

PATIENT PRESENTING CLINICAL SIGNS

Stewie Costa 12/11/21: Presented for vomiting, diarrhea and lethargy. Prior history elevated BUN. On metronidazole 10 mg/kg IV BID; Pantoprazole 1 mg/kg IV SID; IVF
 Abnormal PE/Chem/CBC/UA Results: 12/11/21: BUN 51, crea 1.8, CBD: WNL 12/22/21: BUN 89; crea 2.4; CBC: WNL, UA: SG 1.032, pH 5.0; inactive sediment BP: 180 mmHg

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

13 years

WEIGHT

3.5 kg

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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.44 cm with minor pyelectasia at 0.17 cm. The right kidney measured 3.34 cm. The kidneys revealed subjectively moderate degenerative changes with multi-focal, cortical cysts and minor pyelectasia. The kidneys do not appear end stage. Complicating factors such as prerenal disease, UTI, infectious or toxic agents should all be considered given the patient's history.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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 right adrenal gland measured 0.51 cm at the caudal pole and 0.47 cm at the cranial pole. The left adrenal gland measured 0.47 cm at the caudal pole and 0.41 cm at the cranial pole.

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.

HOSPITAL NAME

New England AH

REFERRING VET

Dr. Fernandez

Liver

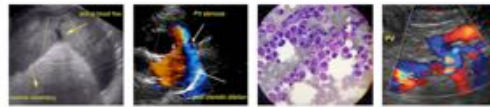
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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94904

DATE

12/23/21



PATIENT

Gastrointestinal

Stewie Costa

The **stomach** revealed minor, fluid and gas filled gastric lumen. The small intestine was unremarkable. Soft stool was noted in the colon.

SPECIES

Canine

Pancreas

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.

BREED

Yorkshire Terrier

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

Fluid filled gastric lumen.

AGE

13 years

Age related pancreatic and renal changes.

WEIGHT

3.5 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

72 hour IV fluid protocol and GI protectants are indicated. Although the patient is likely too old for Addison's I recommend baseline cortisol to screen as a potential for the unexplained azotemia with concentrated urine specific gravity.

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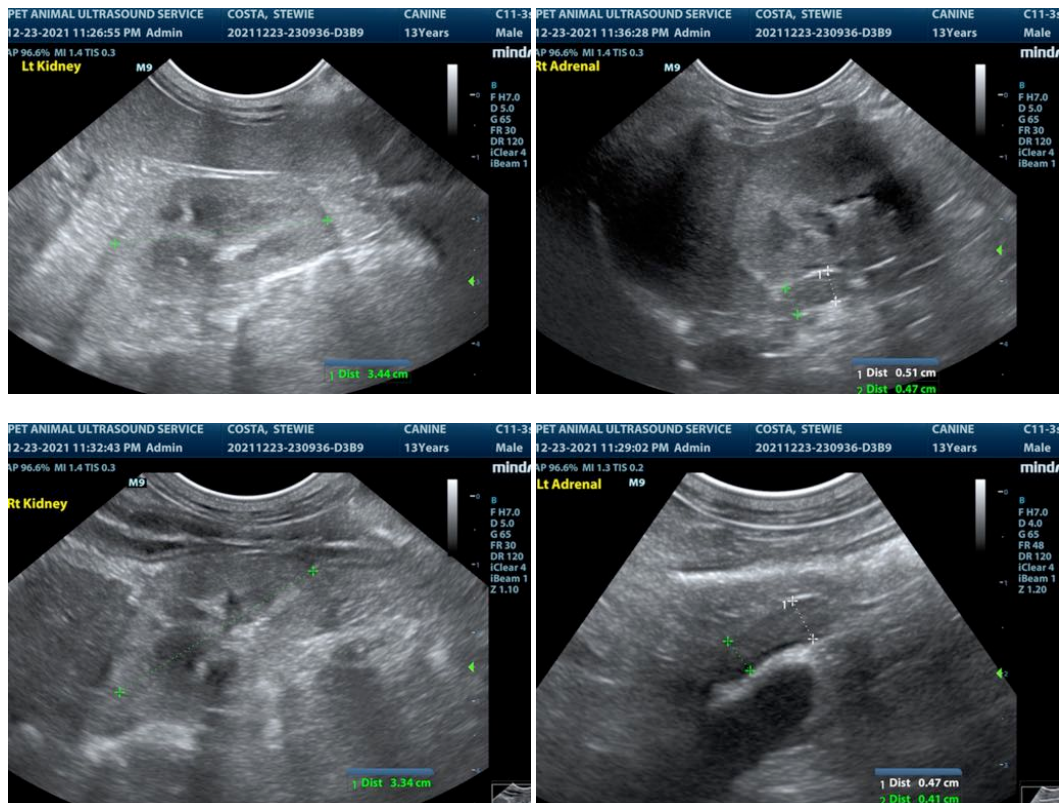
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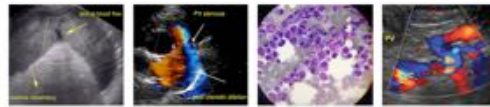
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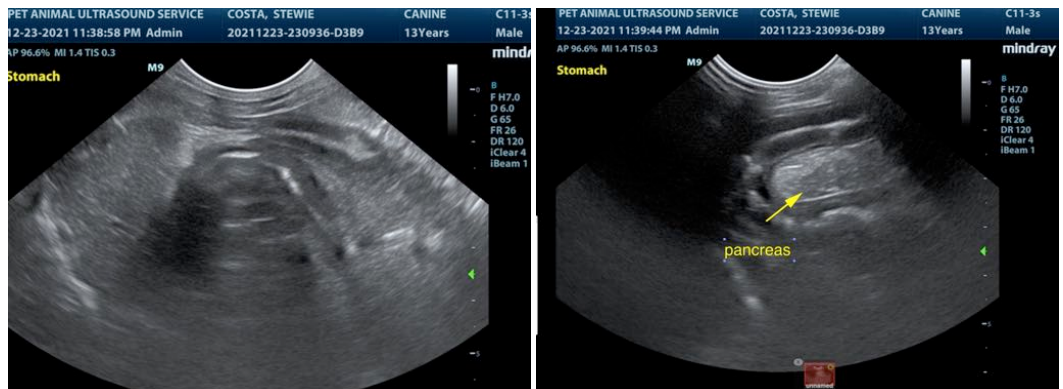
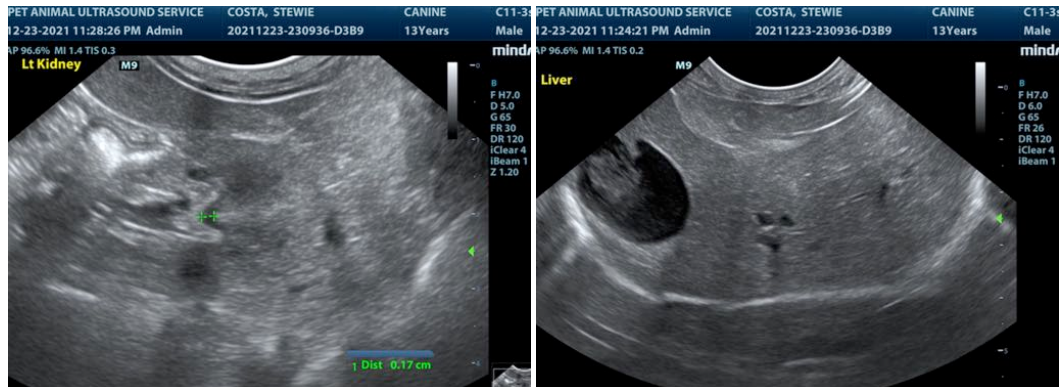
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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