



PATIENT PRESENTING CLINICAL SIGNS

Lucy King
History: Was sedated with Dexdom/Torb for scan due to temperment. Obese and suffers from ongoing allergies and ear flare ups. No current meds. Does eat a fair bit of table scraps at home. Not clinical, but under most recent sedated exam, blood was drawn and changes noted below. Has noticed increased panting on walks. Was fasted for scan.
SPECIES
Canine
Abnormal PE/Chem/CBC/UA Results: ALT 279(18-121) ALP 1042(5-160) Triglycerides 3.51 (0.23-1.71) Creatine Kinase 362 (10-200) Elevated Retics 4DX negative

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Dalmatian
Urinary System

SEX
Spayed Female
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.

AGE
8 years
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 right kidney measured 6.58 cm. The left kidney measured 6.22 cm.

WEIGHT
33.6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 2.53 x 0.62 cm at the caudal pole and 0.57 cm at the cranial pole. The right adrenal gland measured 2.09 x 1.34 cm at the cranial pole and 0.81 cm at the caudal pole.

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Grand River VH

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.

REFERRING VET

Dr. Robinson

INVOICE

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Liver

The **liver** revealed non-specific increased portal markings. The liver revealed a pronounced caudate process. The gallbladder and common bile duct were unremarkable.

DATE

6/13/22



PATIENT

Gastrointestinal

Lucy King

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.

SPECIES

Canine

BREED

Dalmatian

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

Non-specific chronic inflammatory hepatopathy mild to moderate. No suspicion of neoplasia.

AGE

8 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

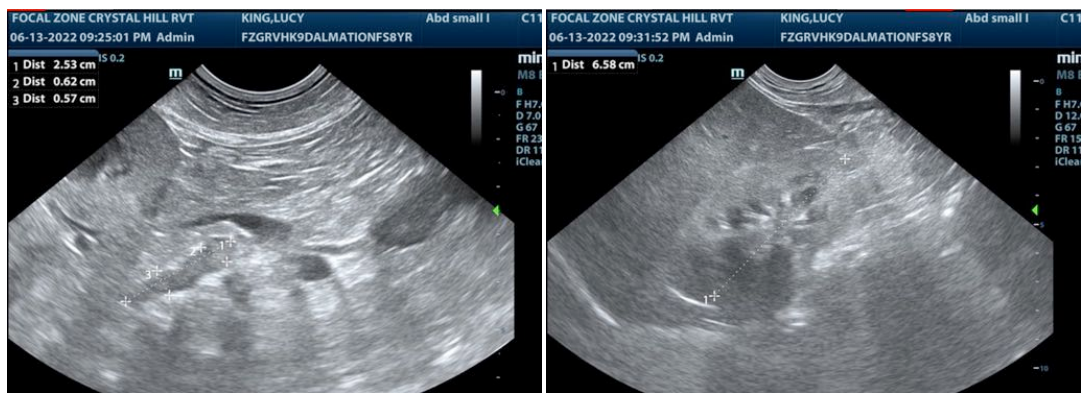
WEIGHT

33.6 kg

FNA or core liver biopsy would be warranted for further definition. Leptospirosis titers are warranted to rule out subclinical disease. Bile acid profile would be ideal. However, this is unlikely to be a functional issue at this time.

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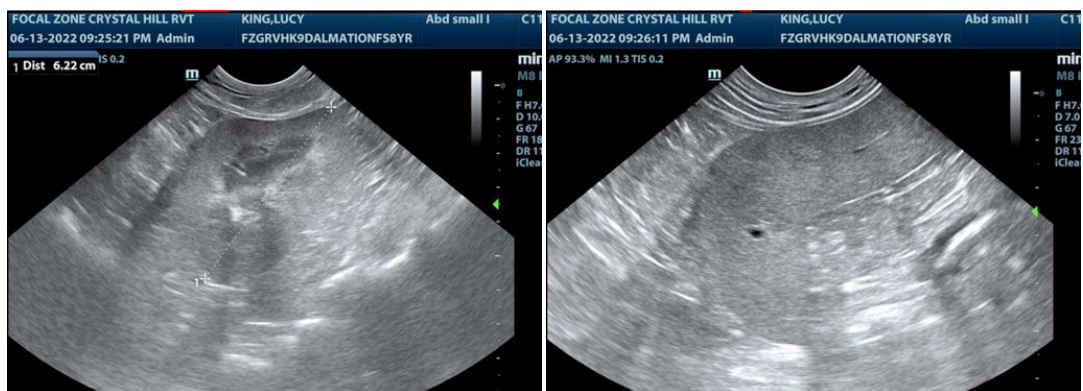
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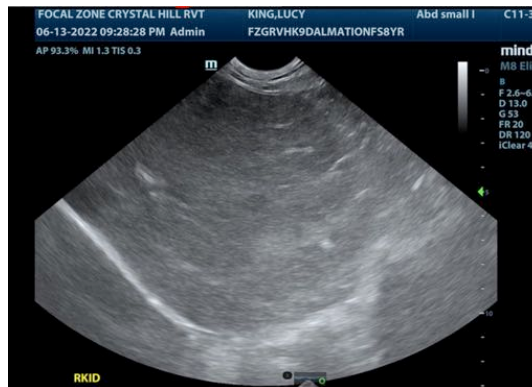
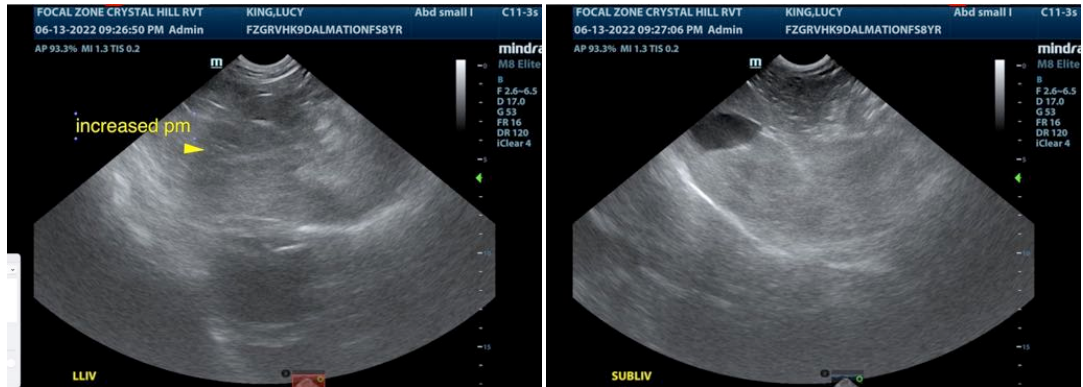
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com