



PATIENT

Sophie Hernandez

PRESENTING CLINICAL SIGNS

History: Met check. Wants sx for tumor removal. Current meds: traz- 100mg 3T before U/S appt.
Abnormal PE/Chem/CBC/UA Results: ALT 121, Alk Phos 434, Trig 512, Platelet 49

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Labrador Mix

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.

SEX

Spayed female

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 8.07 cm. The left kidney measured 7.41 cm.

AGE

10 years

WEIGHT

86 lbs

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 3.49 x 0.78 cm at the caudal pole and 0.81 cm at the cranial pole. The right adrenal gland measured 2.79 x 1.11 cm at the cranial pole and 0.62 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** revealed slight, uniform enlargement and subtle, heterogenous parenchymal changes.

IMAGING PERFORMED BY

Jessica Miller, RDMS

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, 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.

HOSPITAL NAME

Animal Care Center of
Flanders

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INVOICE

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Gastrointestinal

DATE

10/18/22

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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Canine

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.

BREED

Labrador Mix

Free Abdomen

SEX

Spayed female

An intraabdominal lipoma was noted in the midabdomen, yet is not pathological.

AGE

10 years

Heart

Rapid view of the heart revealed no evidence of pathology.

WEIGHT

86 lbs

ULTRASONOGRAPHIC FINDINGS

Age related abdominal changes, minor heterogenous spleen, likely benign.

Intraabdominal lipoma.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If any weight loss is an issue splenic FNA is indicated.

IMAGING PERFORMED BY

Jessica Miller, RDMS

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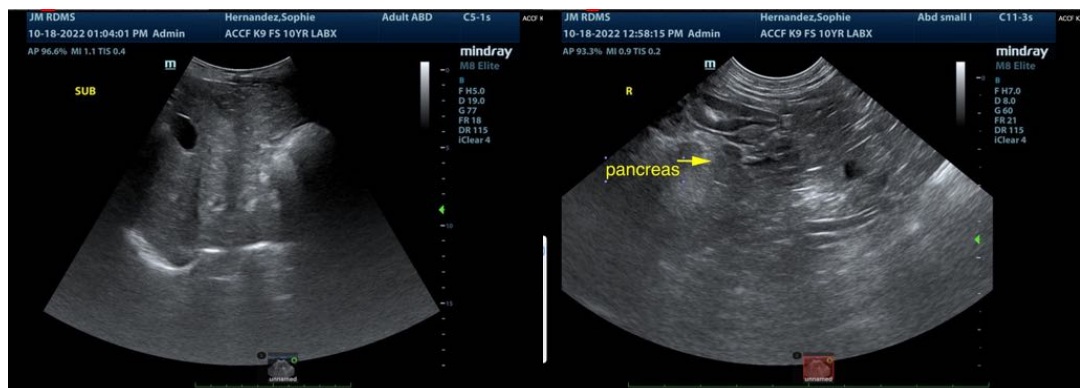
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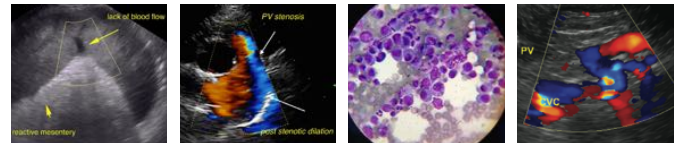
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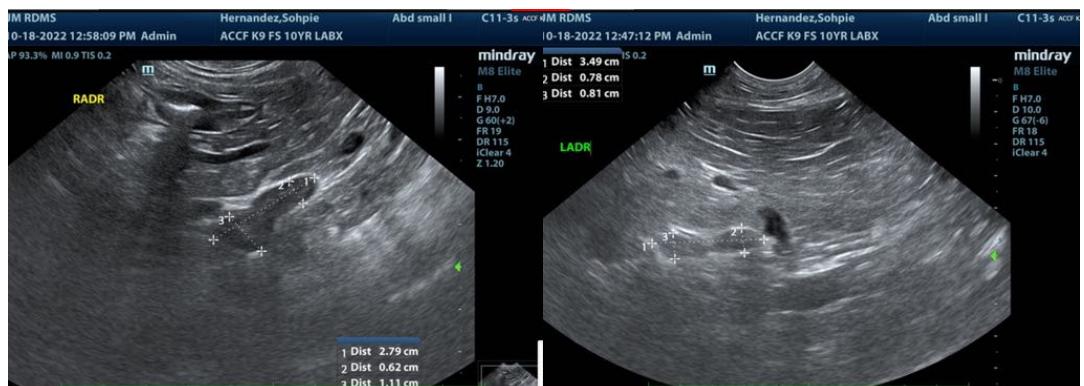
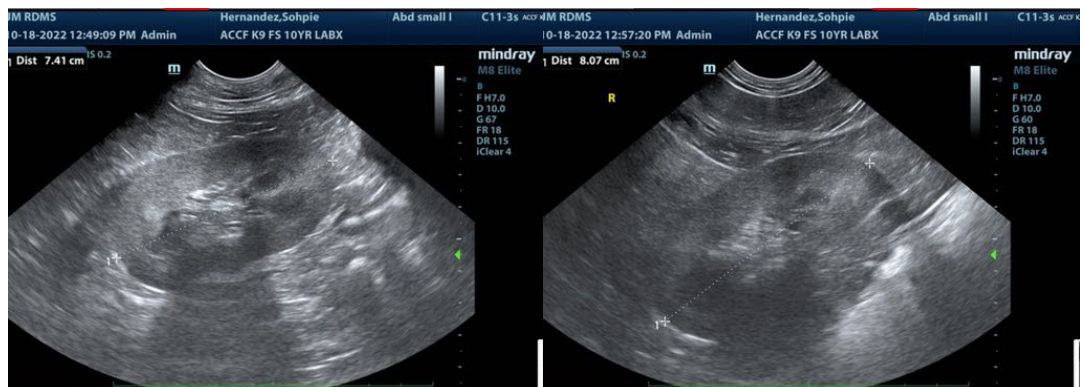
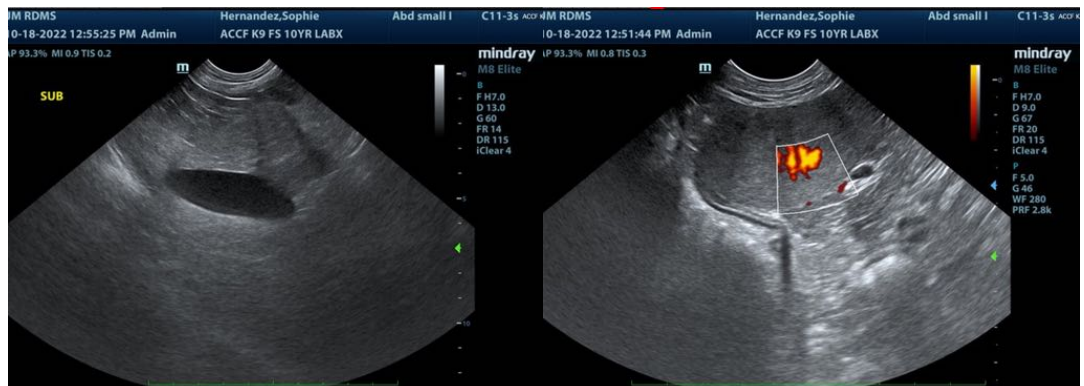
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com