



PATIENT PRESENTING CLINICAL SIGNS

Coco Smith

History: CoCo presented for annual senior blood work and she was found to be azotemic and proteinuric but non-clinical at home. Last December she had presented for inappetence, diarrhea and was started on amoxicillin and metronidazole. She worsened overnight and was hospitalized, blood work at that time had HCT 33.2%, and elevated ALP (1580), ALT (262), TBil (1.8), Chol (372), BUN (45). SpecCPL was normal, Lepto testing was negative but she was not vaccinated against lepto and had already been started on Amoxicillin. She recovered and blood work 1 week later had returned to normal.

SPECIES

Canine

BREED

Mixed

Abnormal PE/Chem/CBC/UA Results: U/A: SG 1.023, protein 500 mg/dL CBC: MCH 27.6, MCV 80, Retic 152 Chem: SDMA 24, Creat 1.9, BUN 59, Phos 6.2, K 5.8, Na:K 25 All other values WNL

SEX

Spayed Female

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.

AGE

9 years

WEIGHT

13.5 lbs

The **kidneys** were normal in size and contour with minor, increased cortical echogenicity. The corticomedullary definition was unremarkable. Blood flow was normal on color flow assessment of the kidneys.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.5 cm.

IMAGING PERFORMED BY

Dr. Bush

HOSPITAL NAME

Great Miami VC

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.

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Liver

The **liver** revealed slight coarse architecture with minor increased portal markings. The gallbladder revealed a minor amount of debris with minor polypoid changes.

DATE

12/7/21



PATIENT *Gastrointestinal*

Coco Smith 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 demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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.

AGE

9 years

ULTRASONOGRAPHIC FINDINGS

Non-specific vacuolar hepatopathy liver pattern with minor gallbladder debris and inflammatory component.

Non-specific, mild degenerative renal changes.

WEIGHT

13.5 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Cause of acute insult such as Leptospirosis or toxin exposure should be considered. IV Ampicillin, Metronidazole and hepatic support are all indicated as well as FNA of the liver. There was no evidence of suspicion of neoplasia.

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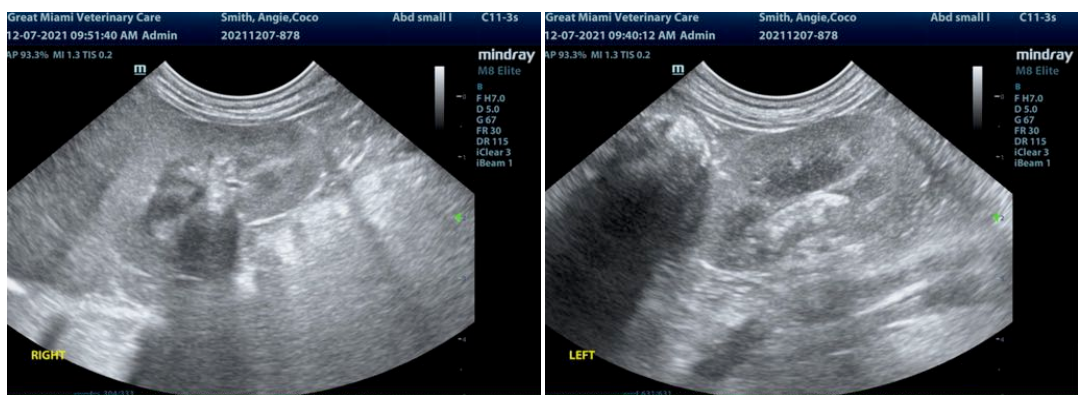
Dr. Bush

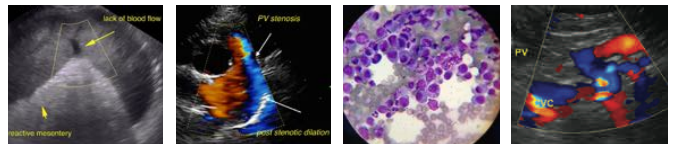
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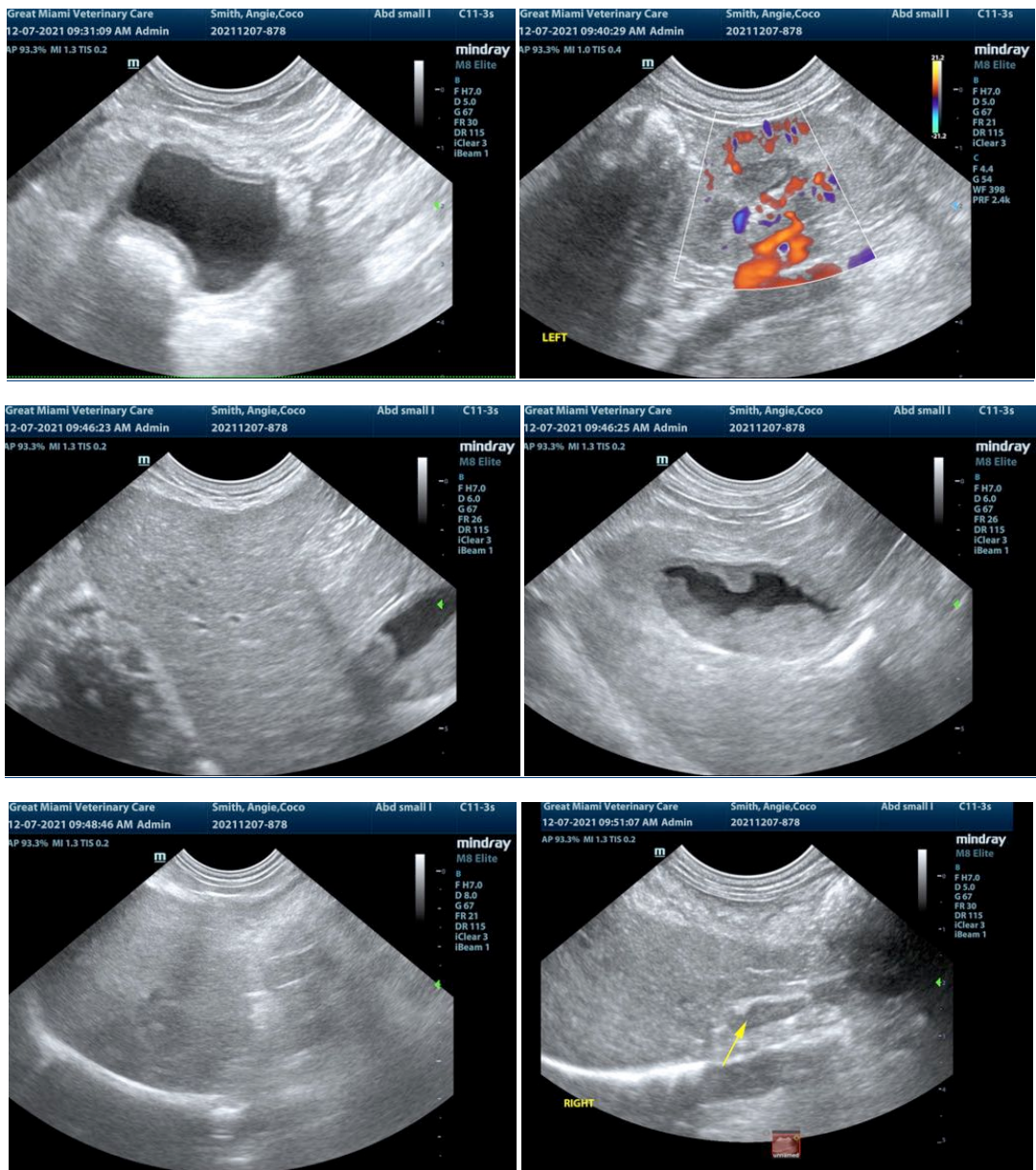
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

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