

PATIENT

Bing Bing Tung

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Spayed Female

AGE

13 years

WEIGHT

32 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDSCS

HOSPITAL NAME

Resolution Veterinary
Ultrasound

REFERRING VET

Dr. Karagic

INVOICE

94494

DATE

12/10/21

PRESENTING CLINICAL SIGNS

History: Chronic UTIs. GB sludge. Good energy. Normal urination now. Normal urinary tract labs. Mildly elevated liver enzymes.

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 and no evidence of pelvic dilatation was present. The right kidney measured 7.22 cm. The left kidney measured 6.92 cm.

Adrenal Glands

The left **adrenal gland** was 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 0.66 cm. The right adrenal gland was not visualized.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** revealed slightly increased portal markings noted. The liver was mildly subnormal. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

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. Retention of ingesta was noted in the stomach. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.



PATIENT

Pancreas

Bing Bing Tung

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Minor pancreatic remodeling.

German Shepherd Mix

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

There was no evidence of significant disease. Low-grade inflammatory hepatopathy pattern.

Spayed Female

AGE

13 years

WEIGHT

32 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS



IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCE



HOSPITAL NAME

Resolution Veterinary
Ultrasound

REFERRING VET

Dr. Karagic

INVOICE

94494

DATE

12/10/21



PATIENT

Bing Bing Tung

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Spayed Female

AGE

13 years

WEIGHT

32 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dave Stasiuk RDMS,
RDCS

HOSPITAL NAME

Resolution Veterinary
Ultrasound

REFERRING VET

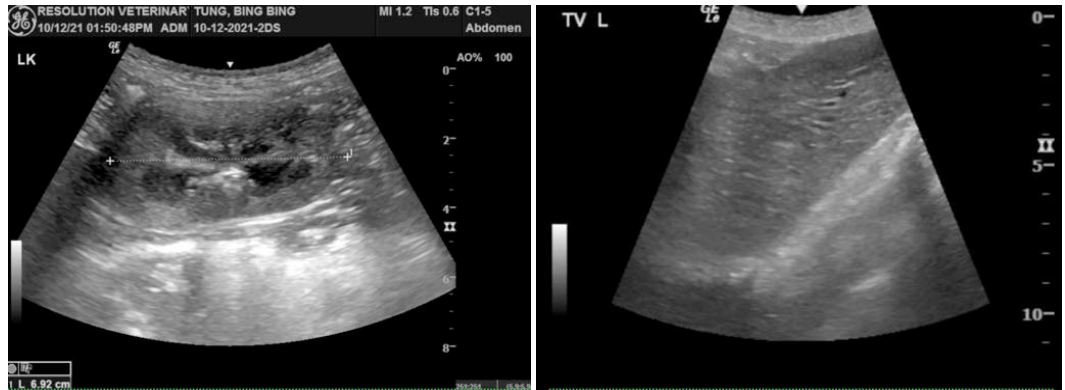
Dr. Karagic

INVOICE

94494

DATE

12/10/21



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