



PATIENT PRESENTING CLINICAL SIGNS

Bella Backes

History: Presenting for vomiting and diarrhea for 2 weeks, decreased appetite, slight weight loss
 Abnormal PE/Chem/CBC/UA Results: WBC 29.4 (4.9-17.6) primarily neutrophilia Creatinine 0.4 (0.5-1.5) Ca+ 6.9 (8.4-11.8) Na 140 (142-153) Total Protein 2.2 (5.5-7.5) Albumin 0.9 (2.7-3.9) Globulin 1.3 (2.4-4) AST 99 (16-55) Cholesterol 45 (131-345) Lipase 335 (0-250) Creatine Kinase 472 (10-200)
 PE showed distended abdomen, otherwise WNL

SPECIES

Canine

BREED

Yorkie

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.

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. Slight mineralization was noted in the kidneys. The left kidney measured 3.5 cm. The right kidney measured 4.3 cm.

AGE

6 years

WEIGHT

10.8 lbs

Adrenal Glands

The **adrenal glands** are not visualized.

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

IMAGING PERFORMED BY

Dr. Lanz

HOSPITAL NAME

New Holland VH

Liver

The **liver** images revealed slight coarse architecture with increased portal markings. There was no evidence of passive congestion that would be the cause of ascites. The gallbladder was mildly echogenic and slightly thickened. This is likely owing to a history of cholangitis. Pleural effusion was noted through the diaphragm.

REFERRING VET

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42488

Gastrointestinal

DATE

1/4/23

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was some retention of ingesta noted in the stomach. Vague echogenic changes were noted in the mucosa. This is suggestive for



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mucosal fogging. No associated abnormal lymphatic activity was noted. A moderate amount of anechoic ascites was noted in the GI tract.

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Pancreas

The **pancreas** was hypoechoic and irregular primarily in the right limb.

BREED

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ULTRASONOGRAPHIC FINDINGS

Probable protein losing enteropathy and secondary effusion assuming no significant proteinuria is present.

SEX

Spayed female

Cholangitis liver pattern, yet not to the level of end stage disease.

AGE

6 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of passive congestion. Given the low albumin that is less than 1.5, third spacing of fluid is likely owing to poor oncotic pressure. Plasma expanders, plasma transfusion and treatment for PLE is warranted. I cannot rule out prednisone suppressed underlying neoplasia. There is some level of pancreatitis likely. Abdominocentesis and cytospin of the free fluid is recommended to assess for the potential exfoliating neoplasia/lymphomatosis, yet no overt suspicion. PLE and chronic cholangitis is likely both playing a role.

WEIGHT

10.8 lbs

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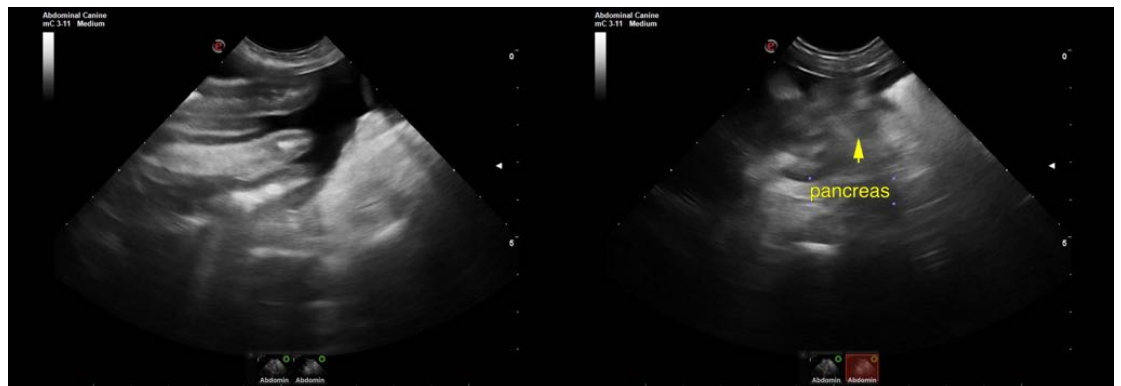
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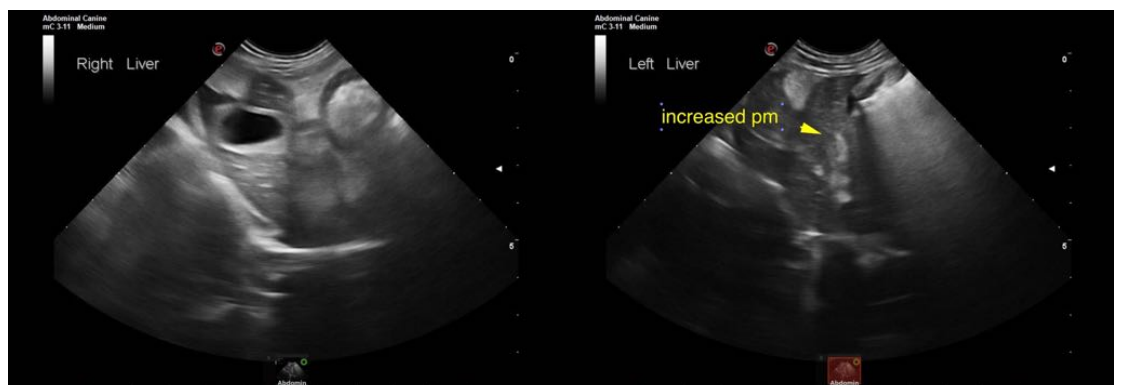
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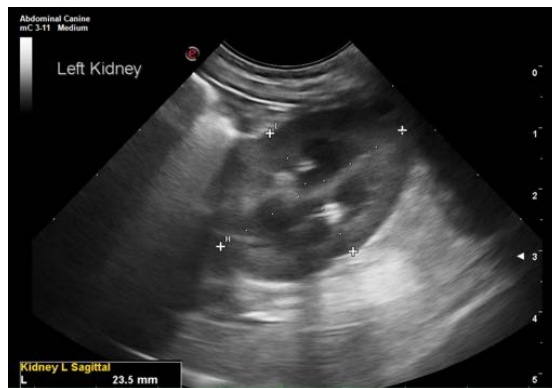
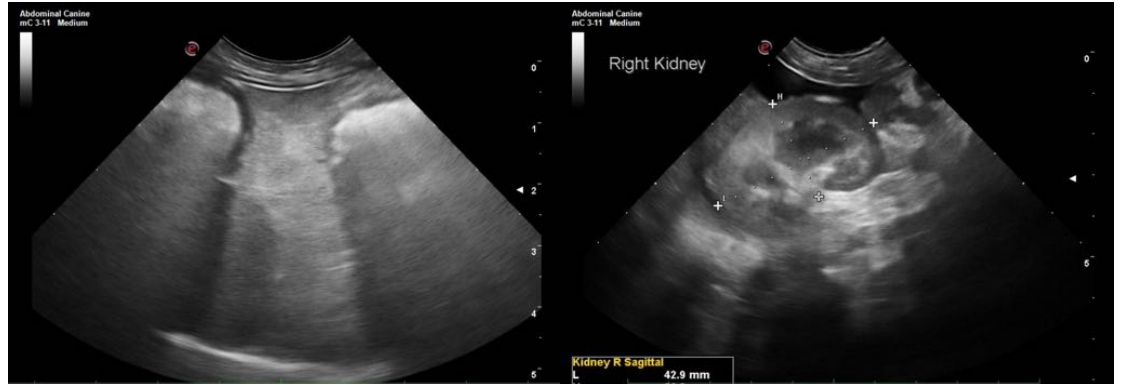
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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