



PATIENT

Nene Montes

SPECIES

Canine

BREED

Yorkie

SEX

Spayed female

AGE

2008

WEIGHT

7.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert IVUSS

**IMAGING
PERFORMED BY**

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Farview AC

REFERRING VET

Dr. Mosaad

INVOICE

93171

DATE

11/16/21

PRESENTING CLINICAL SIGNS

History: was @ ER for not eating, trouble standing + not defecating – was diagnosed with partial blockage in urinary bladder vs neoplasia vs cystic calculi- has been vomiting. Is on Entyce.

ER notes with radiographs attached

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. Slight pyelectasia was noted in the right kidney. Minor cortical cysts were noted in the kidneys. The right kidney measured 4.47 cm. Slight mineralization was noted in the left kidney and was non-obstructive. The left kidney measured 3.77 cm.

Adrenal Glands

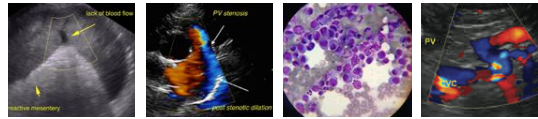
The right adrenal gland was slightly enlarged and mildly irregular measuring 1.82 x 0.84 cm at the caudal pole and 0.38 cm at the cranial pole. The contour revealed slight irregularity. The left adrenal gland was normal in size and contour measuring 1.5 x 0.3 cm at the caudal pole and 0.36 cm at the 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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

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The **stomach** revealed minor mucosal remodeling and hypertrophied muscularis. A hypoechoic area was noted in the caudal aspect of the pyloric mucosa and measured 1.16 x 0.59 cm. The small intestine and colon were unremarkable.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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ULTRASONOGRAPHIC FINDINGS

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Pyloric slight mucosal hypertrophy with hypoechoic mucosal nodule. Appears stable.

Normal lower urinary tract with no evidence of cause of obstruction.

Minor, irregular right adrenal contour.

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Renal calculi, non-obstructive. Minor, cortical renal cysts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient may have recently passed a calculus contributing to the clinical history. However, the abdomen appears stable. The stomach should be monitored. A recheck sonogram is recommended in 3-4 weeks regarding the pyloric mucosal changes and the focal nodule. Low-grade epithelial neoplasia versus emerging carcinoma or ulcerative change is all possible. However, there was no active inflammation noted around the lesion. Therefore, it is likely benign or low grade.

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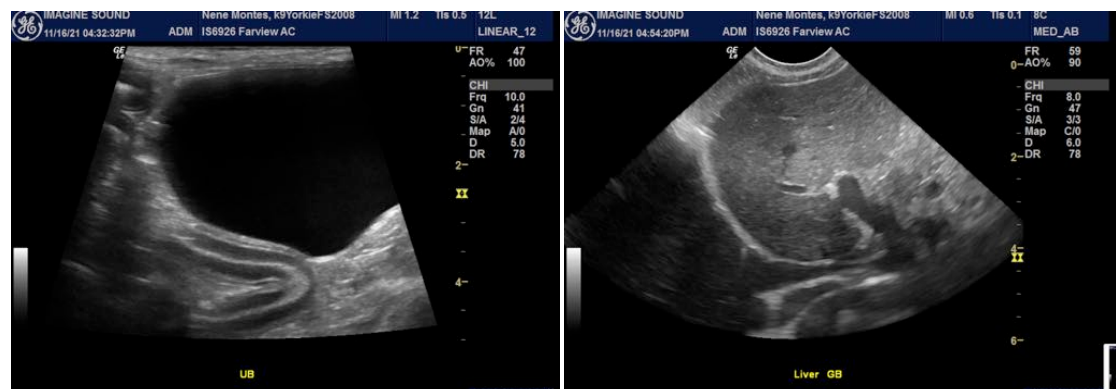
Dr. Mosaad

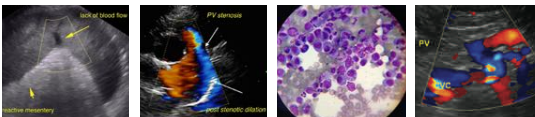
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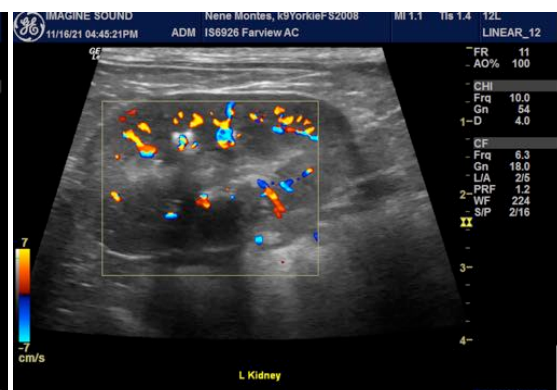
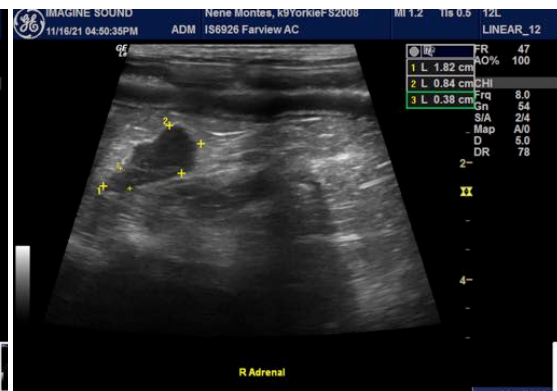
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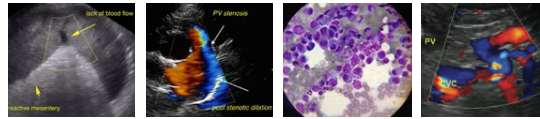
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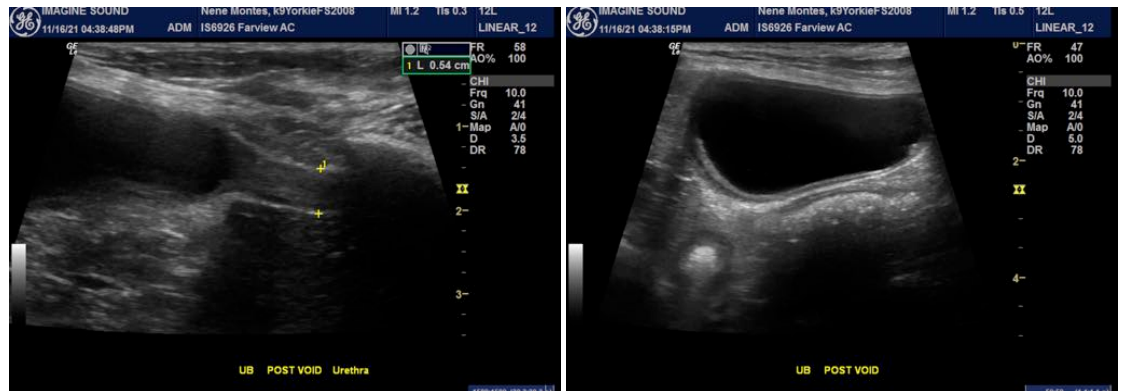
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com