



PATIENT

Cookie Stewart

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

6 years 4 months

WEIGHT

55.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Striano-Kaplan

HOSPITAL NAME

Ramsey VH

REFERRING VET

Dr. Striano-Kaplan

INVOICE

92813

DATE

11/2/21

PRESENTING CLINICAL SIGNS

History: For the last 3 months, pet has had intermittent episodes of vomiting and diarrhea. Most recent episode consisted of one episode vomiting food and several days of diarrhea last week. Treated and resolved w/ metronidazole and bland diet. Hx Hypothyroidism. Owner initially unwilling to treat but now beginning treatment.

Abnormal PE/Chem/CBC/UA Results: H Creatinine: 1.6, H Globulin: 4.4, H ALT: 157, H Cholesterol: 384, L T4:0.4, H TLI :>50.0, Cobalamin B-12: 298. Endocrinology results from Michigan State University thyroid panel: L Total Thyroxine: 4.0, L Total Triiodothyronine (TT3) (RIA):0.0, L Free Thyroxine (FT4) (RIA): 2, HT3 Autoantibody (RIA):48, H Thyroid Stimulating Hormone (CLIA):1.65, H Thyroglobulin Autoantibody (ELISA):95. Conclusion: The low Total T4, Free T4, and Total T3 and elevated TSH are within the range of classic primary hypothyroidism. The autoantibody titers are significantly elevated as well. This is primary hypothyroidism of autoimmune origin which is the most common cause of hypothyroidism and tends to be a genetic disease. Replacement therapy should be helpful.

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 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 left kidney measured 4.81 cm. The right kidney measured 5.61 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 was noted.

Liver

The **liver** revealed slight coarse architecture with mildly increased portal markings. The gallbladder and common bile duct were unremarkable. 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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Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The small intestine and colon were unremarkable.

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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. 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

Mild hepatic remodeling.

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Otherwise, unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

55.7 lbs

There was no evidence of significant disease. Dietary indiscretion, food intolerance/indiscretion, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

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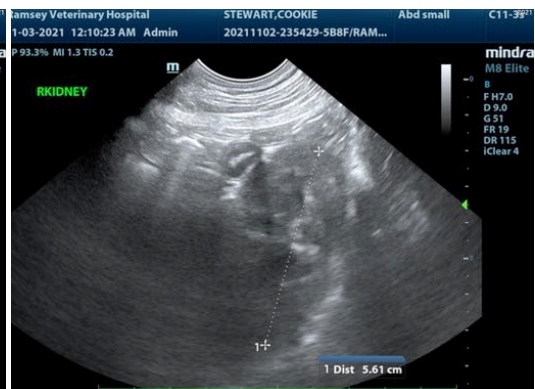
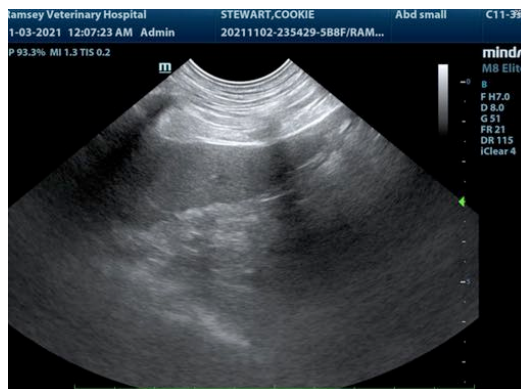
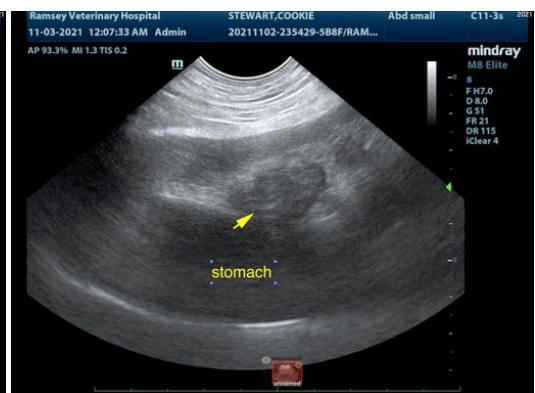
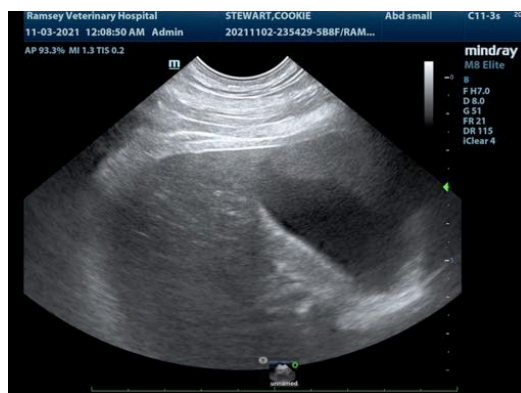
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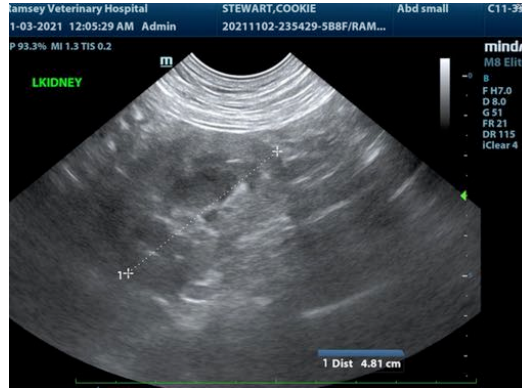
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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