



PATIENT

Molly Sclafani

PRESENTING CLINICAL SIGNS

History: 4 yo FS Yorkie, vomiting, decreased appetite, lethargy.
Abnormal PE/Chem/CBC/UA Results: Elevated ALT and ALP, PSL WNL

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Yorkie

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

SEX

Spayed female

AGE

4 years

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. Slight, hyperechoic medullary rim sign was noted. The left kidney measured 4.7 cm.

WEIGHT

18 lbs

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 left adrenal gland measured 0.5 cm at the caudal pole and 0.43 cm at the cranial pole.

IMAGING PERFORMED BY

Dr. Petrone

Spleen

HOSPITAL NAME

Long Branch AH

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.

REFERRING VET

Dr. Petrone

Liver

INVOICE

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The **liver** revealed coarse architecture with increased portal markings. Minor gallbladder thickening was noted.

DATE

11/22/22

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



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demonstrated normal luminal chyme and stool consistency respectively. Remodeled was noted around portions of the jejunum, yet appear to be fairly quiescent.

SPECIES

Canine

Pancreas

Minor, heterogenous **pancreatic** changes were noted, yet this is not a primary issue.

BREED

Yorkie

ULTRASONOGRAPHIC FINDINGS

History of enteritis and steatitis are likely.

SEX

Spayed female

Chronic cholangitis liver pattern, appears subjectively stable.

Remodeled mesentery around the jejunum.

AGE

4 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for any glucosuria is warranted in case the patient is developing a diabetic state. Primary GI disease is likely with cholangitis. Leptospirosis titers are warranted. Ampicillin, Metronidazole and IV fluid support are all indicated. FNA of the liver is recommended for further definition. Bile acid profile would be ideal as the liver appeared mildly small as well. Underlying portal hypoplasia may be an issue.

WEIGHT

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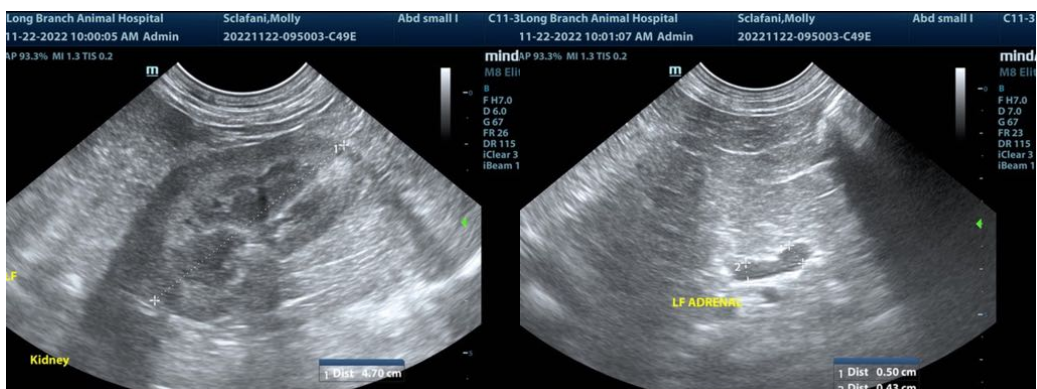
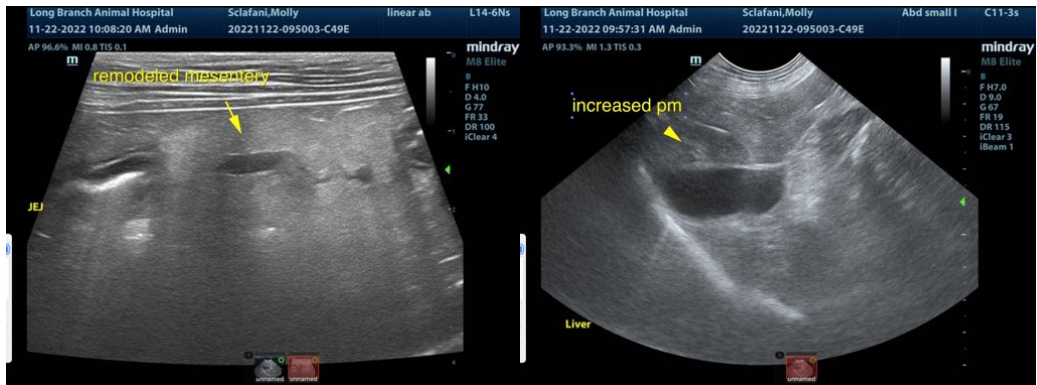
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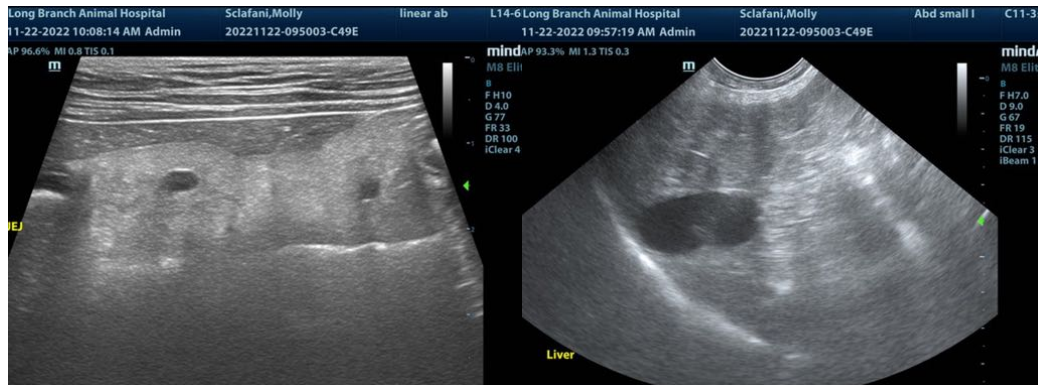
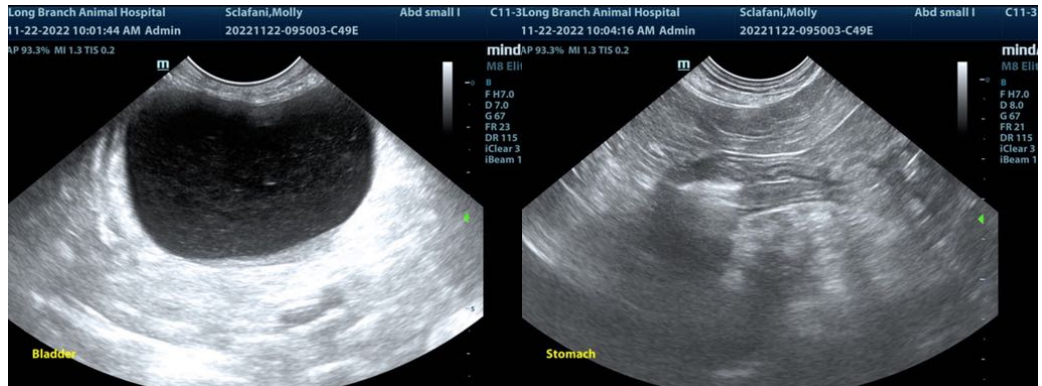
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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