



PATIENT

Roxie Johnson

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed female

AGE

10 years

WEIGHT

4.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Goodman

HOSPITAL NAME

Evendale Blue Ash Pet
Hospital

REFERRING VET

Dr. Goodman

INVOICE

42806

DATE

2/14/23

PRESENTING CLINICAL SIGNS

History: Recheck ultrasound from 8/9/2022. Patient has been doing well at home. Liver values have returned to normal for the last 4 months. Currently eating Royal Canin GI Low Fat and Purina EN Low Fat. Current medications: Ursodiol 20mg (1 cap SID)

Abnormal PE/Chem/CBC/UA Results: 6/2/22: TP - 8.7 ALB - 3.9 GLOB -4.8 ALB/Glob Ratio - 0.8 ALT - 136 ALP - <10 GGT - 14 T. Bili -2.3 10/20/22: TP - 6.9 ALB - 3.4 GLOB - 3.5 ALB/Glob Ratio - 1.0 ALT - 44 ALP - 78 GGT - 8 T. Bili - 0.2 2/14/22: TP - 7.5 ALB - 3.8 GLOB -3.7 ALB/Glob Ratio - 1 ALT - 101 ALP - 95 GGT - 7 T. Bili - 0.2

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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 2.77 cm.

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 0.37 cm. The right adrenal gland measured 0.4 cm at the cranial pole and 0.37 cm at the caudal 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.

Liver

The **liver** revealed uniform parenchyma and mildly increased portal markings. The gallbladder revealed a minor amount of debris. This is similar to the prior sonogram. There was no striating bile. Minor over distension was noted.



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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. 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.

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.

ULTRASONOGRAPHIC FINDINGS

Benign abdomen.

Benign hepatopathy with minor gallbladder debris. Mildly improved compared to the prior sonogram.

Mild pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxiphoid palpation is recommended in this patient to assess for pain in the region of the pancreas. The patient appears stable. I recommend continual management on the current protocol.

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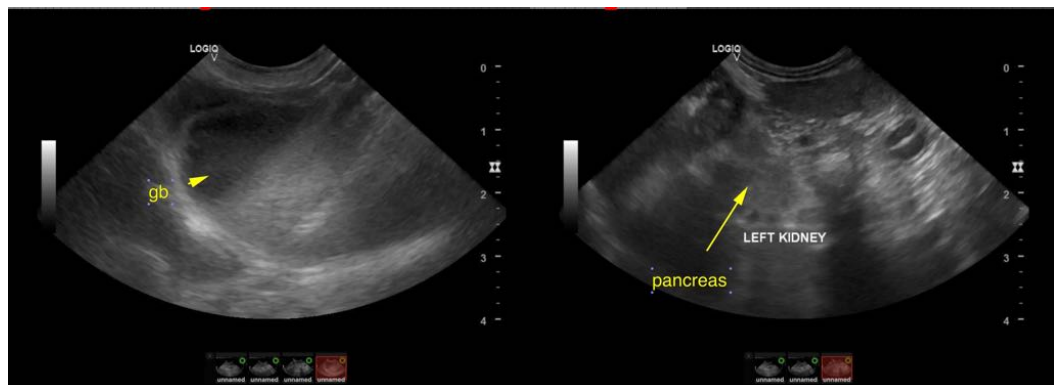
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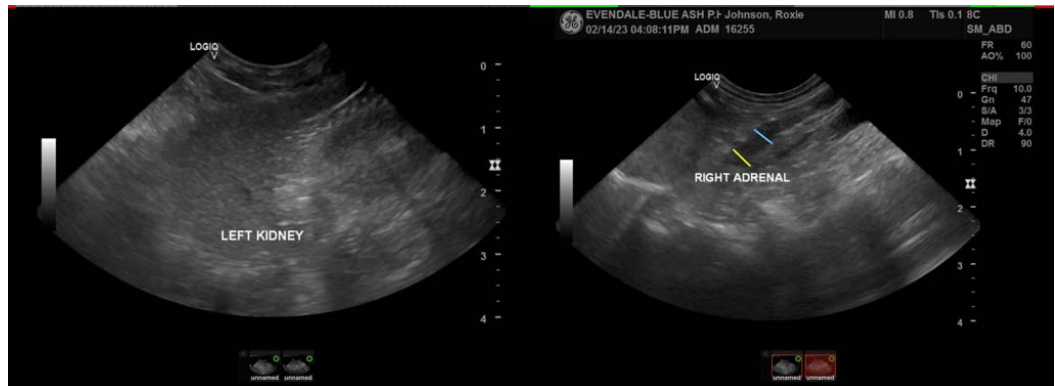
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com

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