



PATIENT

Kayla Shimm

SPECIES

Canine

BREED

Toy Poodle

SEX

Spayed Female

AGE

11 Years

WEIGHT

3.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Marcela Selas

HOSPITAL NAME

Tenaflly Vet Center

REFERRING VET

Dr. Marcela Selas

INVOICE

26774

DATE

10/29/21

PRESENTING CLINICAL SIGNS

11 yr old teacup poodle, chronic diarrhea and wt loss. multiple medical trials with metro, tylan, amoxi, probiotics, HA diet, EN diet, etc have not been hugely successful. Pet had labwork that was normal consistently, including PLI/b12/folate. The Chronic Enteropathy lab test at Antech was abnormal (high). In addition, pet is on Keppra tid due to a seizure disorder as of this year. no MRI done but neurologist is concerned about neoplasia since she was very pred responsive. has been on a slowly tapering dose of pred for CNS disorder. Otherwise she eats well, is BARH, happy and has a good qol. Concern for the liver on this u/s- cannot tell if there is a hyperechoic liver mass or if that is the gallbladder. Rads taken today do not show a mineralized gall bladder and her chest xrays are clear.

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 were 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. The right kidney measured 3.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

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 were 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. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was mildly overdistended with echogenic debris, measuring approximately 2.5 cm x 2.0 cm, consistent with emerging atypical mucocele formation.

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 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

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Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxyphoid palpation reveals pain response. No overt masses were noted.

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ULTRASONOGRAPHIC FINDINGS

- Hepatic remodeling and emerging atypical gallbladder mucocele

BREED

Toy Poodle

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Gallbladder motility study warranted. Ursodiol therapy over an 8 week period and reassessment of the gallbladder could also be considered if the patient is stable. No evidence of neoplasia.

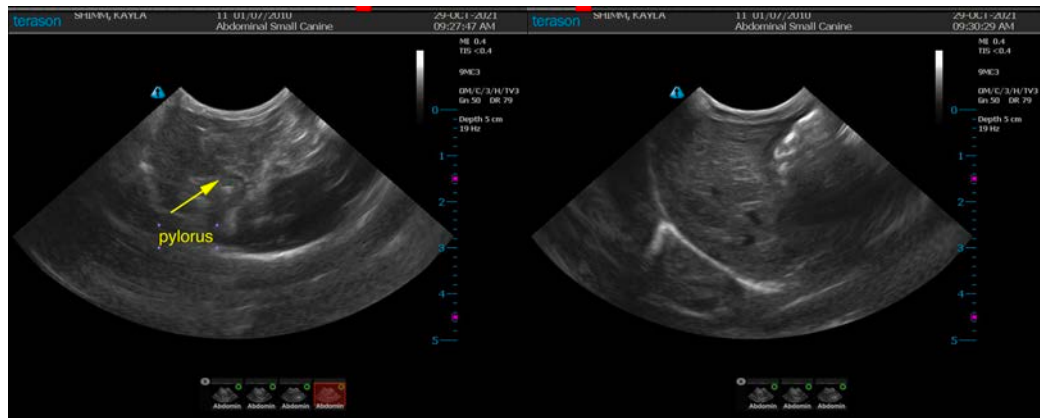
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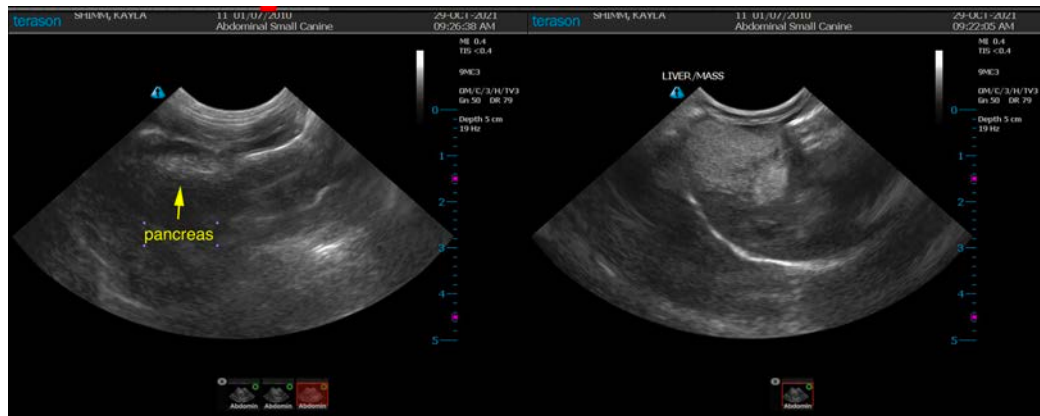
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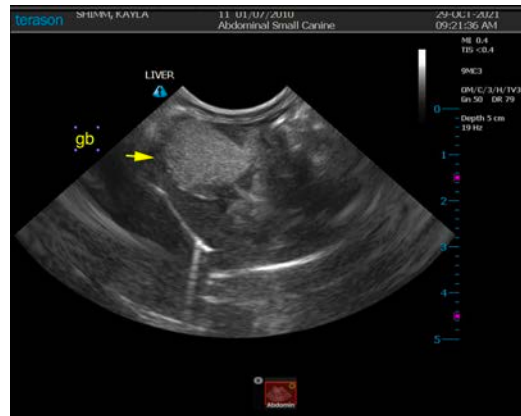
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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