



**PATIENT**

Trixie Pacyga

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Spayed Female

**AGE**

15 years

**WEIGHT**

30 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Grau

**HOSPITAL NAME**

Fredon AH

**REFERRING VET**

Dr. Grau

**INVOICE**

93099

**DATE**

11/15/21

**PRESENTING CLINICAL SIGNS**

History: sudden onset weakness, thought ate something inappropriate, vomiting,  
Abnormal PE/Chem/CBC/UA Results: muscle loss, can't stand, abd tender

**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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Infarcts were noted. Multi-focal pelvic and corticomedullary calculi were noted in both kidneys. The left kidney measured 6.23 cm. The right kidney measured 5.64 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 0.8 cm at the cranial pole and 0.5 cm at the caudal pole.

**Spleen**

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies. The spleen was folded upon itself caudally. Multi-focal, hyperechoic lipogranulomatous changes were noted.

**Liver**

The **liver** revealed multi-focal, hyperechoic areas of mineralization. Generalized hepatomegaly was present. Mildly increased portal markings were noted. The gallbladder revealed a minor amount of debris.



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**Gastrointestinal**

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The **stomach** was over distended with fluid and some shadowing material. The upper gastrointestinal tract revealed hyperperistalsis. Mucosal fogging was noted in the small intestine. This is likely owing to the lymphangectasia. The colon was fluid filled.

**SPECIES**

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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.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

15 years

Hepatic remodeling with multi-focal mineralization.

Moderate chronic degenerative renal changes with non-obstructive calculi.

Gastroenteritis pattern with mucosal fogging. Suspect lymphangectasia.

**WEIGHT**

30 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

FNA of the liver is indicated. GI supportive protocol is warranted. Bile acid profile is warranted. Monitoring of renal parameters is important as the kidneys appear 50-60 % compromised. The albumin levels should be monitored in this patient. Maldigestion panel is warranted if any weight loss is present. Low-grade pancreatic inflammation is possible.

**IMAGING PERFORMED BY**

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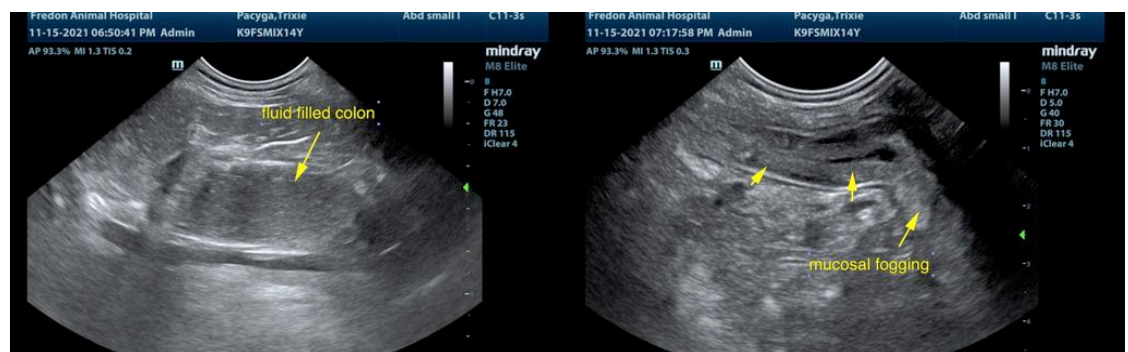
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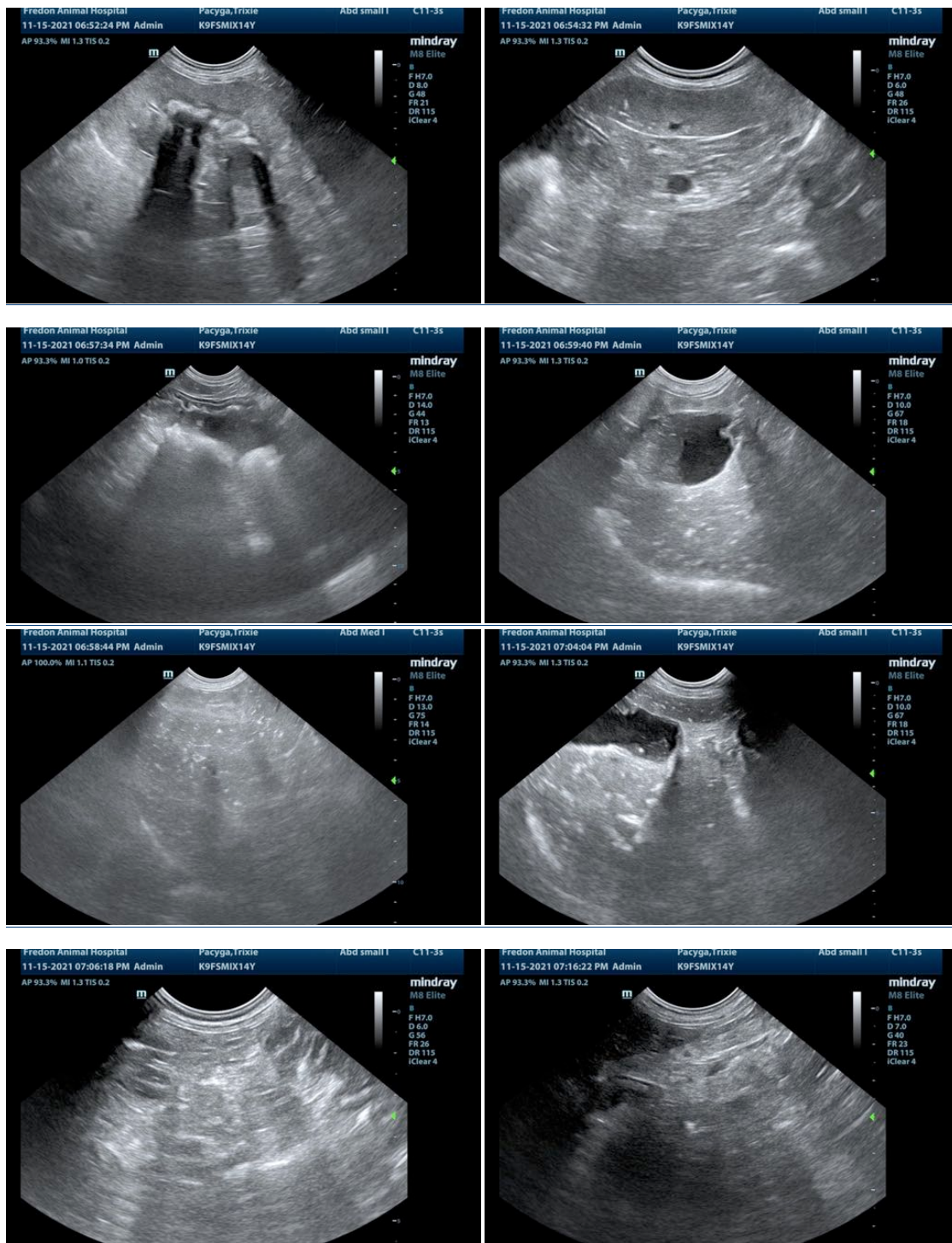
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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