



**PATIENT**

Lucy Sallo

**PRESENTING CLINICAL SIGNS**

History: r/o any abdominal pathology, behavioral issues, o wants to make sure she is ok.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

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 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 right kidney measured 5.4 cm and the left kidney measured 4.9 cm.

**AGE**

10 years

**WEIGHT**

47 lbs

**Adrenal Glands**

The left **adrenal gland** was mildly enlarged and measured 2.6 x 1.06 at the caudal pole and 0.97 cm at the caudal pole. The right adrenal gland was at the upper limits of normal and measured 2.24 x 0.89 cm at the cranial pole and 0.85 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

**IMAGING PERFORMED BY**

Valeryia Shumskaya

**HOSPITAL NAME**

Hillsdale AH

**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.

**REFERRING VET**

Dr. Fischer

**INVOICE**

47854

**Gastrointestinal**

**DATE**

6/20/23

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Most consistent with post prandial presentation. Transit of chyme into the small intestine was normal. The small intestine and colon were unremarkable.



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**Pancreas**

**SPECIES**

Canine

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**

Mix

**ULTRASONOGRAPHIC FINDINGS**

Age related abdominal changes.

**SEX**

Spayed female

Partially full stomach.

Mildly enlarged left adrenal gland.

**AGE**

10 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

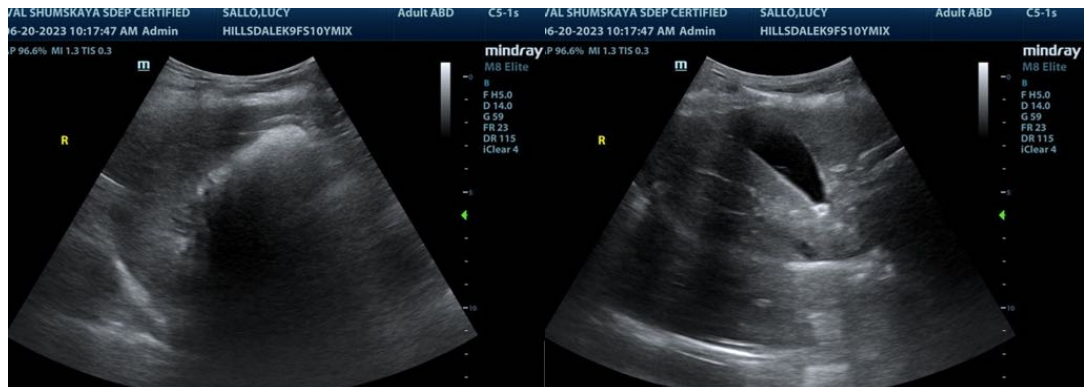
The luminal material in the stomach presents soft shadowing, possibly grass or similar. If the patient was n.p.o. then soft foreign matter should be considered. Serial blood pressure measurements are warranted to ensure that the hypertension is not related to the left adrenal, likely hyperplasia with the potential of emerging carcinoma or pheochromocytoma. Recheck sonogram is recommended in a month.

**WEIGHT**

47 lbs

**INTERPRETED BY**

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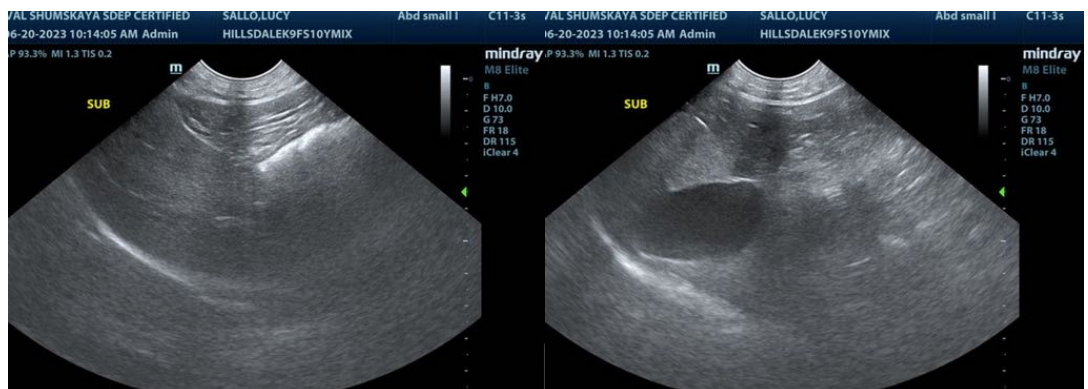


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**SPECIES**

Canine

**BREED**

Mix

**SEX**

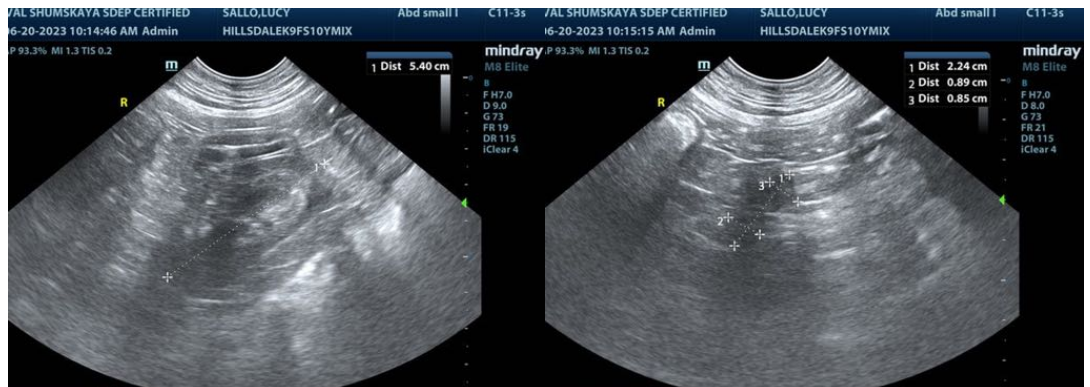
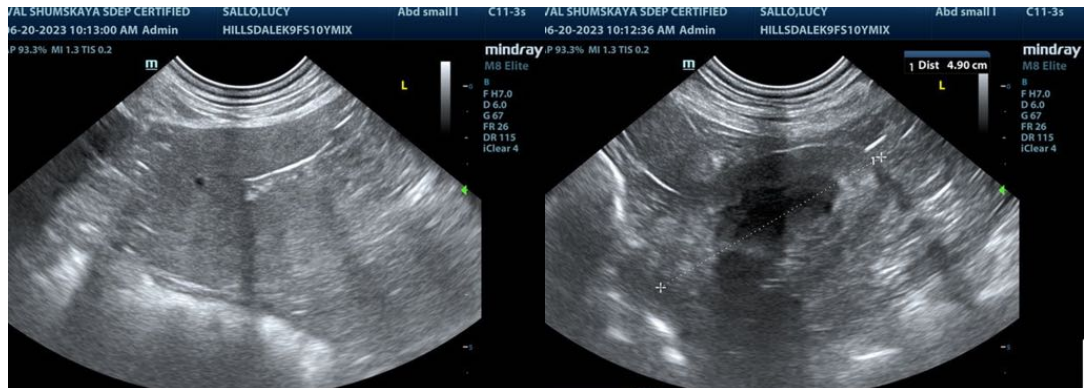
Spayed female

**AGE**

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**WEIGHT**

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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.

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