



PATIENT PRESENTING CLINICAL SIGNS

Layla Werner

History: Hx of lethargy, not wanting to eat. HX of soft stool and and takes cosequin, Apoquel. She has multifocal SQ masses on her trunk and a grade 4 heart mummer. She has not had a work up of the heart before. She was treated with metronidazole and fortiflora. O reports she recently vomited and had soft stool again. imaging to check for cause of clinical signs.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: cbc/chem and BNP were all WNL on 03/23/23

BREED

Corgi

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed female

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.

AGE

12 years

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 left kidney measured 5.46 cm. The right kidney measured 4.68 cm.

WEIGHT

40.2 lbs

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The right **adrenal gland** was 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 0.5 cm. The region of the left adrenal gland was imaged with no evidence of pathology.

IMAGING PERFORMED BY

Amy Murphy CVT

Spleen

HOSPITAL NAME

Wauwautosa VC

The **spleen** was uniformly enlarged and folded upon itself with subtle, heterogenous parenchymal changes without disrupted architecture.

REFERRING VET

Dr. Binor

Liver

INVOICE

43710

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. Minor gallbladder polyps were noted. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

DATE

4/4/23



PATIENT

Gastrointestinal

Layla Werner

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. The mesenteric lymph nodes were enlarged and rounded measuring 1.2 cm with pericapsular inflammatory pattern.

SPECIES

Canine

Pancreas

BREED

Corgi

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.

SEX

Spayed female

ULTRASONOGRAPHIC FINDINGS

Minor mesenteric lymphadenopathy. Lymphadenitis versus emerging round cell neoplasia.

AGE

12 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA, cytology and culture is indicated.

WEIGHT

40.2 lbs

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DABVP, Cert. IVUS

IMAGING PERFORMED BY

Amy Murphy CVT

HOSPITAL NAME

Wauwautosa VC

REFERRING VET

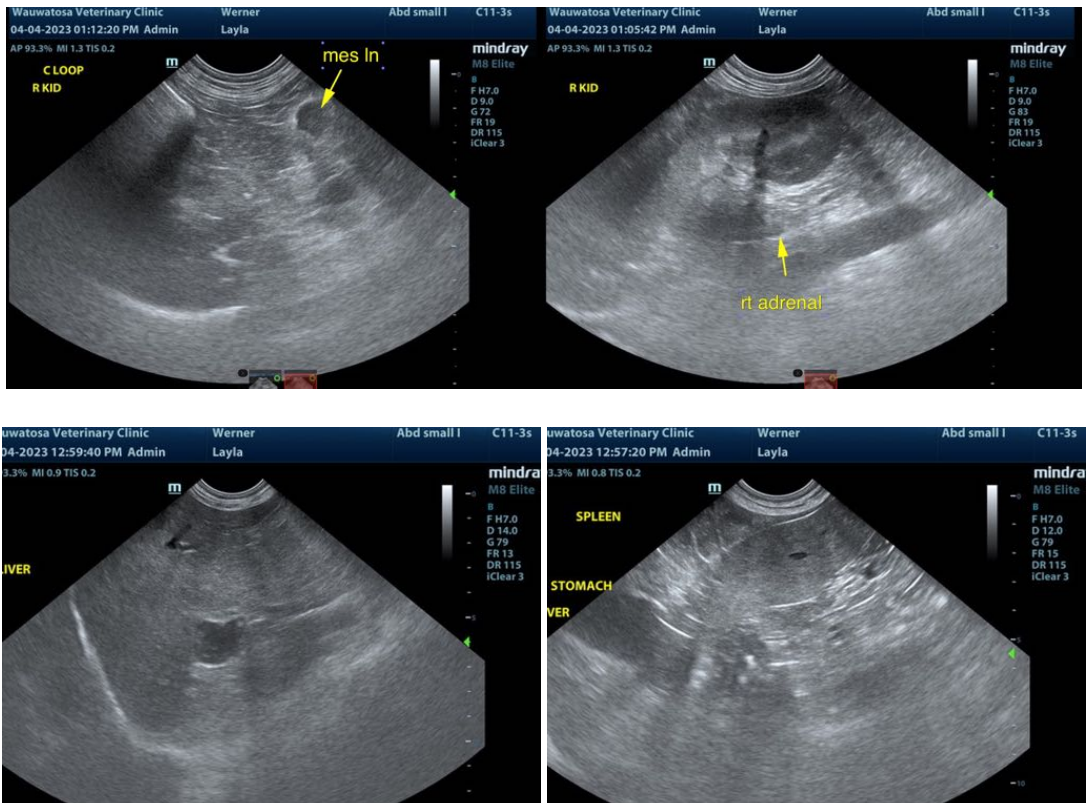
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PATIENT

Layla Werner

SPECIES

Canine

BREED

Corgi

SEX

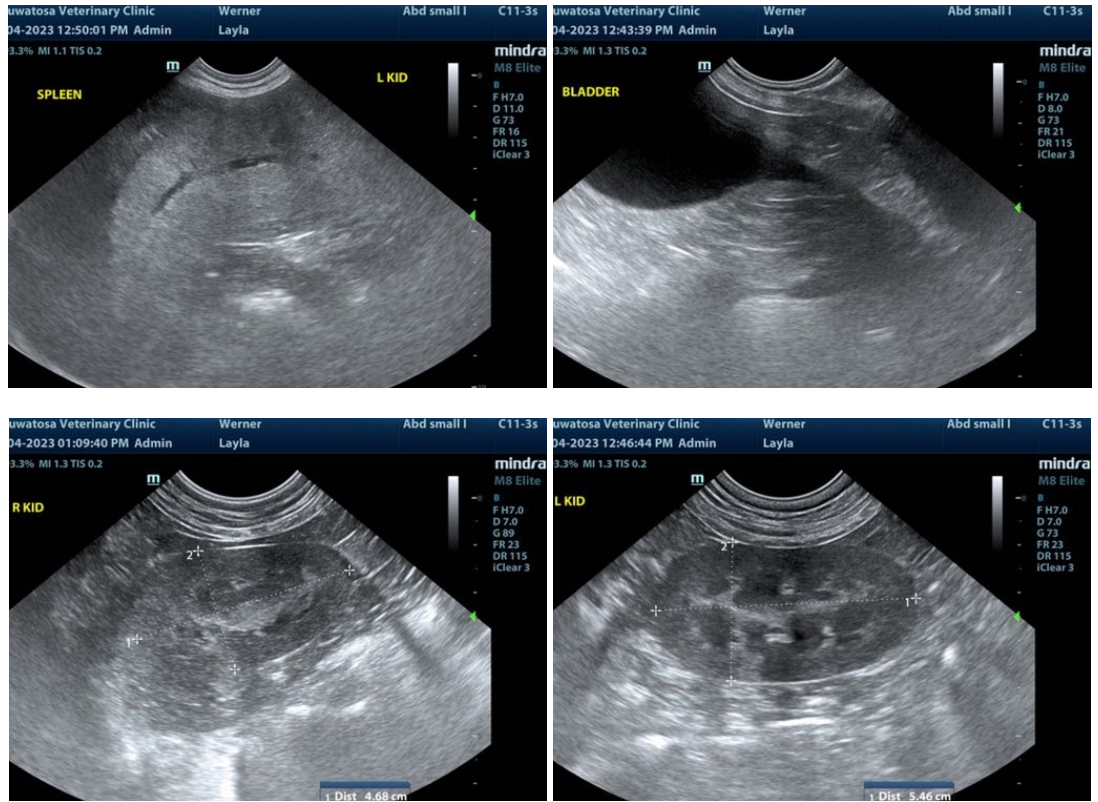
Spayed female

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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