



## PATIENT

Daphne McCole

## SPECIES

Canine

## BREED

Springer Spaniel

## SEX

Spayed female

## AGE

12 years

## WEIGHT

34 lbs

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Jenna Walsh, CVT

## HOSPITAL NAME

Amazon Park AC

## REFERRING VET

Dr. Jones

## DATE

1/3/23

## Invoice

42478

## PRESENTING CLINICAL SIGNS

History: Had splenectomy 5/2022 that was a sarcoma, treated at referral clinic on the East Coast with doxorubicin single agent chemotherapy (5 visits). Last treatment 11/2/2022. Here for follow up ultrasound. Patient is normal clinically. Abnormal PE/Chem/CBC/UA Results: alt - 150 H ALP- 398 H Glucose 69 I Plts- 541 H RBC- 5.37 L

## 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 right kidney measured 5.94 cm. The left kidney measured 6.1 cm.

### Adrenal Glands

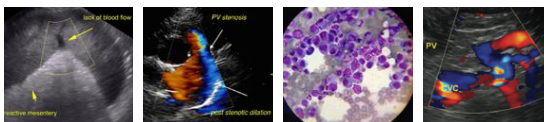
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.5 x 0.65 cm at the caudal pole and 0.61 cm at the cranial pole. The right adrenal gland measured 2.36 x 1.26 cm at the cranial pole and 0.67 cm at the caudal pole.

### Spleen

The spleen was not visualized as it was previously removed. The region of the splenic fossa was unremarkable.

### Liver

The **liver** revealed minor coarse architecture, yet was normal in size and contour. The gallbladder and the common bile duct were unremarkable. This is similar the prior sonogram. Low -grade inflammatory hepatopathy/benign hepatopathy.



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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. 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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

## ULTRASONOGRAPHIC FINDINGS

Mild to moderate hepatic remodeling, low-grade, non-specific inflammatory hepatopathy.

Age related pancreatic and renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of pathology in the splenic fossa.

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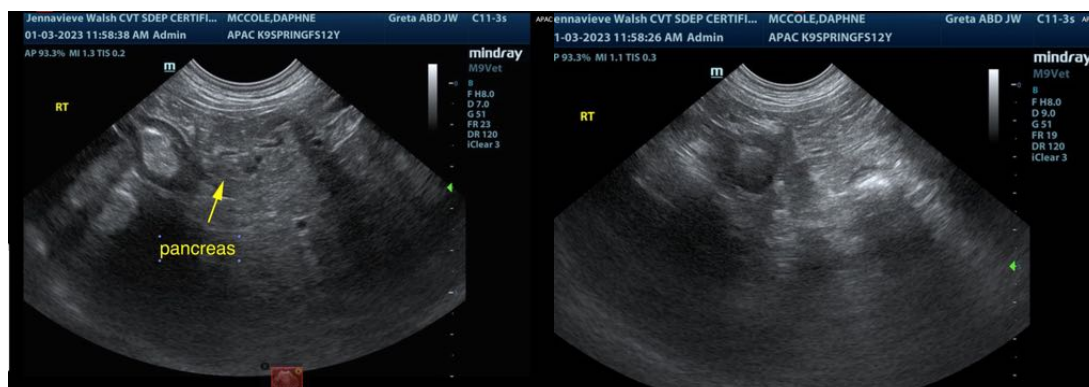
Dr. Jones

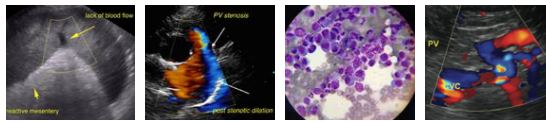
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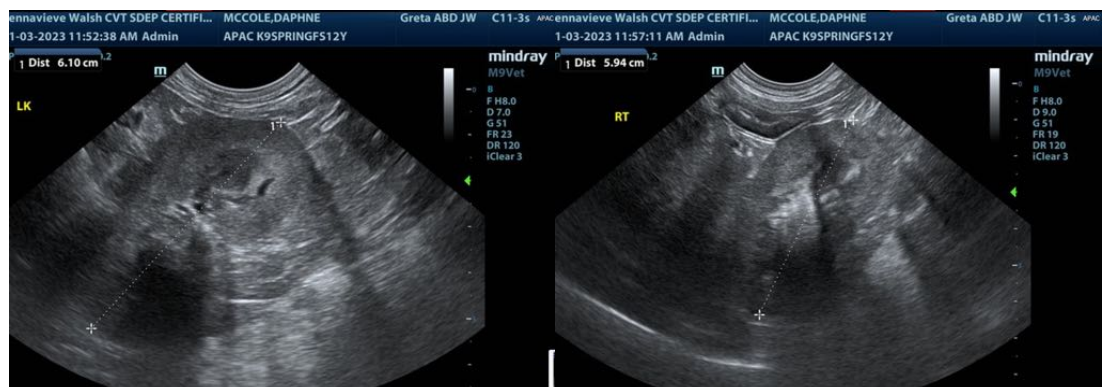
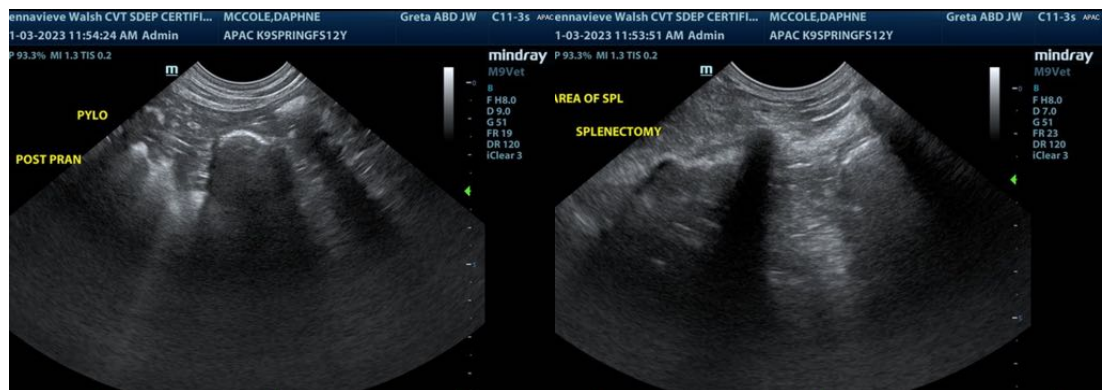
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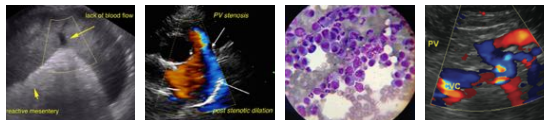
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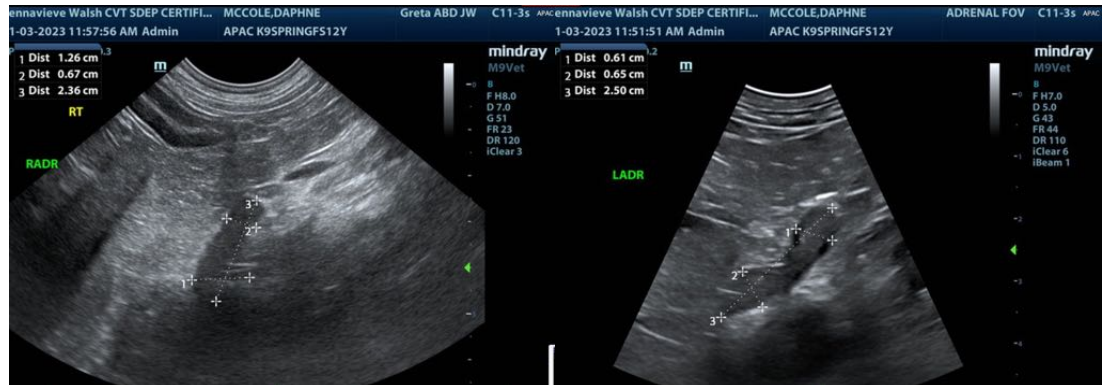
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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