



**PATIENT**

Alex Reider

**SPECIES**

Canine

**BREED**

Pitbull Cross

**SEX**

Spayed female

**AGE**

9 years

**WEIGHT**

50.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Creswell VH

**REFERRING VET**

Dr. Schlorman

**DATE**

9/9/22

**Invoice**  
32828

**PRESENTING CLINICAL SIGNS**

History: Possible seizure 7/31/22 and again a few days later. initial incident lasted 2 minutes of rolling and another 3 minutes of being wobbly and trying to catch her breath. Both times were in the evening. NO nystagmus. Exam on 8/8/22 unremarkable, radiograph lat thorax unremarkable. Exam on 8/18/22 muscle wasting over top of head, keratitis and uveitis OS that progressed to increased IOP on 8/25/22. Ophthalmologist feels there is an intraocular mass. Current Medications Prednisone 20 mg once daily, Cosopt OS BID, Dex 0.1% BID OS, Primary Question/Differential to Be Answered in This Exam Is there evidence of neoplasia in the abdomen.  
Abnormal PE/Chem/CBC/UA Results: All Blood work WNL on 8-8-22

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

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 6.1 cm. The left kidney measured 5.41 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 2.47 x 0.52 cm at the caudal pole and 0.38 cm at the cranial pole. The right adrenal gland measured 2.7 x 1.21 cm at the cranial pole and 0.6 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**



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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 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.

**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.

**Free Abdomen**

The left eye was imaged in this patient. The anterior chamber and lens were unremarkable. Posterior chamber presented a large amount of debris with Segal sign, which is suggestive for detached retina. Retrobulbar space and optic nerve were unremarkable.

The right eye presented normal posterior chamber and retina. The anterior chamber was unremarkable with no evidence of pathology. The retrobulbar space was unremarkable.

**ULTRASONOGRAPHIC FINDINGS**

Detached retina in the left eye with blood clot in the posterior chamber, possible purulent changes are less likely. There is no evidence of neoplasia.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Blood pressure measurements are recommended if not already performed. Given the seizure activity CT with contrast of the CNS is indicated.



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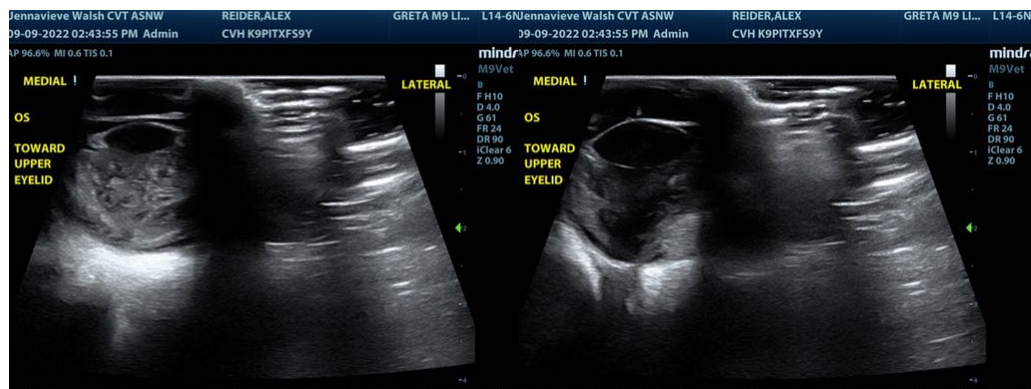
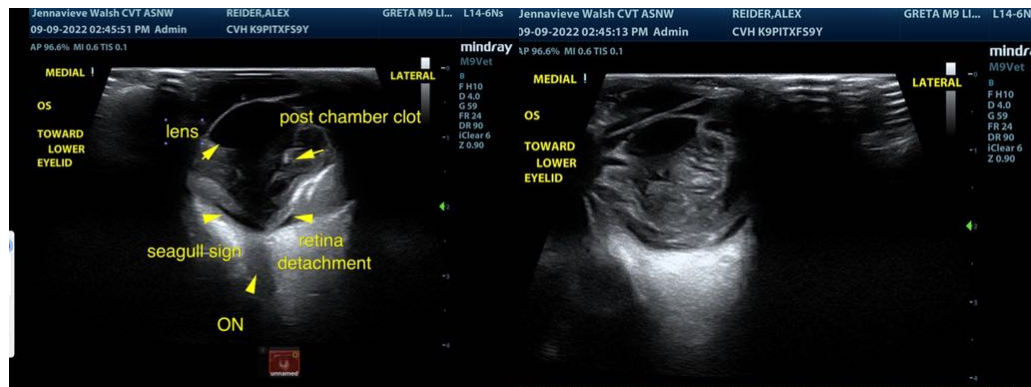
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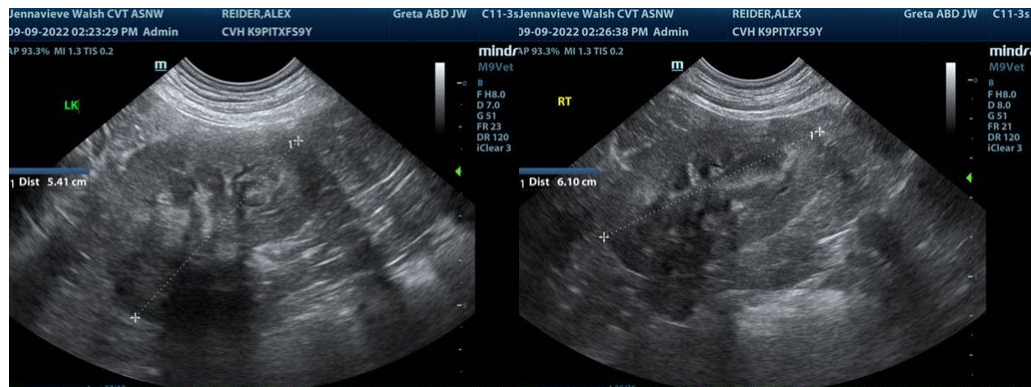
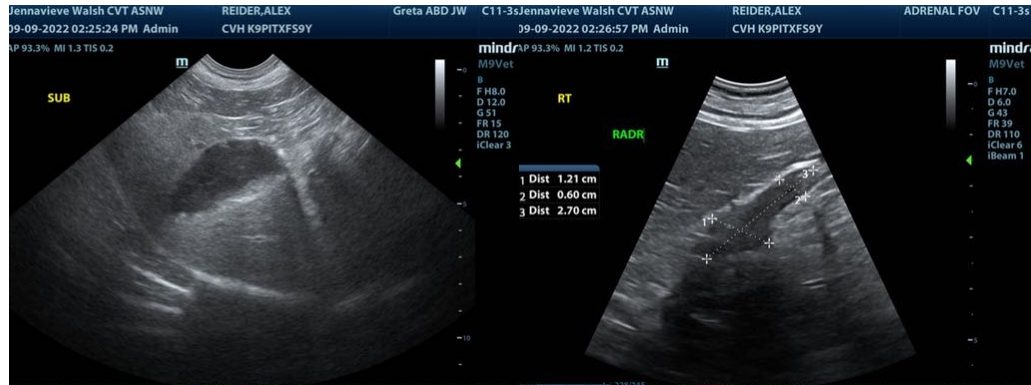
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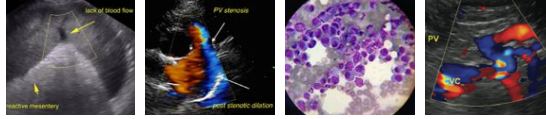
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**



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CEO of Sonopath.com

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Eric.Lindquist@SonoPath.com

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