



PATIENT

Tiny Gardner

SPECIES

Canine

BREED

Chihuahua

SEX

Intact male

AGE

10 years

WEIGHT

6.74 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ugorji

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Ugorji

INVOICE

42634

DATE

11/22/22

PRESENTING CLINICAL SIGNS

History: History of persistent anemia initially diagnosed on 9/21/22 Chronic weight loss
Abnormal PE/Chem/CBC/UA Results: Grade 4-5/ 6 left sided murmur CBC from 11/15/22: WBC 17.9 HIGH 4.0-15.5 103/mL RBC 4.3 LOW 4.8-9.3 106/mL HGB 6.6 LOW 12.1-20.3 g/dL HCT 22 LOW 36-60 % Verified by Microhematocrit Method MCV 51 LOW 58-79 fL MCH 15.3 LOW 19-28 pg Hypochromasia Marked Anisocytosis Moderate Poikilocytosis Target Cells Moderate Polychromasia Slight Blood Parasites None Seen Platelet Count 1645 HIGH 170-400 103/mL Platelet Estimate Increased Lymphocytes 11 LOW 12-30 % Eosinophils 12 HIGH 2-10 % Basophils 2 HIGH 0-1 % Absolute Neutrophils 12888 HIGH 2060-10600 /mL Absolute Eosinophils 2148 HIGH 0-1200 /mL Absolute Basophils 358 HIGH 0-150 /mL

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The kidneys measured 4.0 cm each.

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 left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.4 cm.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.



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Gastrointestinal

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Diffuse gastrointestinal thickening noted with hypertrophied muscularis and increased submucosal echogenicity. Hyperperistalsis was noted in the stomach. The small intestine and colon were unremarkable. The mesenteric lymph nodes were reactive and measured 2.0 x 0.5 cm.

SPECIES

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Pancreas

BREED

Chihuahua

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

Intact male

ULTRASONOGRAPHIC FINDINGS

AGE

10 years

Diffuse intestinal thickening with reactive lymph nodes.

Chronic inflammatory bowel, likely some retention of ingesta noted in the stomach.

WEIGHT

6.74 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of neoplasia. GI blood loss is a potential in this patient. GI protectant protocol is indicated. Bone marrow aspirate may be appropriate. Maldigestion panel is appropriate.

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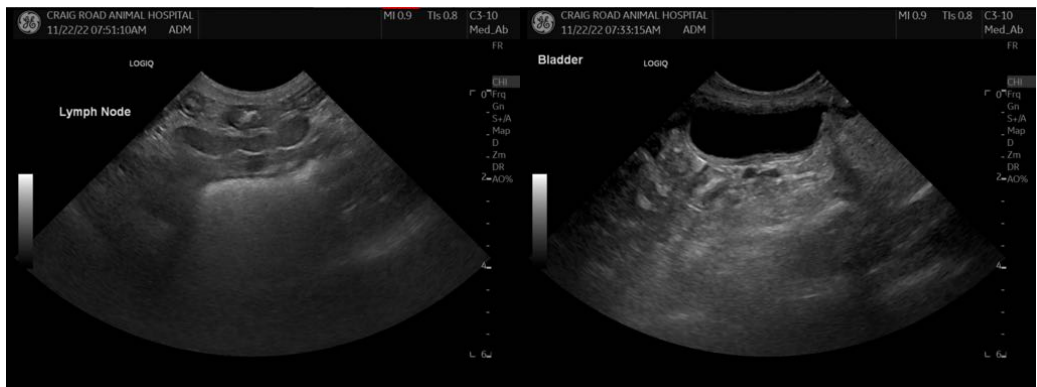
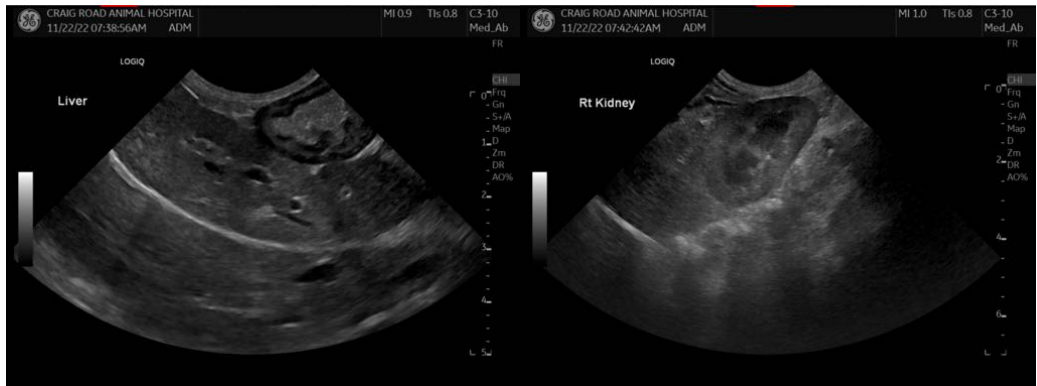
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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