



PATIENT

Candy Lorenzo

PRESENTING CLINICAL SIGNS

History: POSSIBLE ABDOMINAL MASS

Abnormal PE/Chem/CBC/UA Results: LIPASE HIGHT AND ALK PHOS

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Chihuahua Mix

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 were 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.6 cm. The right kidney measured 4.8 cm.

AGE

14 Years

WEIGHT

27.2 Pounds

Adrenal Glands

The left **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 left adrenal gland measured 0.5 cm. The right adrenal gland was not visualized.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Evanna

Spleen

The **spleen** was slightly heterogenous with mild, irregular contour. There was no obvious evidence of masses or neoplasia. The spleen was folded upon itself cranially.

HOSPITAL NAME

ACC of Flanders

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

REFERRING VET

Dr. Casulli

INVOICE

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10/18/21

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

The right limb of the **pancreas** was hypoechoic and irregular with enhanced, surrounding mesentery. This is suggestive for pancreatitis with a mild potential for neoplasia. The region in question measured approximately 3.0 x 2.0 cm.

BREED

Chihuahua Mix

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

- Right limb pancreatitis with expanding inflammation into the right kidney.

AGE

14 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no overt evidence of masses. 48-72 hour IV fluid protocol, broad-spectrum antibiotics and GI protectants are all warranted. A recheck sonogram is recommended prior to discharge primarily in the right pancreatic limb. Sedation may be necessary to visualize the right adrenal gland given the pain response in that area by the patient.

WEIGHT

27.2 Pounds

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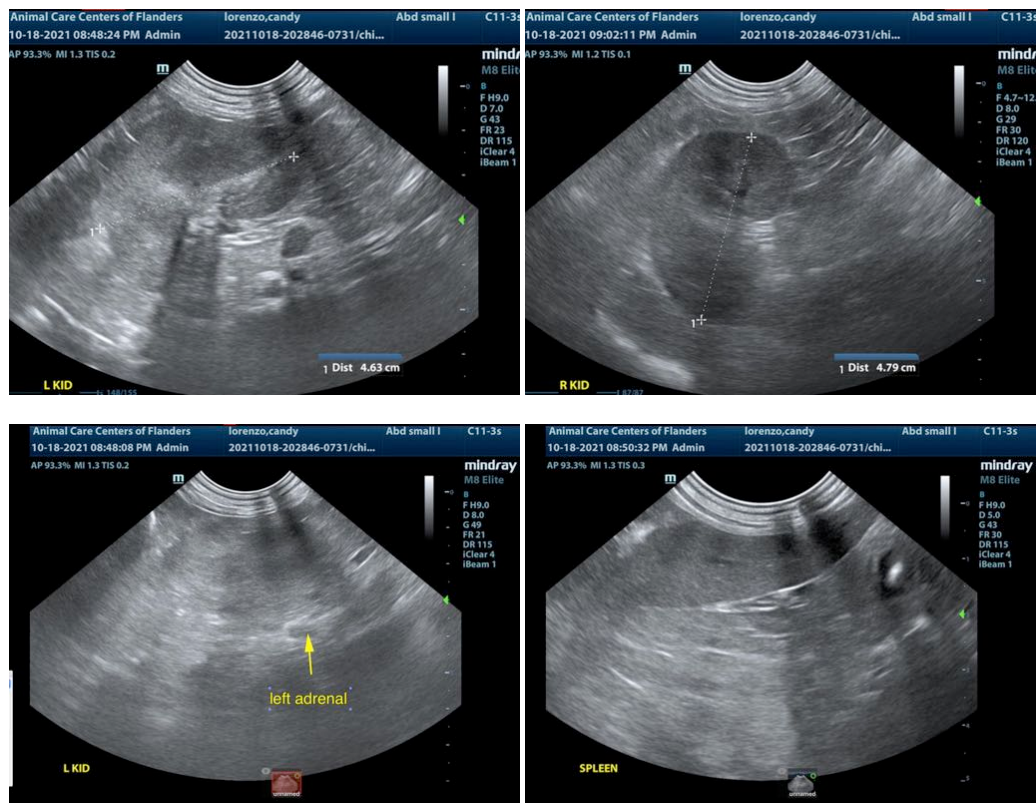
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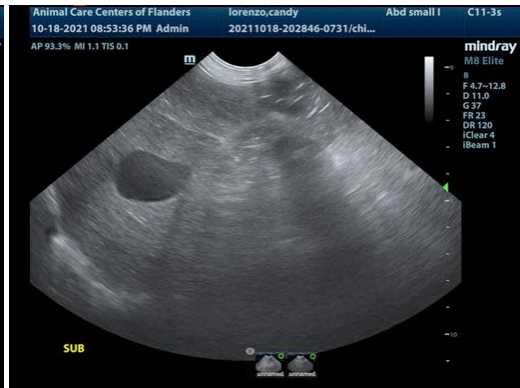
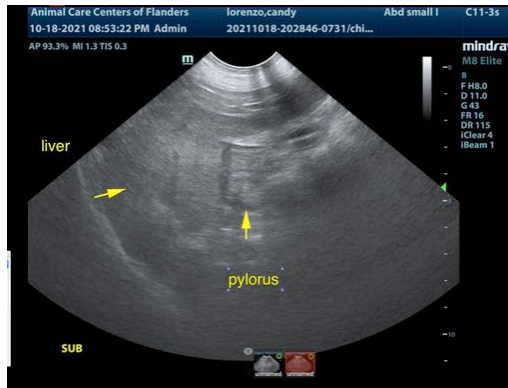
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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