



PATIENT PRESENTING CLINICAL SIGNS

Lily Potnek

History: Chronic history of elevated ALT, ALP, and spec CPL. Patient also has chronic kidney disease. Current diet is Hills K/D. Patient has received Clavamox, metronidazole, and Denamarin/Silymarin since August to treat possible hepatitis and pancreatitis. Abdominal imaging in August showed no pancreatic or liver remodeling. Screening for visible changes in those organs today.

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

14 years

WEIGHT

10.58 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed slight micropolypoid changes and slight mucosal remodeling. This is expected for this age patient. The urine was anechoic. The pelvic urethra was unremarkable and was imaged 2.0 cm caudal to the cystourethral junction.

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. The left kidney measured 3.33 cm with minor pyelectasia that measured 0.2 cm. This is likely owing to scarring; however, updated urinalysis is recommended to assess for any evidence of urinary tract infection/inflammatory sediment. The right kidney measured 3.62 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 right adrenal gland measured 0.5 cm. The left adrenal gland measured

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

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. The gallbladder was unremarkable with a minor amount of debris.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

M Kermendy CVT

HOSPITAL NAME

Wauwatosa Vet

REFERRING VET

Dr. Haynes

INVOICE

93086

DATE

11/15/21



PATIENT *Gastrointestinal*

Lily Potnek 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 **pancreas** was stable and uniform with minor coarse architecture. This is consistent with history of pancreatitis, yet there was no evidence of active inflammation.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Stable geriatric abdomen.

AGE

14 years

Moderate, chronic renal changes and minor pyelectasia, likely owing to scarring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

10.58 lbs

There is no evidence of active disease. Updated urinalysis is indicated. Otherwise, no treatment is warranted. The renal values should be monitored carefully in this patient.

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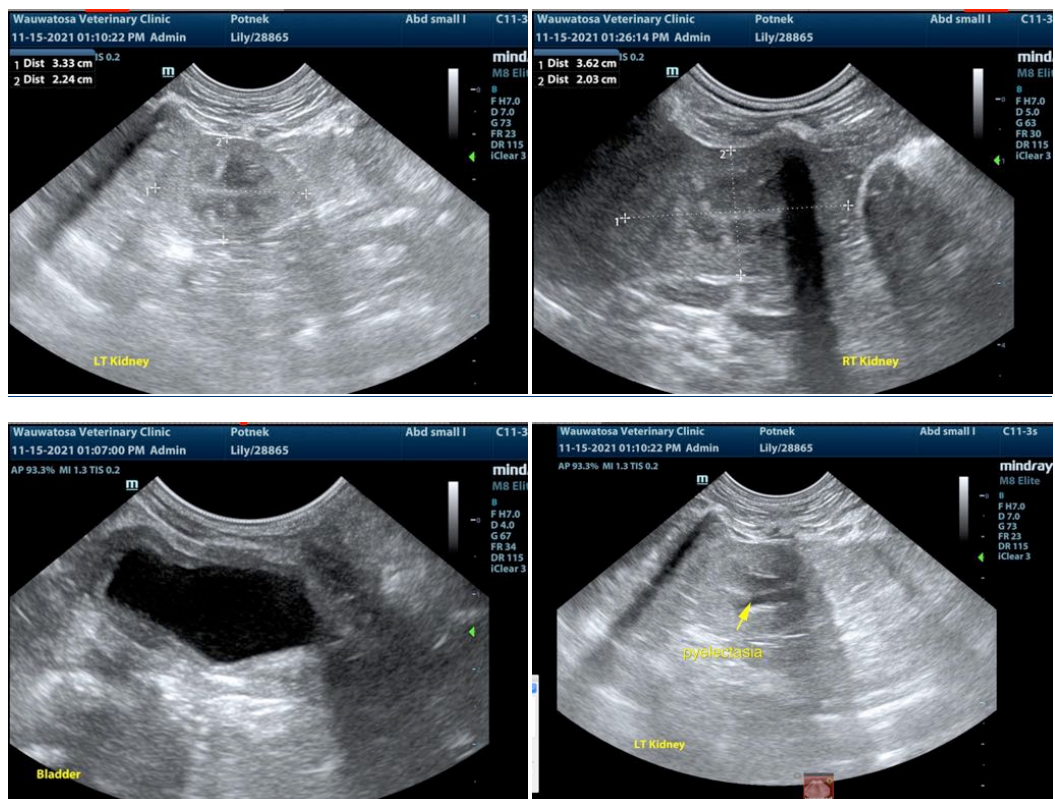
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PATIENT

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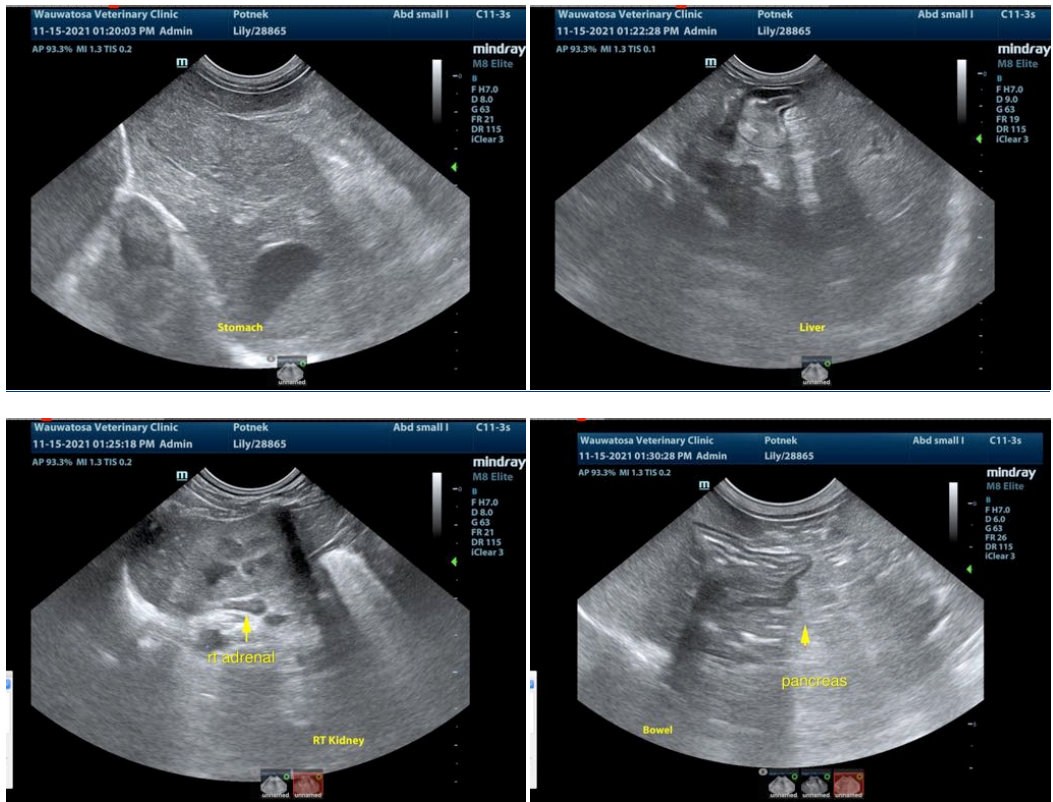
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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