



PATIENT PRESENTING CLINICAL SIGNS

Sade Stoodley Chronic poor appetite, owner has tried MANY diets and will go days without eating. Happy and energetic but when goes 2d without eating gets lethargic. No v/d. BCS 4/9
Abnormal PE/Chem/CBC/UA Results: BUN 45 (7-27), Creat, SDMA normal as well as remainder of chem and CBC. USG >1.050. In heat so USG only was done today

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Female

AGE

6 months

WEIGHT

2.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Biederbeck

HOSPITAL NAME

Lomsnes VH

REFERRING VET

Dr. Biederbeck

INVOICE

96327

DATE

2/24/22

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.

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 0.6 cm. The left adrenal gland measured 0.5 cm.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

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 presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **stomach** revealed pyloric hypertrophy with hypertrophied muscularis. Echogenic foci were noted within the pyloric outflow. This is suggestive for ulcerative disease.



PATIENT

Pancreas

Sade Stoodley

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Chihuahua Mix

Gastritis pattern with probable mucosal ulcers.

SEX

Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy would be ideal. GI protectant protocol is warranted such as Zithromax, Metronidazole, Pepcid and Carafate combination along with b.i.d. canned diet such as I/D. Azotemia may be related to gastritis. Occult parasitism should be ruled out and empirically treated for as well as occult Addison's given the unexplained azotemia. Recheck sonogram is recommended in 7-10 days to ensure that the gastric presentation has resolved.

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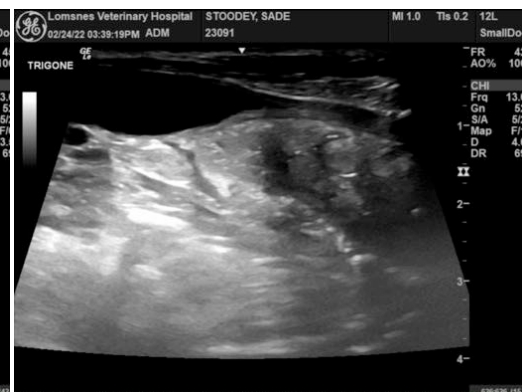
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PATIENT

Sade Stoodley

SPECIES

Canine

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Chihuahua Mix

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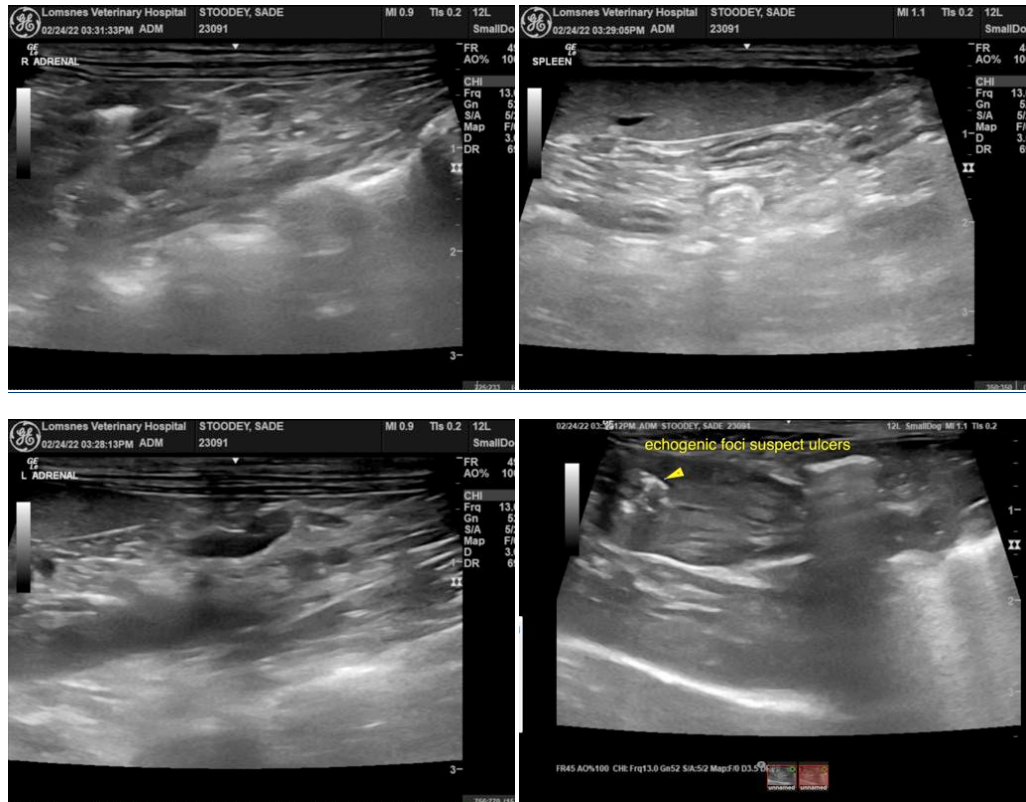
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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