



**PATIENT**

Cinnamon Cope

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

77.7

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Carlos Abdul-Chani

**HOSPITAL NAME**

Byram AH

**REFERRING VET**

Dr. Maria Cruz

**INVOICE**

25816

**DATE**

9/27/21

**PRESENTING CLINICAL SIGNS**

R/O Liver Disease (Increased Alk phos.) R/O urinary Disease (Urinary incontinence)  
Abnormal PE/Chem/CBC/UA Results: Alk phos = 561 ; Lipase = 168 U/L ; T4 = WNL ; CBC = WNL ;  
HW4DX = Negative x 4 Urinalysis = WNL ; S.G. = 1.020

**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 3.0 cm beyond the cystourethral junction.

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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 8.53 cm with slight pyelectasia. The left kidney measured 7.63 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 0.8 cm at the cranial pole and 0.5 cm at the caudal pole.

**Spleen**

The **spleen** was folded upon itself. Subtle micronodular changes noted. No evidence of masses. If weight loss is an issue, 25-gauge FNA indicated.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Occasional hyperechoic nodules noted, non-disruptive. Minor increased portal markings noted. Minor gallbladder debris present. 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.

**Gastrointestinal**

Minor retention of ingesta noted in the **stomach**. The small intestine and colon were unremarkable.

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.



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**ULTRASONOGRAPHIC FINDINGS**

- Subtle micronodular spleen – likely age related change with cranial fold
- Geriatric abdomen otherwise with minor retention of ingesta

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of significant pathology.

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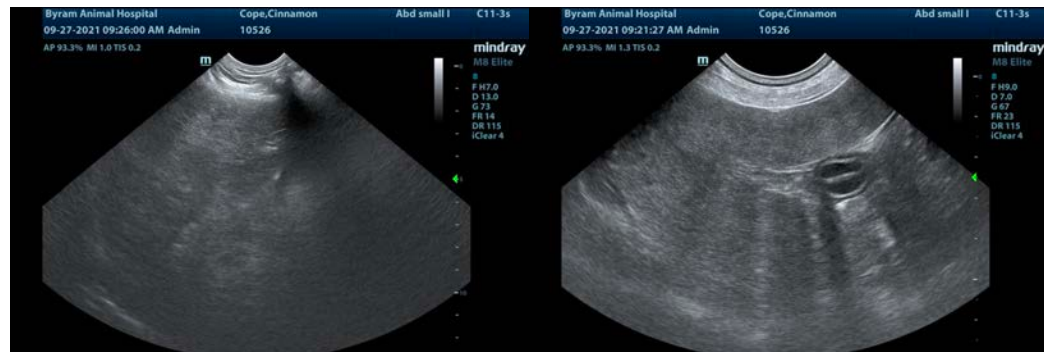
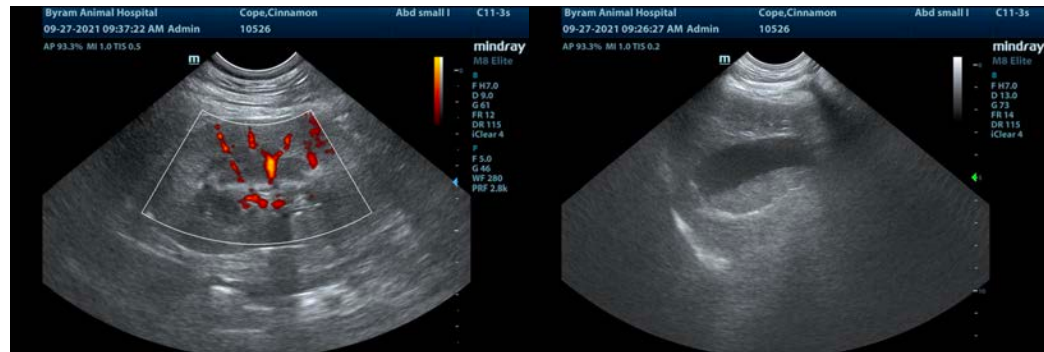
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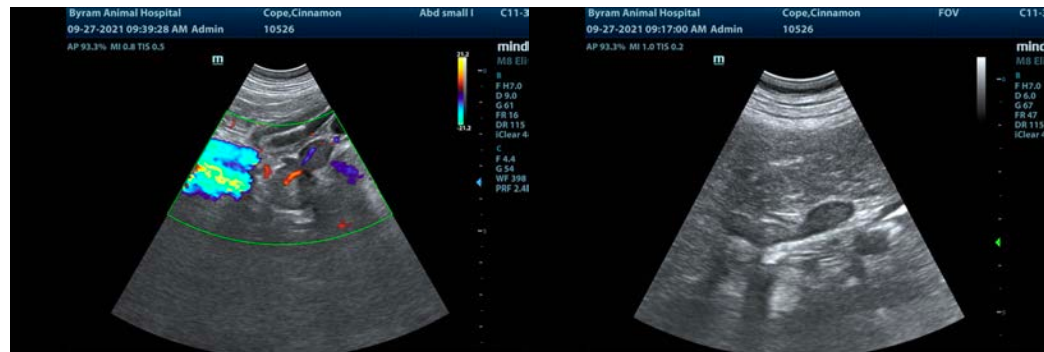
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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