



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Lady Medina

SPECIES
Canine

BREED
Pitbull

SEX
Spayed Female

AGE
11.25 years

WEIGHT
33.5 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Turner

HOSPITAL NAME
Pennsauken AH and
Urgent Care

REFERRING VET
Dr. Turner

INVOICE
96194

DATE
2/21/22

Acute hx lethargy, deep breaths this morning. Head tilt with rotary nystagmus, mild vestibular ataxia. Unable to urinate - passes only small amounts. Today hyporexic and "off." Hx urinary issues per previous vet - has been on abx off and on for months.

Abnormal PE/Chem/CBC/UA Results: Unremarkable BW. UA offers hematuria with otherwise quiet sediment (both attached). Head tilt L with rotary nystagmus, slightly weak with mild ataxia (leaning R).

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization was noted in the kidneys. The right kidney measured 6.9 cm. The left kidney measured 6.12 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 2.42 x 0.65 cm at the caudal pole and 0.51 cm at the cranial pole. The right adrenal gland measured 1.54 x 0.67 cm at the cranial pole and 0.53 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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of



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congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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Retention of ingesta was noted in the **stomach**. The small intestines and colon were unremarkable. 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. 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.

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Free Abdomen

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A large amount of abdominal fat was noted in this patient.

ULTRASONOGRAPHIC FINDINGS

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DABVP, Cert. IVUSS

Full stomach.

Otherwise, unremarkable abdomen.

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of significant disease. There was no evidence of abdominal disease that would be directly responsible for the clinical signs. I am assuming the patient was post prandial. Screening for Addison's could be considered. CNS disease is likely the underlying issue. CT with contrast of the skull is recommended. Blood pressure measurements are recommended.

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ABOUT SONOPATH CT SERVICES:

SonoPath CT Services are offered at the [Blairstown Animal Hospital](https://www.blairstownanimalhospital.com/). Blairstown, New Jersey. More information can be found at

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<https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>

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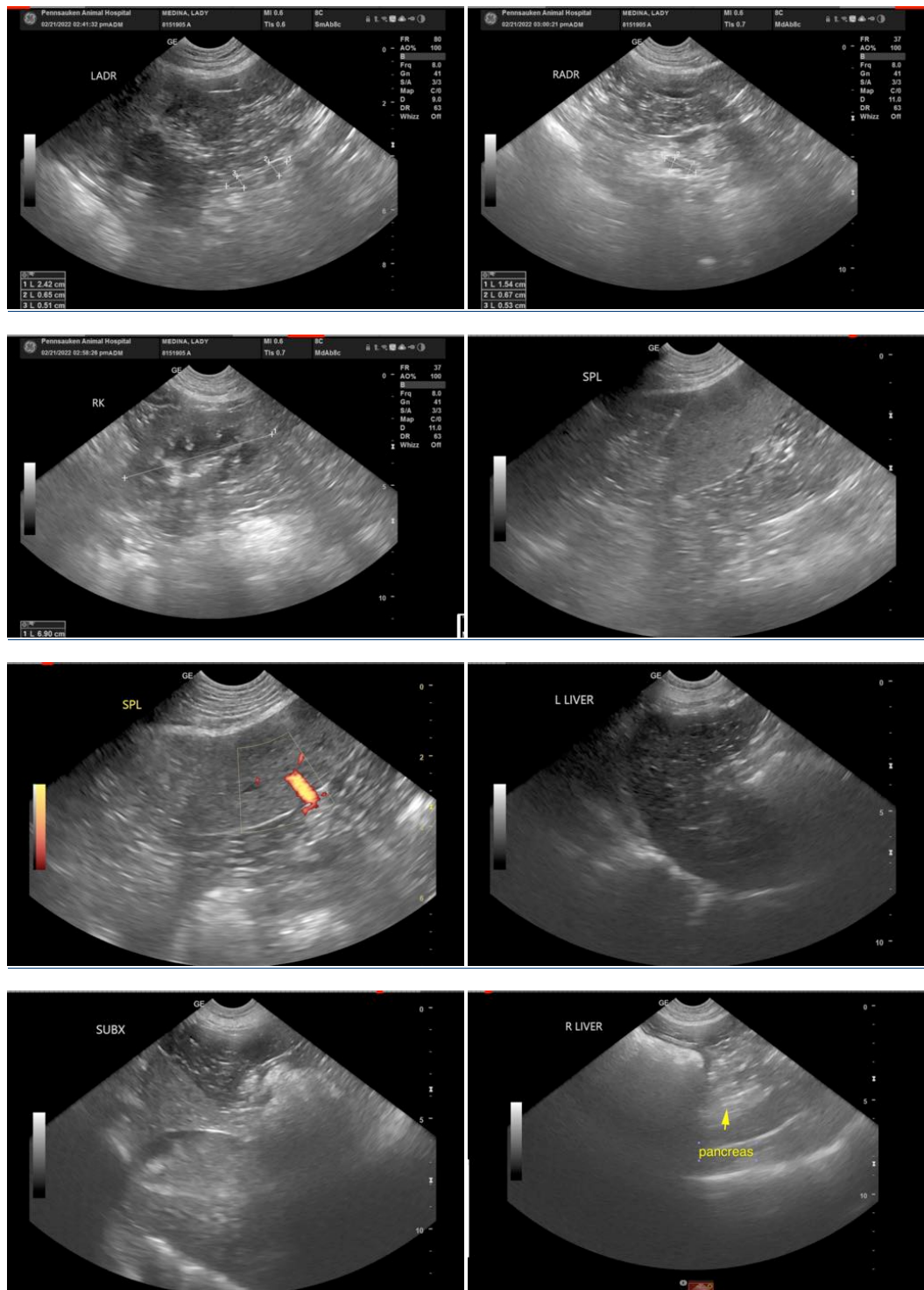
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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