



PATIENT

Reesy Scheradella

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

6 Years

WEIGHT

5.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kristin Peterson

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Kristin Peterson

INVOICE

43546

DATE

12/19/22

PRESENTING CLINICAL SIGNS

P started having diarrhea and vomiting a week ago. Vomited Tuesday and had a bout of diarrhea. Vomited this morning after eating last night. Had no appetite this morning. Sunday ate a bland diet since appetite was not 100%. July 4 last heat cycle. Lethargic since this morning.

Abnormal PE/Chem/CBC/UA Results: CBC - Mild leukocytosis 17.29k, Neutrophilia 15.89k, lymphopenia 0.82k, Chem 17 - amylase low 367 EPOC - Elevated lactate 4.06, hyperglycemia 154, rest wnl CPL - negative for pancreatitis (< 50)

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 were noted. Ureteral papillae were normal.

The **right kidney** 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 right kidney measured 4.4 cm.

The **left kidney** was not visualized.

Adrenal Glands

The **right 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 right adrenal gland measured 0.60 cm.

The **left adrenal gland** was 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 were noted.

Liver

The **liver** presented slight increased portal markings and minor lobar biliary mineralization. The gallbladder was unremarkable.

Gastrointestinal

The **stomach** revealed relatively normal wall thickness and layering with anechoic fluid in the lumen. The stomach was followed from the pylorus to the gastroesophageal inlet.



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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.

Free Abdomen

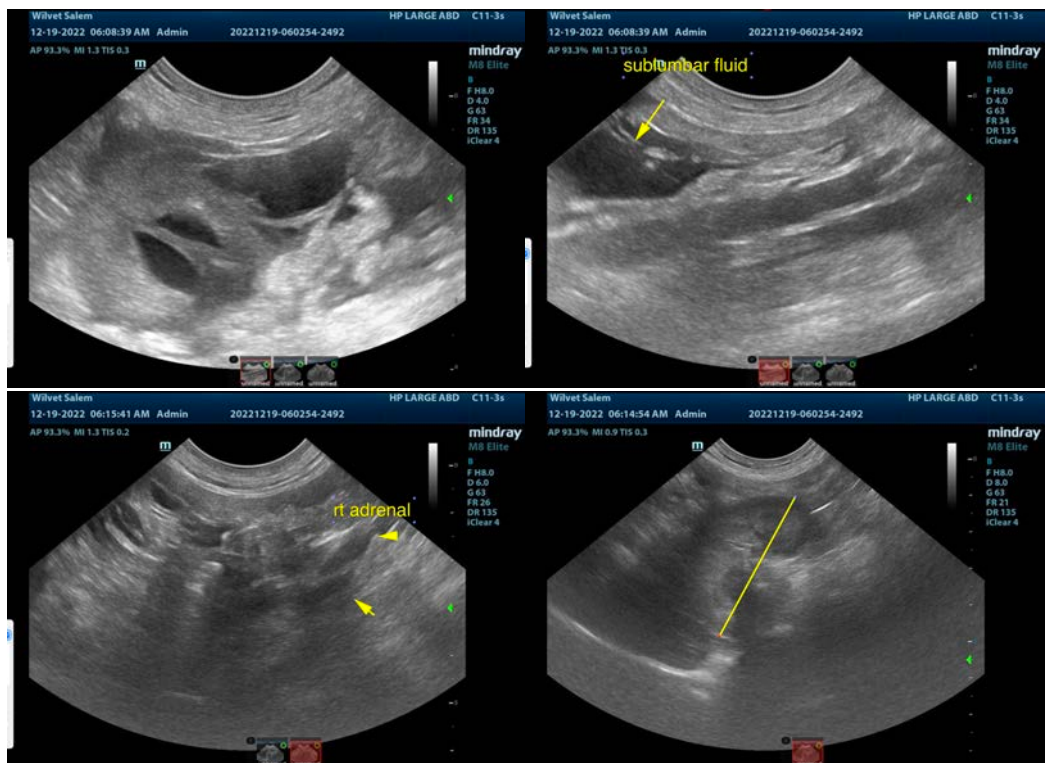
The caudal abdomen revealed sublumbar fluid with an adjacent irregular tissue thickening around or deriving from the left kidney. Further imaging of the left kidney/left adrenal area necessary.

ULTRASONOGRAPHIC FINDINGS

- Sublumbar fluid and suspect left renal pathology, possible left adrenal pathology
- Slight increased portal markings and minor lobar biliary mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further imaging is necessary in this patient for evaluation. Abdominocentesis of the sublumbar fluid recommended.





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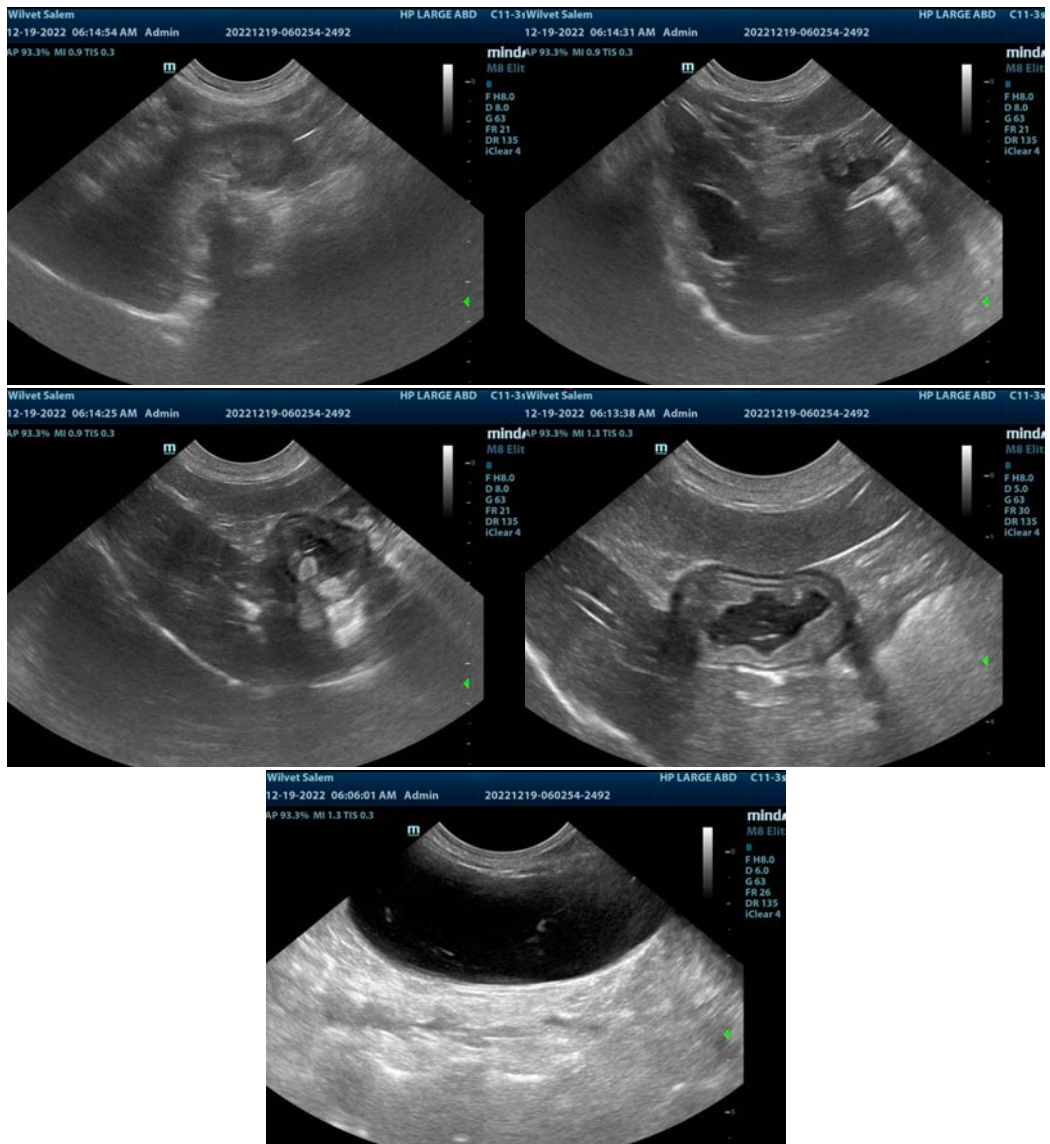
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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