



PATIENT PRESENTING CLINICAL SIGNS

Reggie Cook

History: Lymphadenopathy generalized, periodontal disease, having diarrhea, Hypothyroid
Abnormal PE/Chem/CBC/UA Results: ALT 245 ALKP 201 TP 7.6 Potassium 5.6 Precision PSL 363
Protein in urine 2+ Current Medications Levothyroxine 0.3 BID Simparica Trio monthly Radiographic
Findings none done

SPECIES

Canine

BREED

Keeshond

SEX

Spayed female

AGE

12 years

WEIGHT

39.5 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Vitality

REFERRING VET

Dr. Surroz

DATE

11/2/22

Invoice
42304

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. The left kidney measured 5.1 cm with trace pyelectasia. The right kidney measured 6.01 cm.

Adrenal Glands

The left **adrenal gland** revealed an enlarged caudal pole with an expansive nodule measuring 1.3 cm, 0.4 cm at the cranial pole and 2.72 cm in length. The right adrenal gland was normal in size and contour measuring 2.1 x 0.62 cm at the caudal pole and 1.03 cm at the cranial 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** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.



PATIENT

Gastrointestinal

Reggie Cook

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

Spayed female

ULTRASONOGRAPHIC FINDINGS

Subjectively benign hepatopathy with minor remodeling.

AGE

12 years

Age related renal changes.

Left adrenal nodule. Adenoma, adenocarcinoma, pheochromocytoma are all possible and appears resectable.

WEIGHT

39.5 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of abdominal lymphadenopathy. Serial blood pressure measurements are warranted. If the urine specific gravity is less than 1.020 then work-up for adrenal dependent Cushing's is indicated. If hypertension is an issue then urine catecholamine is indicated.

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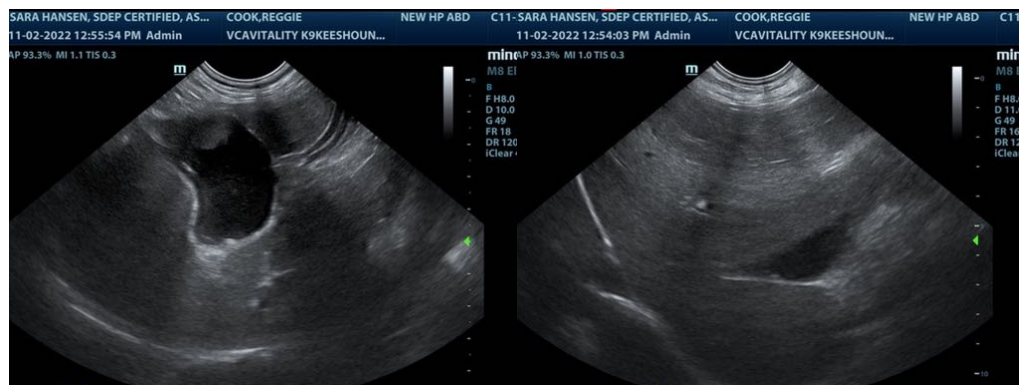
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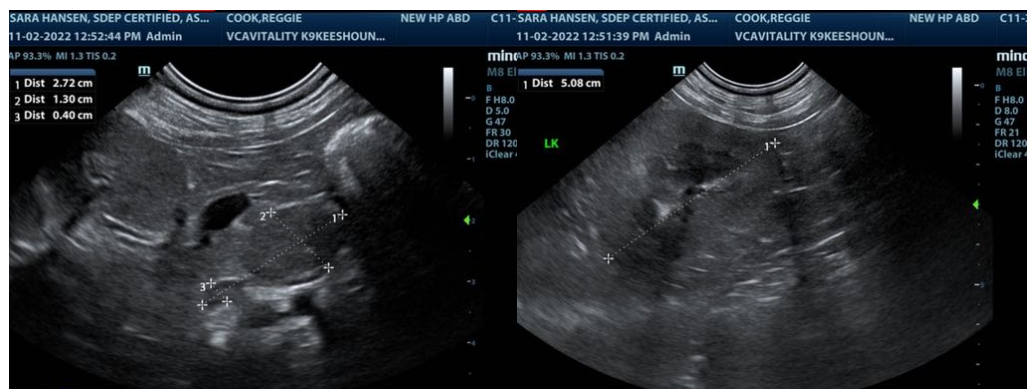
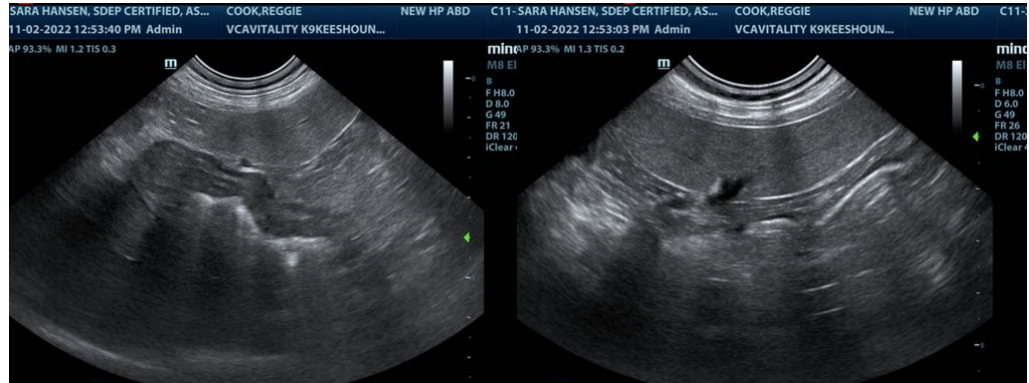
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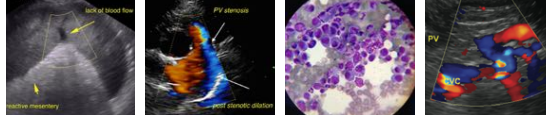
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Eric.Lindquist@SonoPath.com

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