



PATIENT

Josie Vendetti

SPECIES

Canine

BREED

Labrador Poodle Mix

SEX

Spayed Female

AGE

9 years

WEIGHT

13.4 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Jenna Walsh, CVT

HOSPITAL NAME

Amazon Park AC

REFERRING VET

Dr. Heyward

DATE

10/20/21

Invoice
92526

PRESENTING CLINICAL SIGNS

History: Presented 10/11/21 for lethargy, weakness, and also vomiting. Treated with fluids and pain relief, symptomatically improved over 48 hours. Had a similar episode in August but more mild. 5 pounds weight loss over the last several months - only 13.4 pounds.

Abnormal PE/Chem/CBC/UA Results: Albumin low at 1.8; no proteinuria, hepatic values all normal, including cholesterol.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.42 cm. The right kidney measured 4.9 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 1.55 x 0.34 cm at the cranial pole and 0.48 cm at the caudal pole. The right adrenal gland measured 1.75 x 0.45 cm at the cranial pole and 0.33 cm at the caudal pole.

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** 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. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal



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contour. 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.

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Gastrointestinal

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. Soft stool was noted in the colon. The mesenteric lymph nodes were reactive and measured 1.5 x 0.8 cm.

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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.

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9 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

13.4 lbs

Structurally unremarkable abdomen.

Enlarged mesenteric lymph node, consistent with reactive lymph node.

Age related renal and hepatic changes.

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Eric Lindquist, DMV,
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the low albumin screening for Addison's would be warranted even though structurally the adrenal glands appear unremarkable. ACTH stimulation is indicated. Assessment for proteinuria is warranted. If no significant proteinuria is present then protein losing enteropathy may be the issue. However, structurally the GI tract appears unremarkable.

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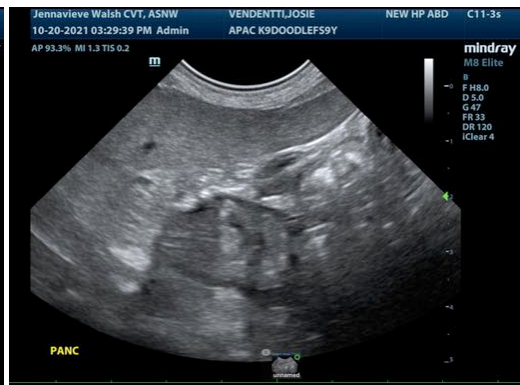
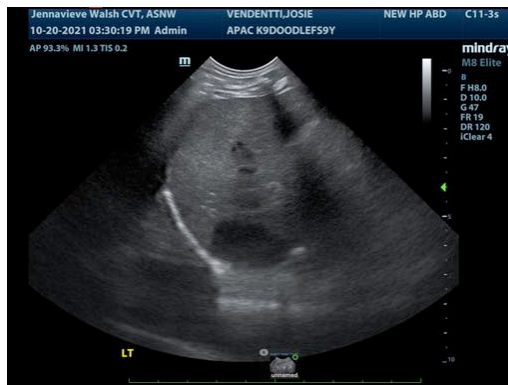
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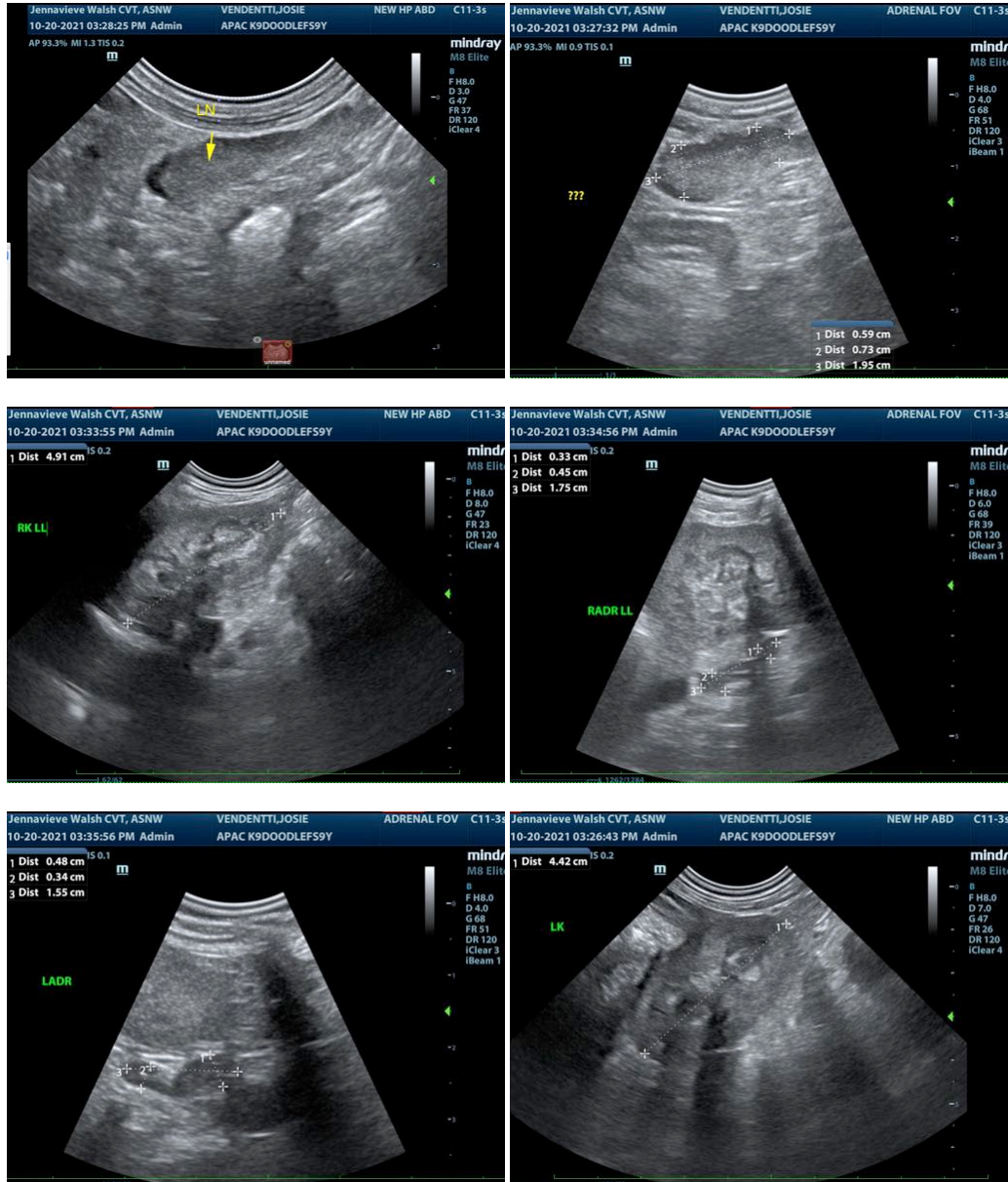
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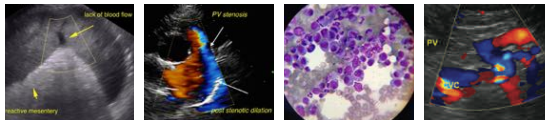


The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Eric.Lindquist@SonoPath.com

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