



PATIENT PRESENTING CLINICAL SIGNS

Ella Agnello
History: 1 year hx of pitting edema right hind limb, non painful, o says sometimes weeps. n On pentoxifylline 600mg tid, prednisone 5 mg bid, cyclosporine 100mg sid.
Abnormal PE/Chem/CBC/UA Results: ALKP 214, chol 531

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

BREED

Lab Mix

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. 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.

SEX

Spayed female

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.

AGE

9 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.9 cm. The right kidney measured 6.15 cm.

WEIGHT

51 lbs

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 right adrenal gland measured 2.4 x 1.74 cm at the cranial pole and 0.6 cm at the caudal pole. The left adrenal gland measured 2.62 x 0.52 cm at the caudal pole and 0.53 cm at the cranial pole.

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Martinsville 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. Shendell

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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. 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,

DATE

1/12/23



PATIENT

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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.

SPECIES

Gastrointestinal

Canine

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Some shadowing material was noted in the pyloric outflow. The largest of the shadowing gastric material measured 2.5 cm. Transit of chyme into the small intestine appeared to occurring normally. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

BREED

Lab Mix

SEX

Spayed female

Pancreas

AGE

9 years

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.

WEIGHT

51 lbs

Free Abdomen

The iliac lymph nodes were unremarkable.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Right Hind Leg

The proximal right hind leg in this patient revealed a fluid filled cystic structure that is consistent with seroma. Enhanced surrounding mesentery was noted. It appeared to be cavitated.

IMAGING PERFORMED BY

Diane McFadden, RVT

ULTRASONOGRAPHIC FINDINGS

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Unremarkable abdomen with some gastric shadowing material, possible post prandial presentation or foreign matter.

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Cystic, fluid filled cystic structure on the proximal right hind leg, consistent with seroma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The patient's feeding history should be correlated with the sonographic findings. I cannot rule out soft foreign matter. There was no evidence of abdominal disease related to the hind limb lesion.

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Ultrasound-guided drainage, culture and cytology of the fluid filled cystic structure on the right hind leg is recommended. Blind approach may be appropriate; however, there is a fairly blood vessel noted in the middle of the cystic structure. CT evaluation would be ideal as some level of inflammation is noted. Ultrasound-guided drainage, cytology and culture of the lesion is recommended. Penetrating foreign body, abscessation, seroma secondary to trauma or potentially hemangiosarcoma or other neoplasia is a potential. Leg CT would be ideal.



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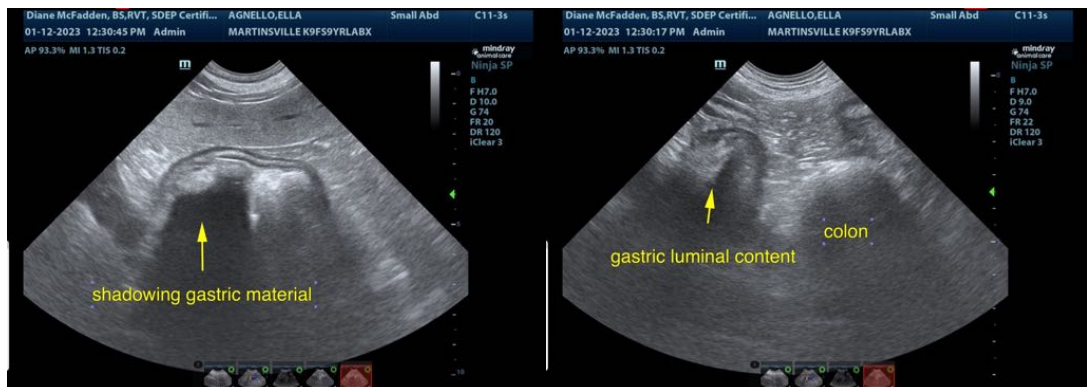
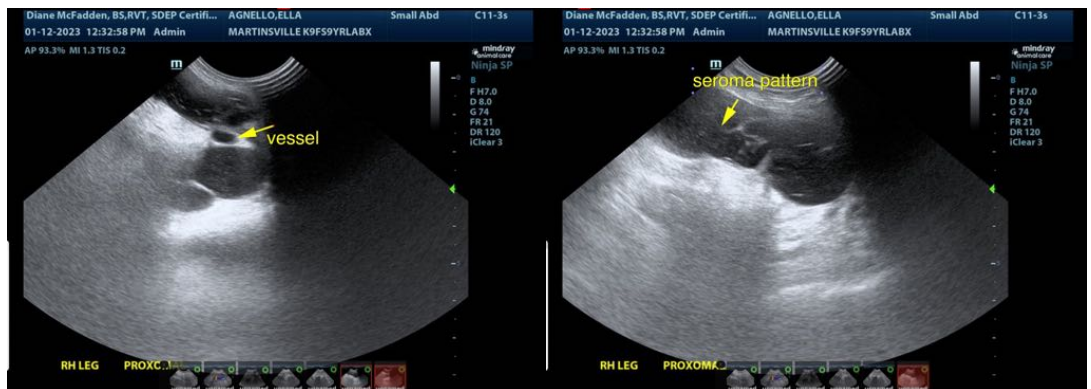
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ABOUT SONOPATH CT SERVICES:

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at <https://sonopath.com/services/sonopath-ct-services>





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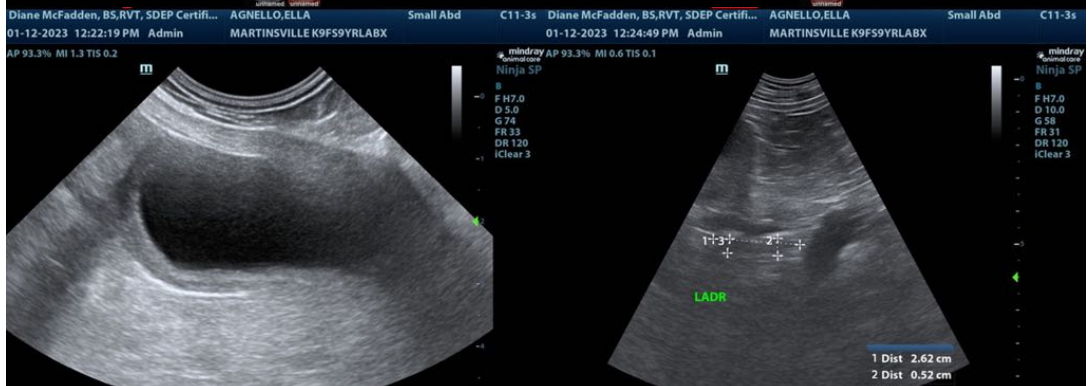
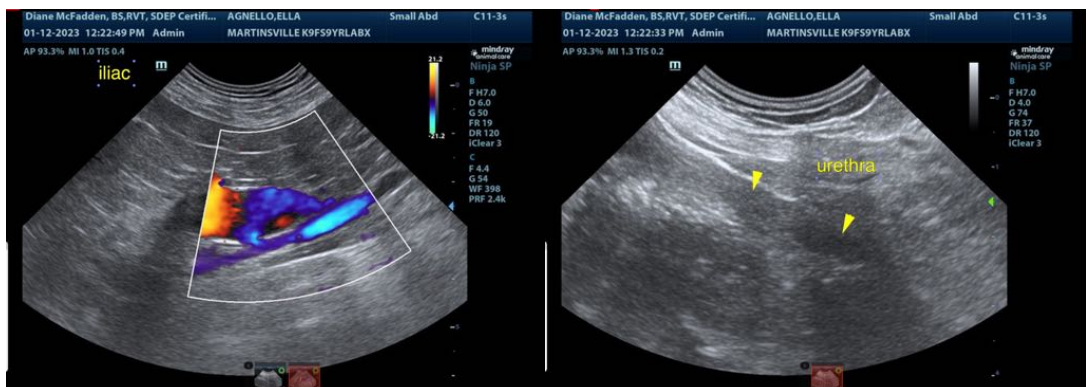
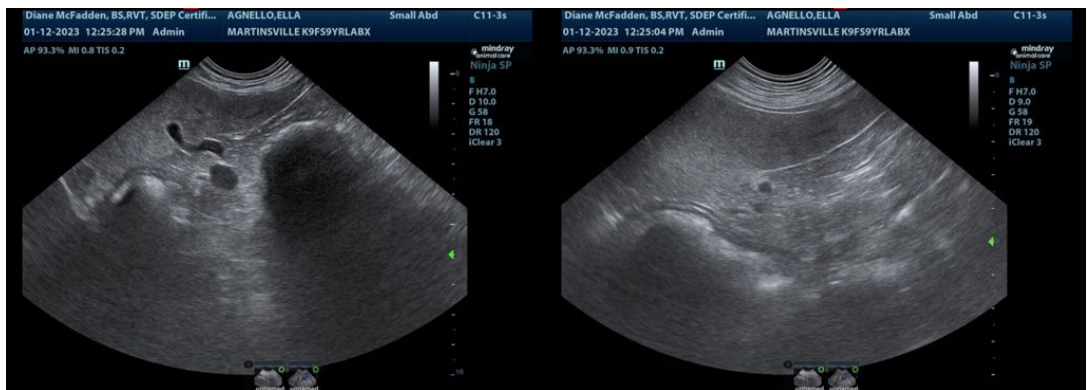
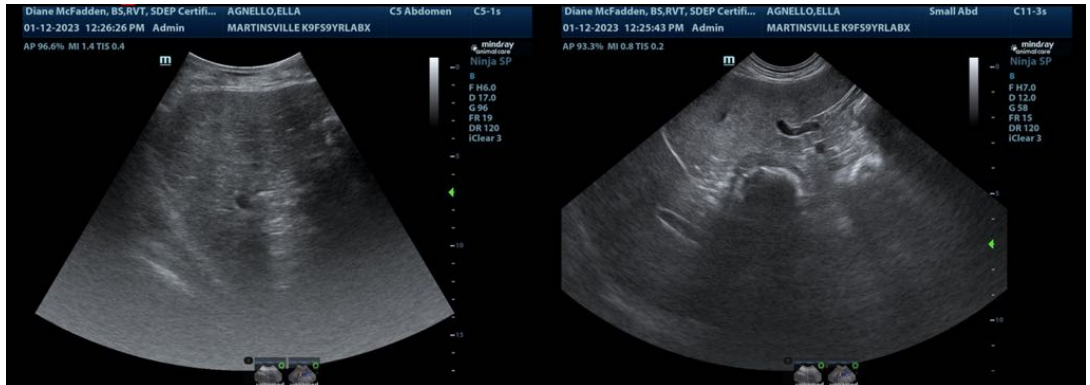
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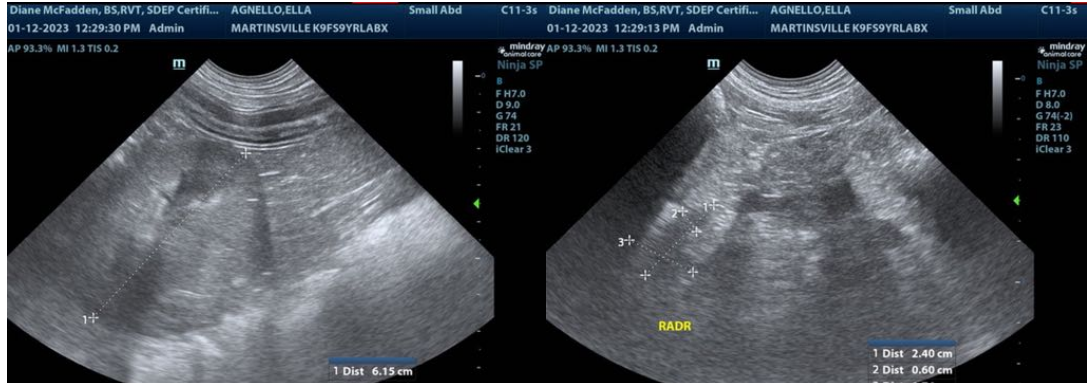
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Info@SonoPath.com