



PATIENT PRESENTING CLINICAL SIGNS

Coco Smith Coco presented for not eating/shaking yesterday. She had historic elevations of her renal values which remain consistent but has large increases in her liver values at this time. She did eat at home overnight last night.

SPECIES Abnormal PE/Chem/CBC/UA Results: Hypersalivation, mm pink, mild discomfort on cranial abdominal palpation Creat: 2.2, BUN 36, ALT 3586, ALKP 378, Chol 404, K 6.7

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Mix **Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction. The ureters were not visible which is normal. A minor amount of debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

SEX

Spayed Female

AGE

10 years

The **kidneys** revealed mild, non-specific degenerative changes. The kidneys were increased in echogenicity. The left kidney measured 4.27 cm. Minor right renal pyelectasia was noted. The right kidney measured 4.0 cm.

WEIGHT

12.3 lbs

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 0.6 cm. The right adrenal gland measured 0.6 cm at the cranial pole and 0.4 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Bush

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

Great Miami VC

REFERRING VET

Dr. Bush

Liver

The **liver** revealed uniform parenchyma. Slight coarse hepatic architecture was noted. The gallbladder was unremarkable with no evidence of excessive debris.

INVOICE

95755

Gastrointestinal

DATE

2/1/22

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.



PATIENT

Coco Smith

Pancreas

SPECIES

Canine

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

Mix

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

Persistent, non-specific, mild to moderate degenerative renal changes. Minor right renal pyelectasia.

Minor gallbladder debris noted without significant over distension. If the patient was n.p.o. at the time of the sonogram, then this is likely normal.

AGE

10 years

Non-specific inflammatory hepatopathy.

WEIGHT

12.3 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy can be considered as a preventative. However, this is a common finding for n.p.o. patients. Screening for Addison's is recommended. Renal biopsy would be ideal and blood pressure measurements should be obtained. If any persistent inflammatory sediment is present in the urine then culture is indicated.

INTERPRETED BY

Eric Lindquist, DMV
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The difference of the gallbladder presentation is largely incidental. It is not to the level of mucocele formation. The longer the period of n.p.o. or anorexia the larger the gallbladder will become. Gallbladder motility study can be considered if still concerned. Given the severe ALT elevation ultrasound-guided FNA of the liver is warranted to assess inflammatory cell type. If Leptospirosis titers have not been performed then I recommend submitting them.

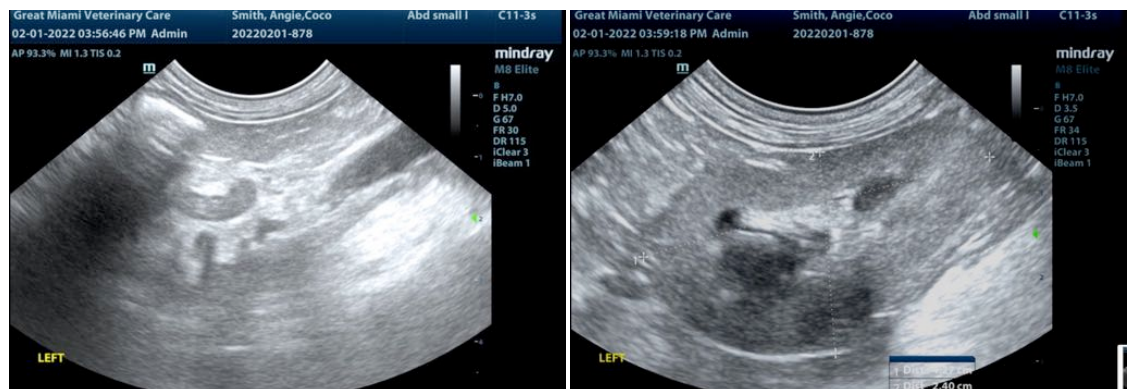
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Ampicillin, Metronidazole, Ursodiol and nutraceuticals are all warranted as well as further treatment based on cytology results.

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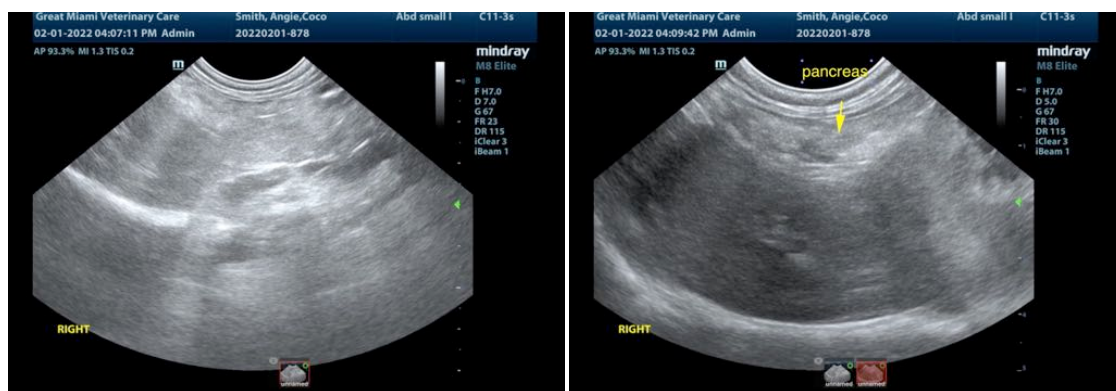
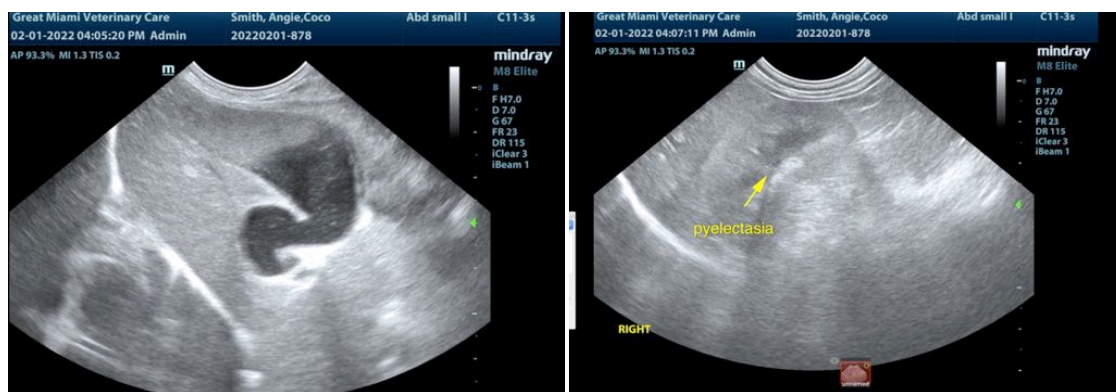
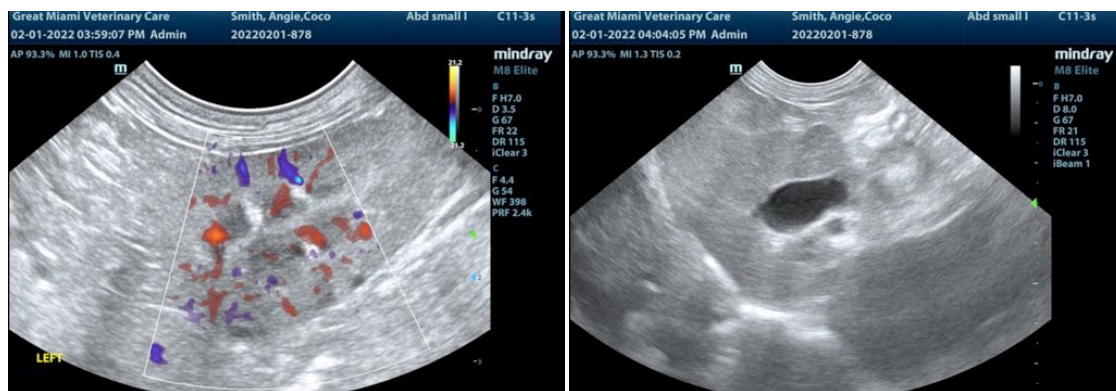
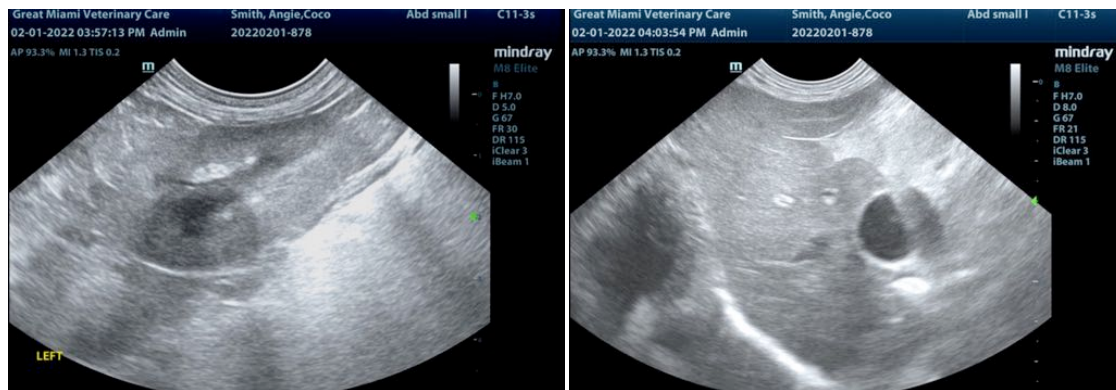
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PATIENT

Coco Smith

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.

SPECIES

Canine

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.

BREED

Mix

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info@SonoPath.com

SEX

Spayed Female

AGE

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WEIGHT

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