



PATIENT

Susi Hernandez

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

9 years

WEIGHT

7.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

All Creatures Great
and Small Denville

REFERRING VET

Dr. Mitrovic

INVOICE

95427

DATE

1/20/22

PRESENTING CLINICAL SIGNS

Neurological problems, walking circles. SPS? Current meds: Meclizine 12.5mg 1/2 bid. Abnormal PE/Chem/CBC/UA Results: TP 3.3, Albumin 1.8, Globulin 1.5, Ca 7.2, K+ 3.1, wbc 26.3, neut 23670, USG 1.021, protein, Bili, wbc and RBC elevated. Struvite crystals. Normal liver values, bile acids pending.

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. Minor concretion, non-shadowing was noted and measured 0.17 cm. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

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. Corticomedullary mineralization was noted. The right kidney measured 4.34 cm with pelvic mineralization that measured 1.36 cm. The left kidney measured 4.01 cm with calculi that measured 0.87 cm. The largest calculus measured 0.87 cm.

Adrenal Glands

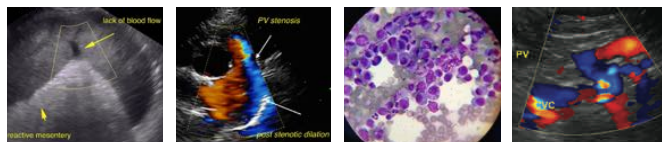
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 1.42 x 0.85 cm at the cranial pole and 0.75 cm at the caudal pole. The left adrenal gland measured 1.4 x 0.46 cm at the cranial pole and 0.53 cm at the caudal pole.

Spleen

The **spleen** revealed slight, hypoechoic nodule that measured 0.65 cm at the caudal pole. The spleen revealed a small thrombus that is likely owing to protein losing disease. Full coagulation panel is warranted.

Liver

The **liver** images submitted revealed subjectively normal liver contour and structure, yet was slightly subnormal in size. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

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The **stomach** was over distended with chyme. The pylorus was free of evident pathology. Areas of mucosal fogging was noted. This is suggestive for protein losing enteropathy and would be confirmed indirectly if no significant proteinuria is present. The small intestines and colon were unremarkable.

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Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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Heart

AGE

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Rapid view of the heart revealed no evidence of pathology.

WEIGHT

7.4 lbs

ULTRASONOGRAPHIC FINDINGS

Moderate nephrolithiasis with slight bladder concretion, non-obstructive.

Full stomach.

Splenic nodule and splenic thrombus.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

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The cause of subnormal abdomen is unclear. If no significant proteinuria is present then protein losing enteropathy is likely. Screening for Addison's is warranted given the low albumin. The cause of bilirubin elevation is unclear as structurally the liver appears unremarkable. Lab error or hemolysis should be considered as potential cause as no other liver enzymes were elevated. Full coagulation panel is recommended as well as a FNA of the splenic nodule. Urine culture and sensitivity is indicated.

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For an additional charge an internal medicine consult can be utilized through [Sonopath.com](http://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

REFERRING VET

Dr. Mitrovic

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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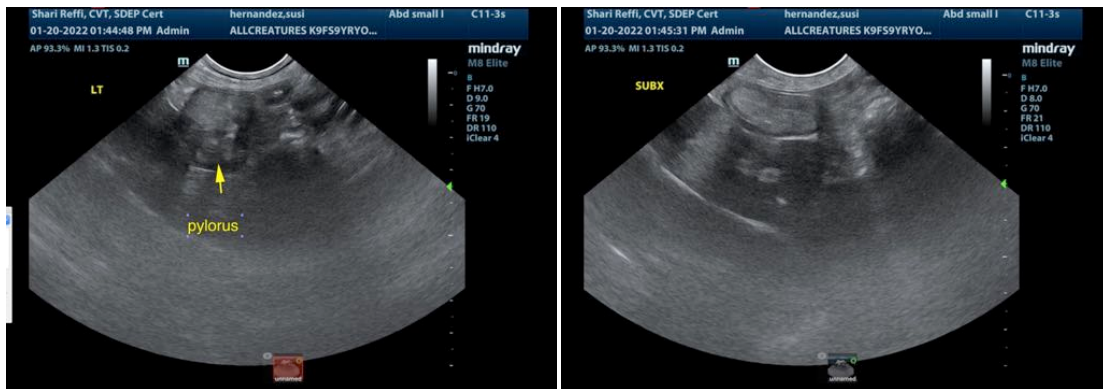
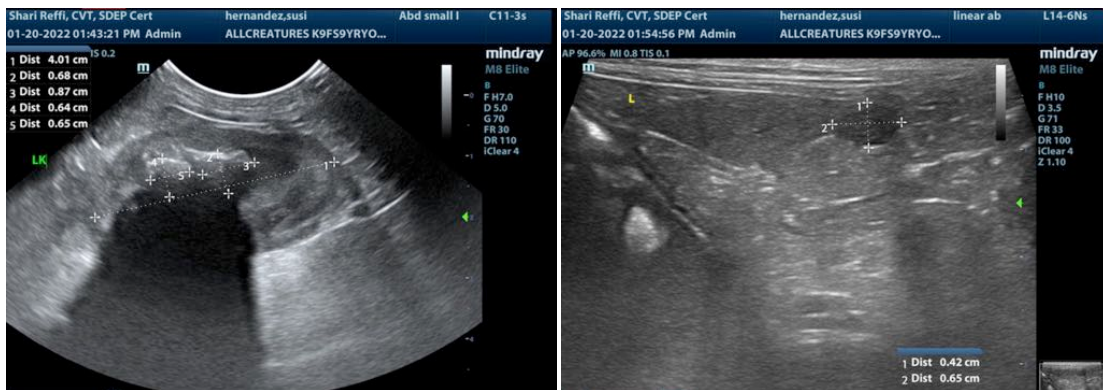
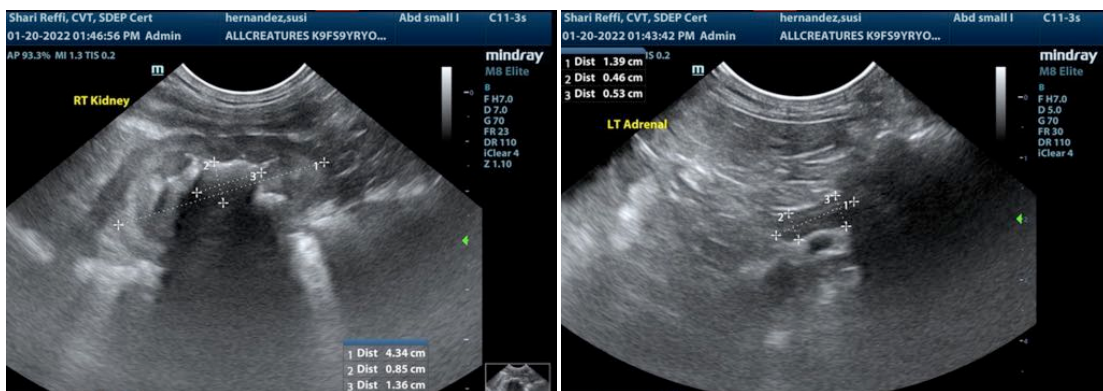
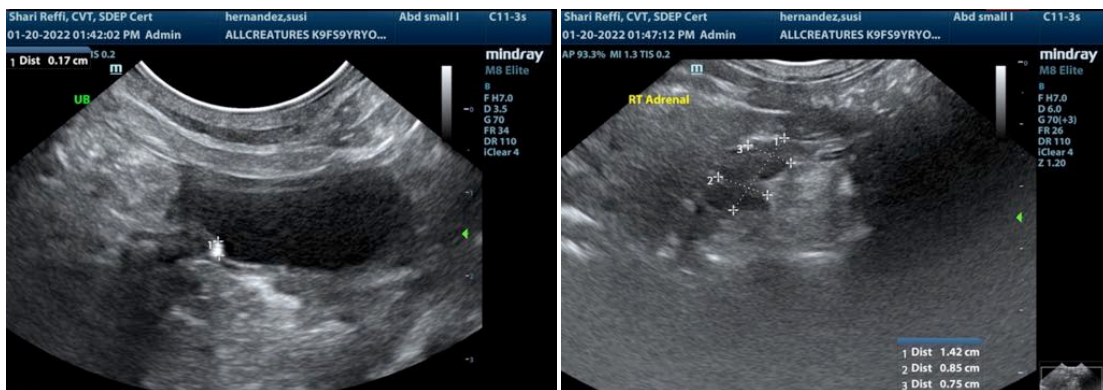
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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