

PATIENT

Babe Davenport

SPECIES

Canine

BREED

English Bulldog

SEX

Spayed female

AGE

10 years

WEIGHT

23.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Wellington AH

REFERRING VET

Dr. Dennis

INVOICE

31947

DATE

7/25/22

PRESENTING CLINICAL SIGNS

History: Doubled ALP value in a year, intermittent blanching of gums. Has been on Adv multi, Tobradex, Burrows.
Abnormal PE/Chem/CBC/UA Results: Sp. Grav - 1.032 pH 6.0 MCH high, Platelets high 538, ALP elevated 500, creatinine decreased. T4 normal.

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 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 6.68 cm.

Adrenal Glands

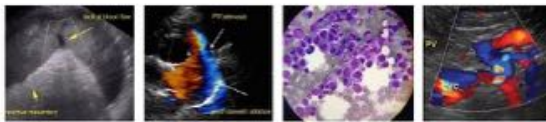
Both **adrenal glands** were technically within normal limits for this age and breed; however, it appeared subjectively swollen. If Cushingoid parameters are present and the urine specific gravity is persistently less than 1.020 then work-up for PDH is indicated. The right adrenal gland measured 1.83 x 0.71 cm at the caudal pole and 1.16 cm at the cranial pole. The left adrenal gland measured 3.0.2 x 0.73 cm at the caudal pole and 0.77 cm at the cranial pole.

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

Liver

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. Occasional parenchymal cyst was noted. 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



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paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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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.

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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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Free Abdomen

A large amount of abdominal fat was noted in this patient.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

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Non-specific, age related hepatic changes with parenchymal cysts.

Slightly swollen adrenal glands.

Mineralized spleen. Suggestive for underlying endocrinopathy.

**IMAGING
PERFORMED BY**

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a potential for emerging PDH. Blood pressure measurements are warranted. FNA of the liver can be considered for further definition, yet subjectively appears benign.

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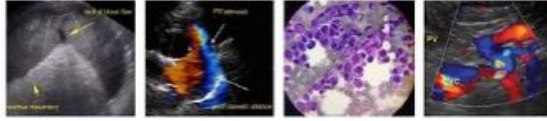
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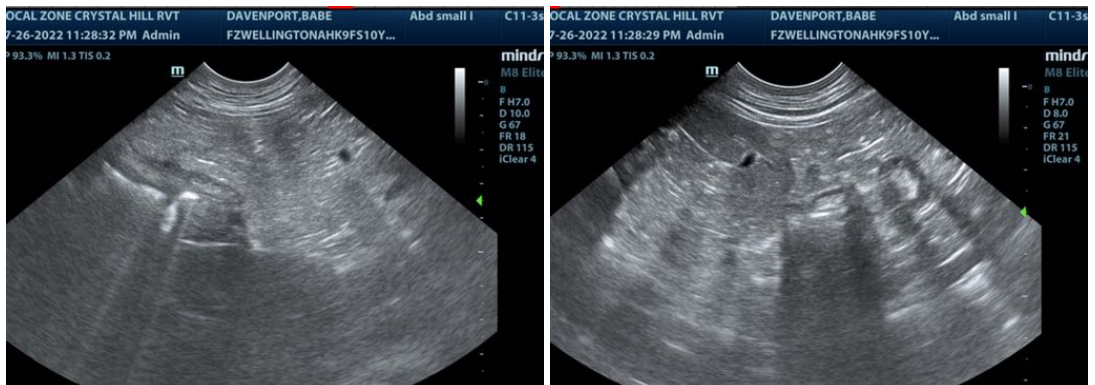
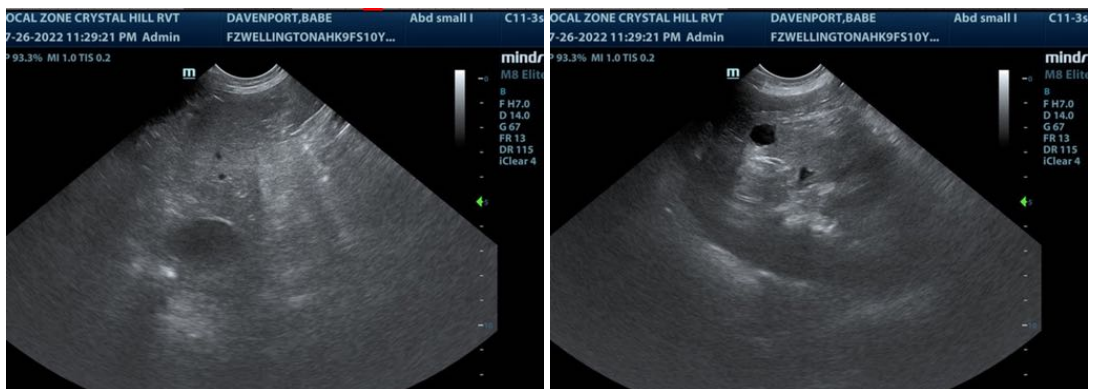
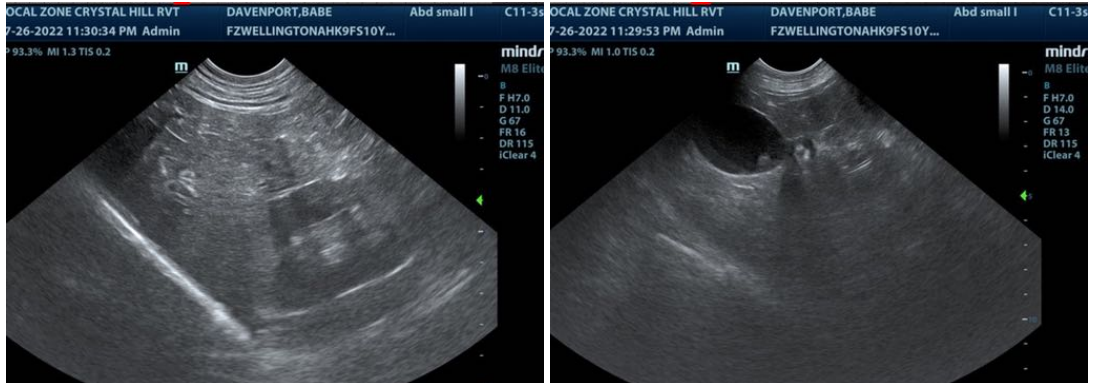
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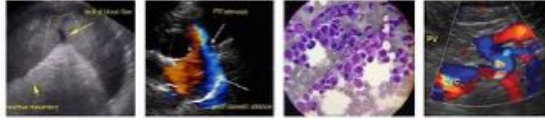
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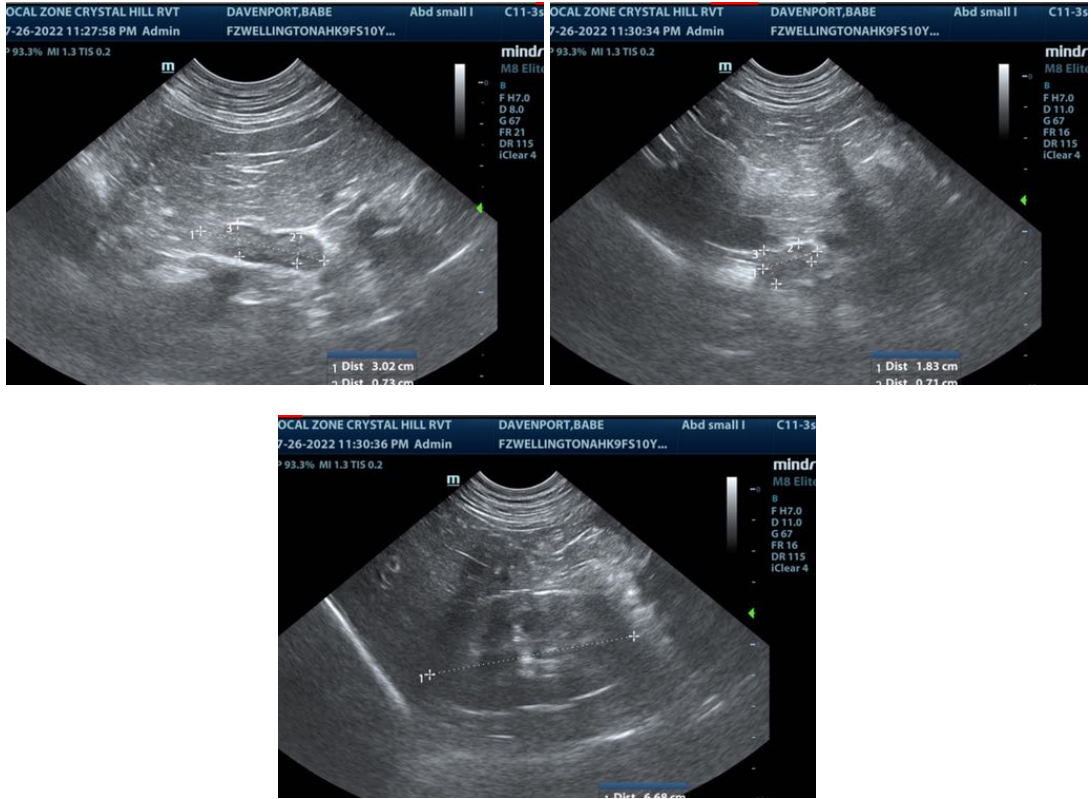
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com