



PATIENT

Sophie Meyer

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

11 years

WEIGHT

3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Bergen County VC

REFERRING VET

Dr. Halloran

INVOICE

92644

DATE

10/26/21

PRESENTING CLINICAL SIGNS

History: ADR, decreased appetite, not drinking. Possibly acute loss of vision? Current meds: Convenia, Cerenia, Pepcid, Gabapentin.
Abnormal PE/Chem/CBC/UA Results: BUN 41, glob. 4.3, ALT 131, AST 59, ALP WNL. CBC: WNL.

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. The right kidney measured 2.52 cm. The left kidney measured 2.46 cm. Blood flow to the kidneys appeared to be adequate on Power Doppler assessment.

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 0.92 x 0.64 cm at the cranial pole and 0.3 cm at the caudal pole. The left adrenal gland measured 1.04 x 0.3 cm at the caudal pole and 0.34 cm at the cranial 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** revealed coarse architecture with increased portal markings. The liver was subnormal in size. Increased portal markings were noted through the liver. The gallbladder wall was mildly thickened and the gallbladder was filled with multiple calculi that occupied the gallbladder and the cystic duct. Minor inflammatory pattern was noted around the gallbladder.



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Gastrointestinal

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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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

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

Moderate, degenerative renal changes with gallbladder and cystic duct calculi.
Thickened gallbladder wall.

WEIGHT

3 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no overt post hepatic obstruction at this time. However, there is a mild inflammatory pattern around the gallbladder. I recommend cholecystectomy in this patient with common bile duct and gallbladder lavage as well as liver biopsy. Bile acid profile would be warranted. Concurrent portal hypoplasia/microvascular dysplasia may be present. Deep, cranial subxiphoid palpation may provide discomfort from a clinical perspective.

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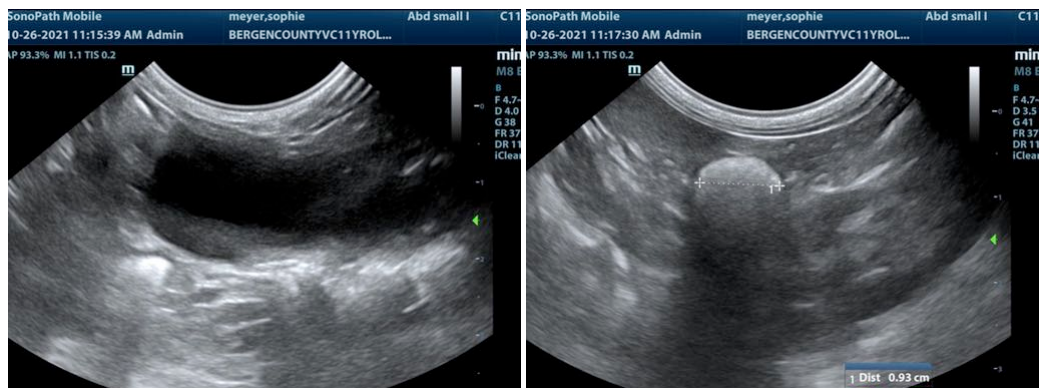
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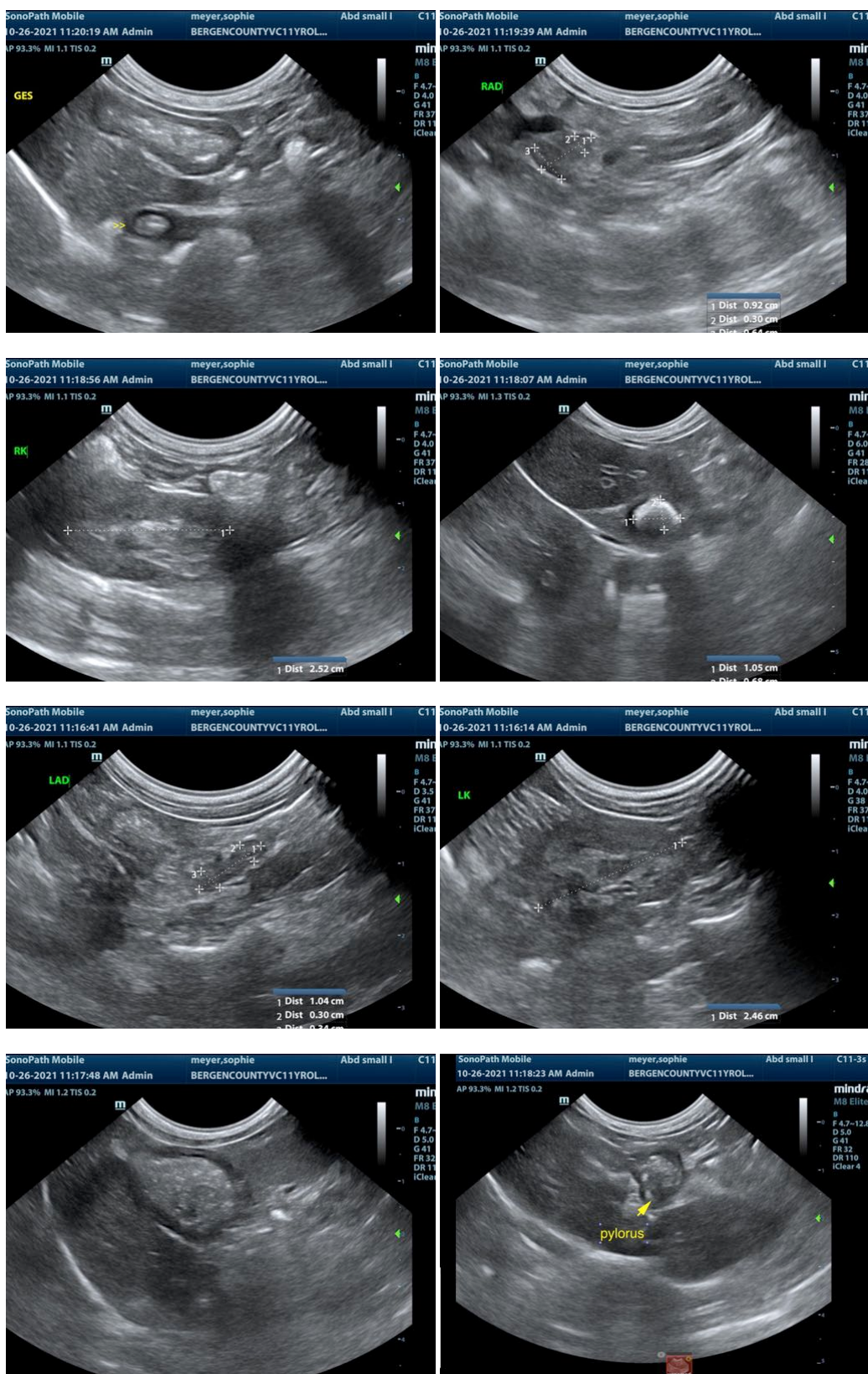
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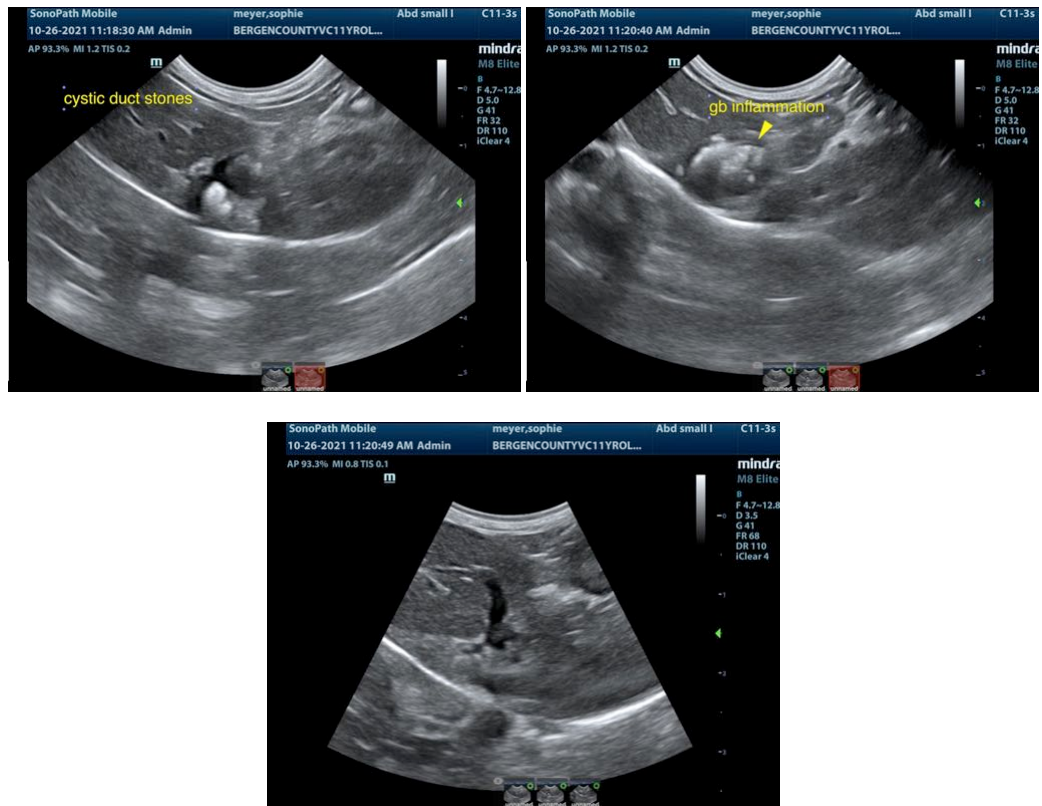
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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