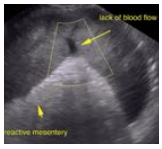
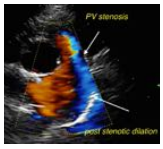
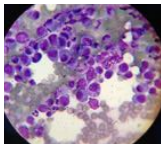
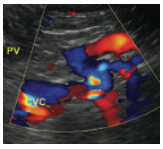

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PATIENT

Ellie Coates

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed female

AGE

11 years

WEIGHT

50 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Animal General Hudson

REFERRING VET

Dr. Ng

INVOICE

46645

DATE

8/16/23

PRESENTING CLINICAL SIGNS

History: Hx of liver + spleen nodules, ^ cranial abd LN. Serial monitoring. Current meds: gabapentin, Denamarin
Abnormal PE/Chem/CBC/UA Results: ALP 183 in 2/2023

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 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 6.1 cm. The right kidney measured 6.53 cm.

Adrenal Glands

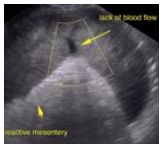
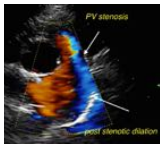
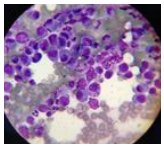
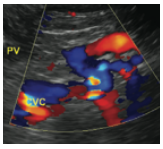
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 3.26 x 0.83 cm at the caudal pole and 0.88 cm at the cranial pole. The left adrenal gland measured 2.93 x 0.64 cm at the caudal pole and 0.59 cm at the cranial pole.

Spleen

The **spleen** revealed slight coarse architecture and normal vascularity with a similar width from the prior sonogram at 2.2 cm. The prior splenic nodule was not overtly visible. This is typical for hyperplasia, which can often develop and resorb in the spleen.

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, hypoechoic, non-disruptive nodular changes were 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. Minor gallbladder polyps were noted. 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

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LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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.

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.

ULTRASONOGRAPHIC FINDINGS

Benign abdomen.

Age related, minor, heterogenous splenic changes with resolution of the prior nodule.

Age related hepatic changes with occasional, non-disruptive nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

All in all the abdomen is stable in this patient with no evidence of pathology.

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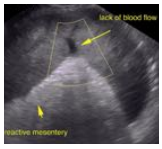
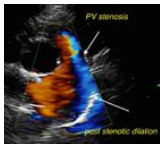
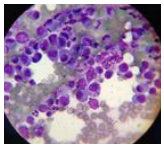
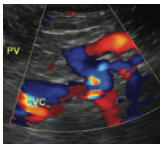

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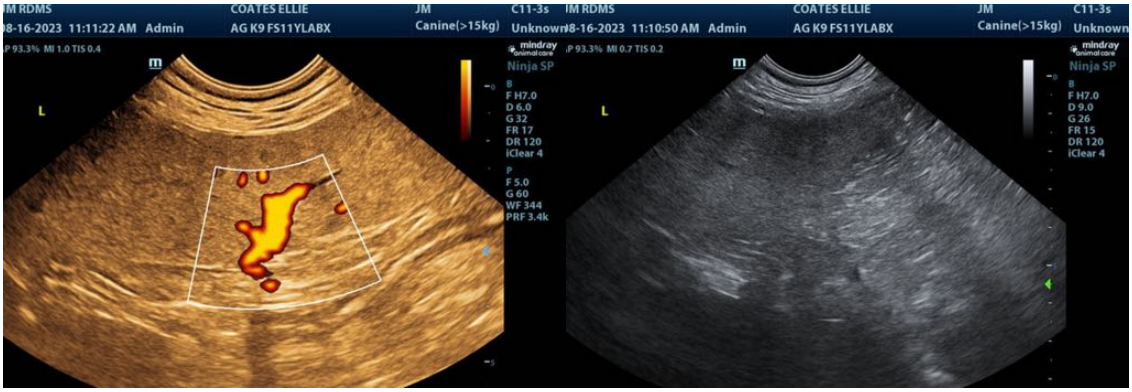

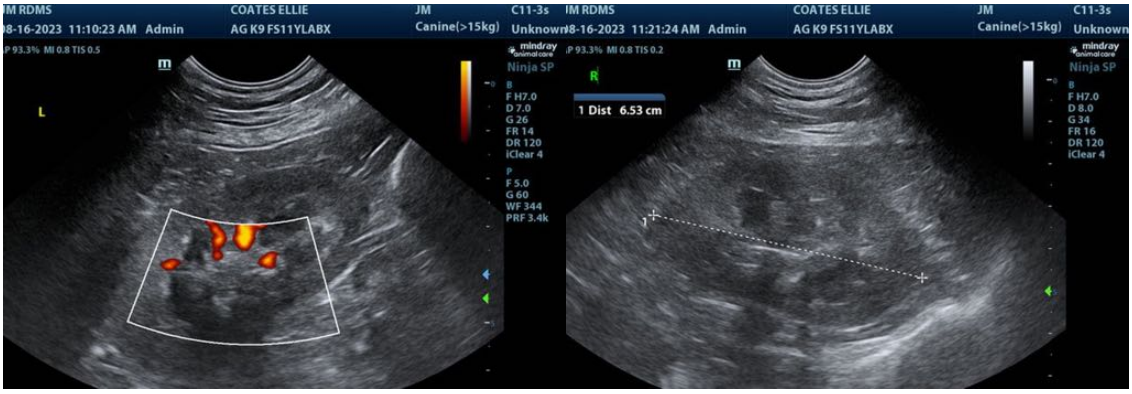

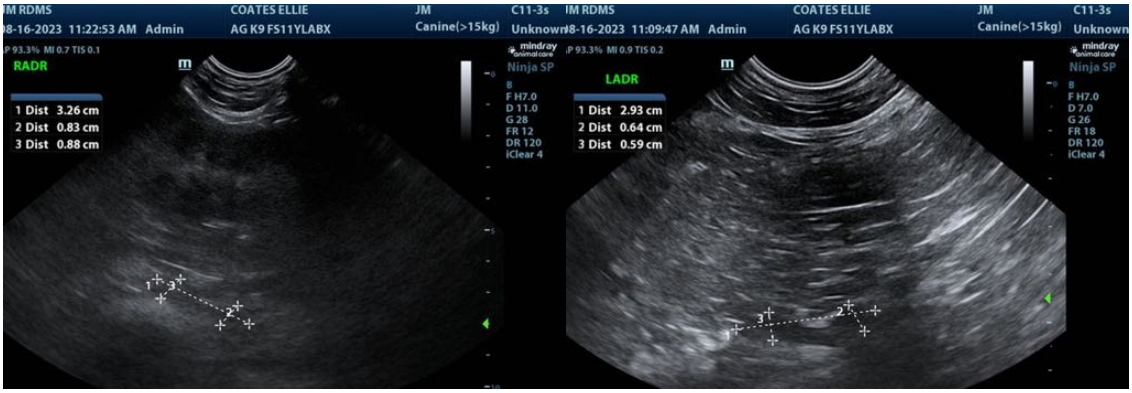

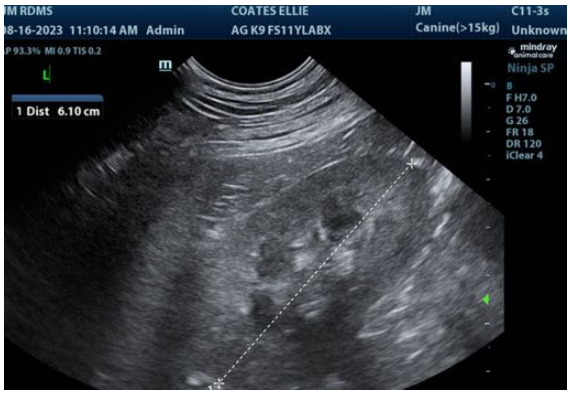

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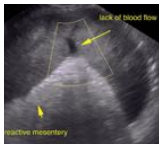

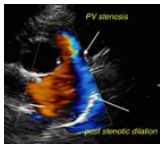

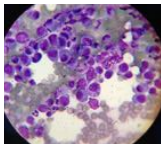
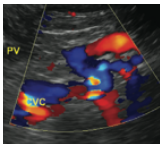

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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