



## PATIENT

Evora Lapeyre

## SPECIES

Canine

## BREED

Borzoi

## SEX

Intact female

## AGE

10 years

## WEIGHT

72.4 lbs

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Sara Hansen

## HOSPITAL NAME

Edgewood AC

## REFERRING VET

Dr. Leduc

## DATE

3/13/23

## Invoice

43249

## PRESENTING CLINICAL SIGNS

History: Leaking urine Tender abd esp cranially ADR in estrus  
Mature neutrophilia with monocytosis UA USG 1.013 pH 7.5 WBC 11-20 RBC 211-50 (cystocentesis)  
culture pending Current Medications Clavamox Radiographic Findings ST density cranial abd-  
splenomegaly? Pancreas? open

## 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 uterus was thickened in this patient and measured 1.57 cm. Regional inflammation was noted around the uterus. The region of the ovaries were unremarkable.

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. The right kidney measured 7.04 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 2.4 x 0.66 cm at the caudal pole and 0.49 cm at the cranial pole. The right adrenal gland measured 1.57 x 0.4 cm at the caudal pole and 0.38 cm at the cranial pole.

### Spleen

The **spleen** revealed a hypoechoic nodule in the cranial pole of the spleen that was folded upon itself. The splenic nodule was parenchymal and non-cavitated measuring 1.7 cm. The remainder of the spleen appeared unremarkable.

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



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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. 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

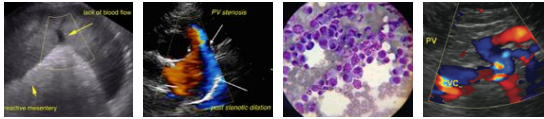
Thickened uterus. Metritis is suspected.

Splenic nodule.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend ovariohysterectomy with inspection of the uterine relationship with the pelvic urethra as inflammation appears to be from a sonographic perspective impinging upon or enveloping the pelvic urethra. Full urinalysis and examination of the vaginal vestibule is warranted. Given the splenic nodule a proactive splenectomy can be justified. Otherwise, ultrasound-guided and monitoring for follow-up would be indicated. Differentials for the splenic nodule include round cell neoplasia, emerging hemangiosarcoma and hyperplasia are all potentials.





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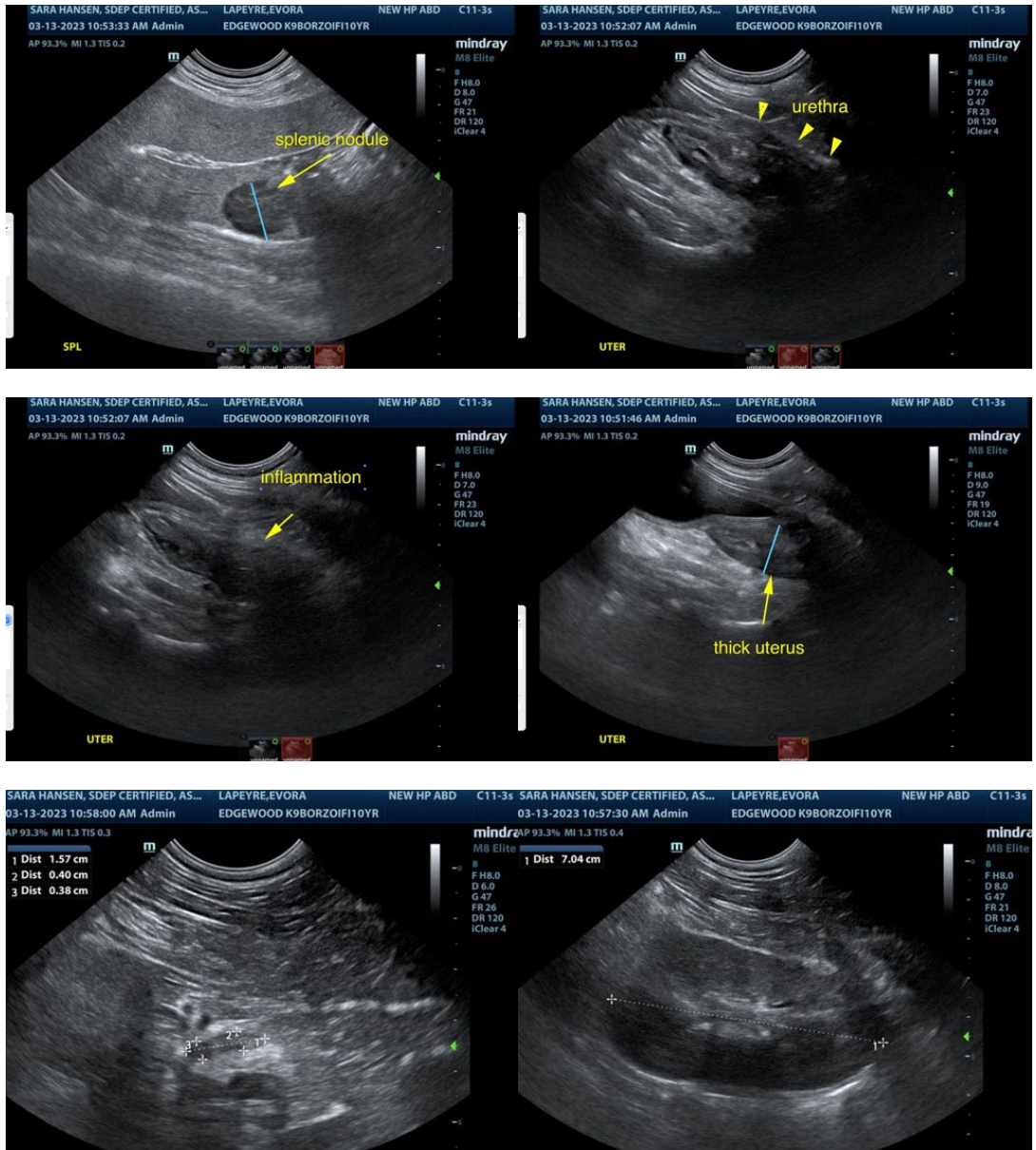
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

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Eric.Lindquist@SonoPath.com