



**PATIENT**

Zoe Michelman

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Spayed Female

**AGE**

11 years

**WEIGHT**

75.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Westwood Regional  
VH

**REFERRING VET**

Dr. Hartwick

**INVOICE**

95042

**DATE**

12/17/21

**PRESENTING CLINICAL SIGNS**

Patient with history of pancreatitis presents for excessive thirst, recent weight gain (normally weighs around 68 lbs, is 75.5 lbs now), urinary urgency/frequency x 2 days (urine culture pending), intermittent restlessness and panting for awhile, increased appetite, drooling puddles when begging for food. Eating I/D or W/D diet, would not eat hypoallergenic diet. Current meds: Prednisone 10mgs EOD (history of chronic lymphoplasmacytic gastritis) R/O IBD vs. other.

Abnormal PE/Chem/CBC/UA Results: 1/5/22: glu 101, Alk. Phos. 486, chol. 334, amylase 1260, lipase 2058, WBC 11.26, thyroid profile WNL T4 1.3, FT4 12, TSH 0.49). U/A: 1/4/22: USG 1.016, pH 6.0, WBC 2-3/HPF, amorphous urate 4-10/HPF

**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 this 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 right kidney measured 5.5 cm. The left kidney measured 6.82 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 left adrenal gland measured 2.26 x 0.54 cm at the caudal pole and 0.4 cm at the cranial pole. The right adrenal gland measured 1.89 x 1.01 cm at the cranial pole and 0.64 cm at the caudal pole.

**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.

**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. Lobar biliary mineralization was noted throughout the liver primarily in



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the medial cranial liver. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder revealed a minor amount of striating debris without over distension.

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**Gastrointestinal**

The **stomach** presented retention of ingesta that obscured some visibility of the pyloric outflow. 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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11 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

75.5 lbs

Retention of ingesta in the stomach, excessive gas.

Delayed outflow is suspected depending on when the patient ate prior to the sonogram. Transit of chyme into the small intestines appeared to be normal. There was no obvious foreign matter.

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Age related pancreatic changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The pancreatic enzyme elevation is likely being deriving from the GI tract. Dietary indiscretion, food intolerance/indiscretion, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

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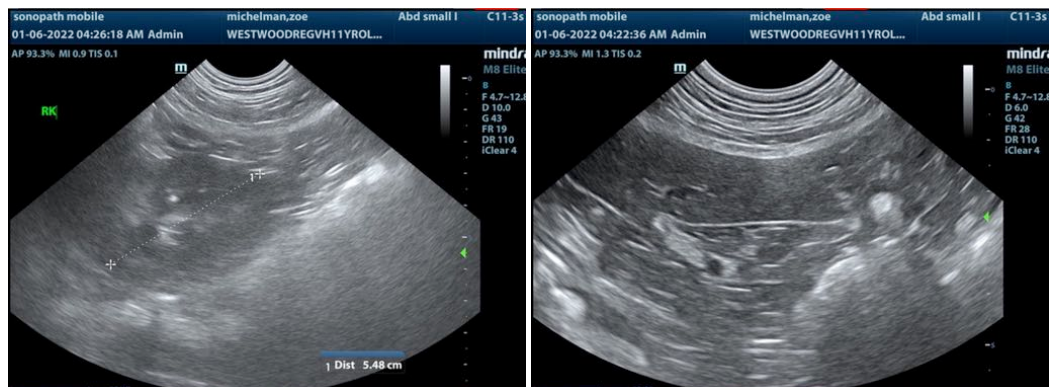
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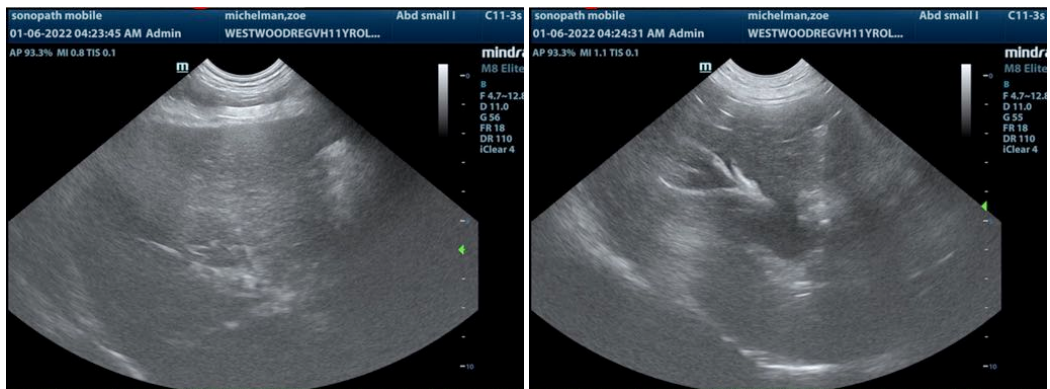
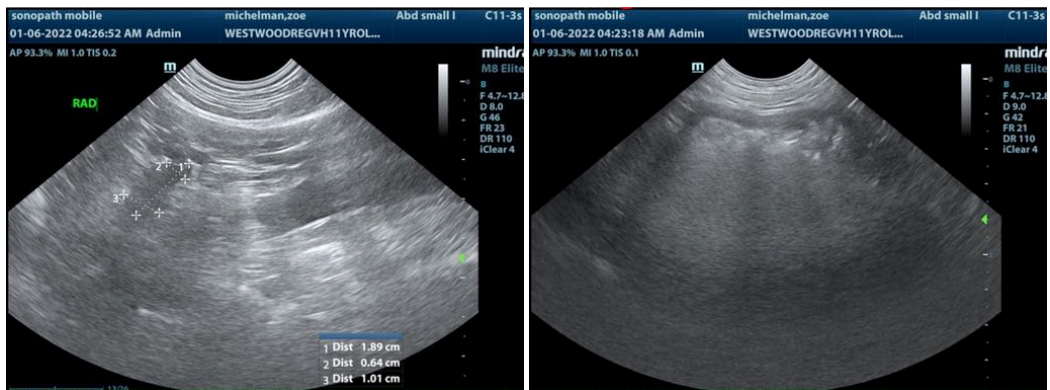
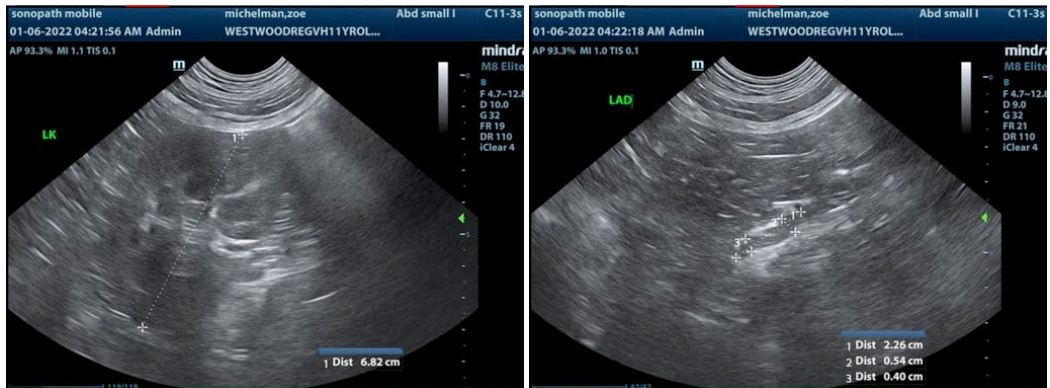
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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