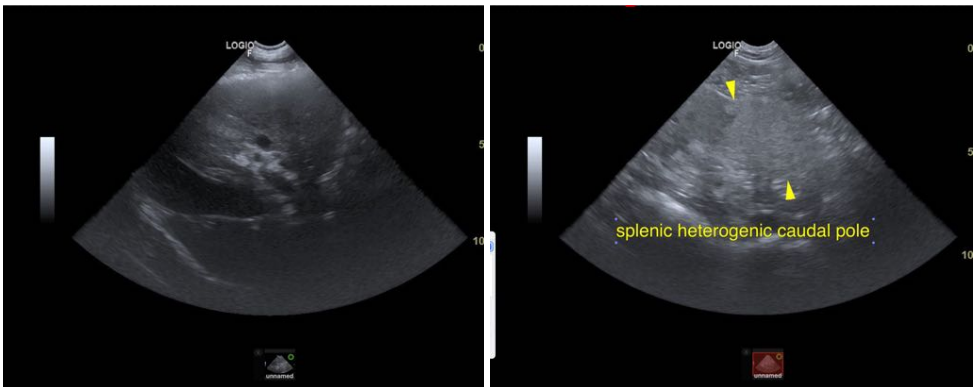

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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