



PATIENT

Ryme Layng

SPECIES

Canine

BREED

Border Collie

SEX

Spayed Female

AGE

11 years

WEIGHT

24.1 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Buch AH

REFERRING VET

Dr. Morin

INVOICE

94113

DATE

11/25/21

PRESENTING CLINICAL SIGNS

History: Cranial abdominal palpation feels full. Feels like possibly large spleen but also feels slightly more mass like than it did at previous appointment. Mildly uncomfortable on palpation. currently on Gabapentin 100-200mg; Metacam

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 6.15 cm. The right kidney measured 6.28 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 right adrenal gland measured 2.08 x 1.34 cm at the cranial pole and 0.81 cm at the caudal pole. The left adrenal gland measured 2.37 x 0.71 cm at the caudal pole and 0.54 cm at the cranial pole.

Spleen

The **spleen** was mildly enlarged and folded upon itself and uniform. This may be causing discomfort.

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.

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



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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.

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ULTRASONOGRAPHIC FINDINGS

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Mild splenic enlargement. Otherwise, unremarkable abdomen with changes expected for this age patient.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

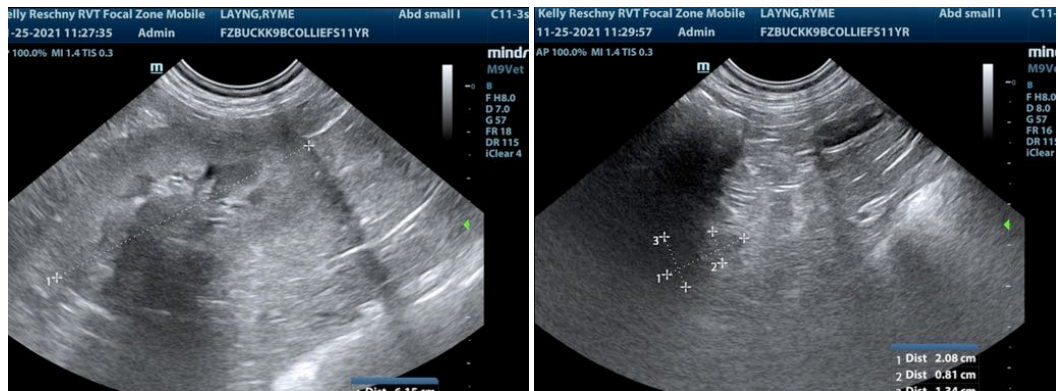
Assessment for referred back pain would be warranted as there was no overt visceral disease that would be responsible for the clinical signs other than possible subjectively benign splenomegaly.

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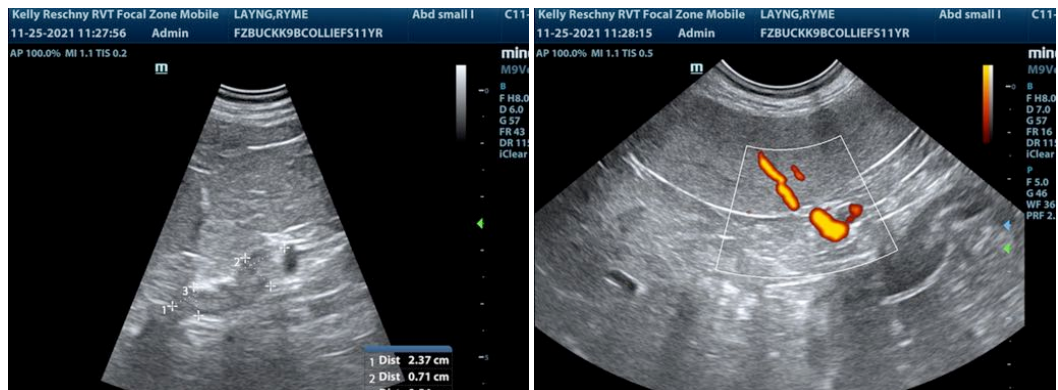


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com