



PATIENT

Asia Balzarano

SPECIES

Canine

BREED

Pekapoo

SEX

Spayed Female

AGE

15

WEIGHT

6.17

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Lemanski

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Lemanski

INVOICE

45530

DATE

2/27/23

PRESENTING CLINICAL SIGNS

Presented for vomiting and diarrhea. P has had diarrhea since Thursday. Vomiting started yesterday. P vomited 6-7 times but has not vomited again today. P did get treats 2 weeks ago, but nothing since. Radiographs show decreased serosal detail in the cranial abdomen.

Abnormal PE/Chem/CBC/UA Results: CBC: nsf COMP: mild elevated globulins EPOC: mild elevated lactate PCV/TS: 51%/8.5 g/dl CPL: Normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

****41 still images and 3 videos submitted.**

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 were 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization noted in both kidneys. The right kidney measured 3.8 cm. The left kidney measured 3.9 cm.

Adrenal Glands

The **right adrenal gland** was 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 0.65 cm at the cranial pole and 0.38 cm at the caudal pole.

The caudal pole of the **left adrenal gland** was visualized at an oblique angle, measuring 0.39 cm.

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 were noted.

Liver

The **liver** was subnormal in size with coarse architecture and increased portal markings, consistent with fibrosis and remodeling. The gallbladder was unremarkable.

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. Minor excessive gas noted in the stomach. 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

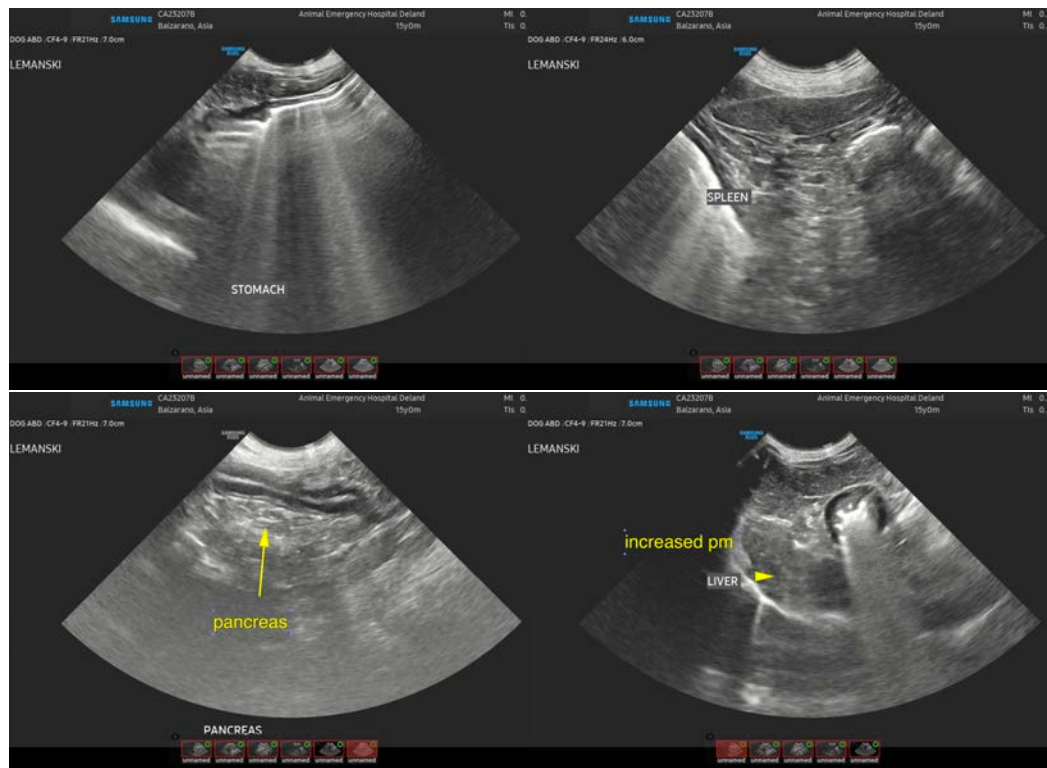
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Age related renal changes with mineralization, non-obstructive
- Microhepatica with hepatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely expected changes for this age patient. No obvious portosystemic shunts yet could not be completely ruled out. Given the age of the patient, I would expect a macroscopic shunt to be clinical at this point. However, the liver is significantly small. Bile acid profile warranted. Supportive care for GI upset indicated. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.





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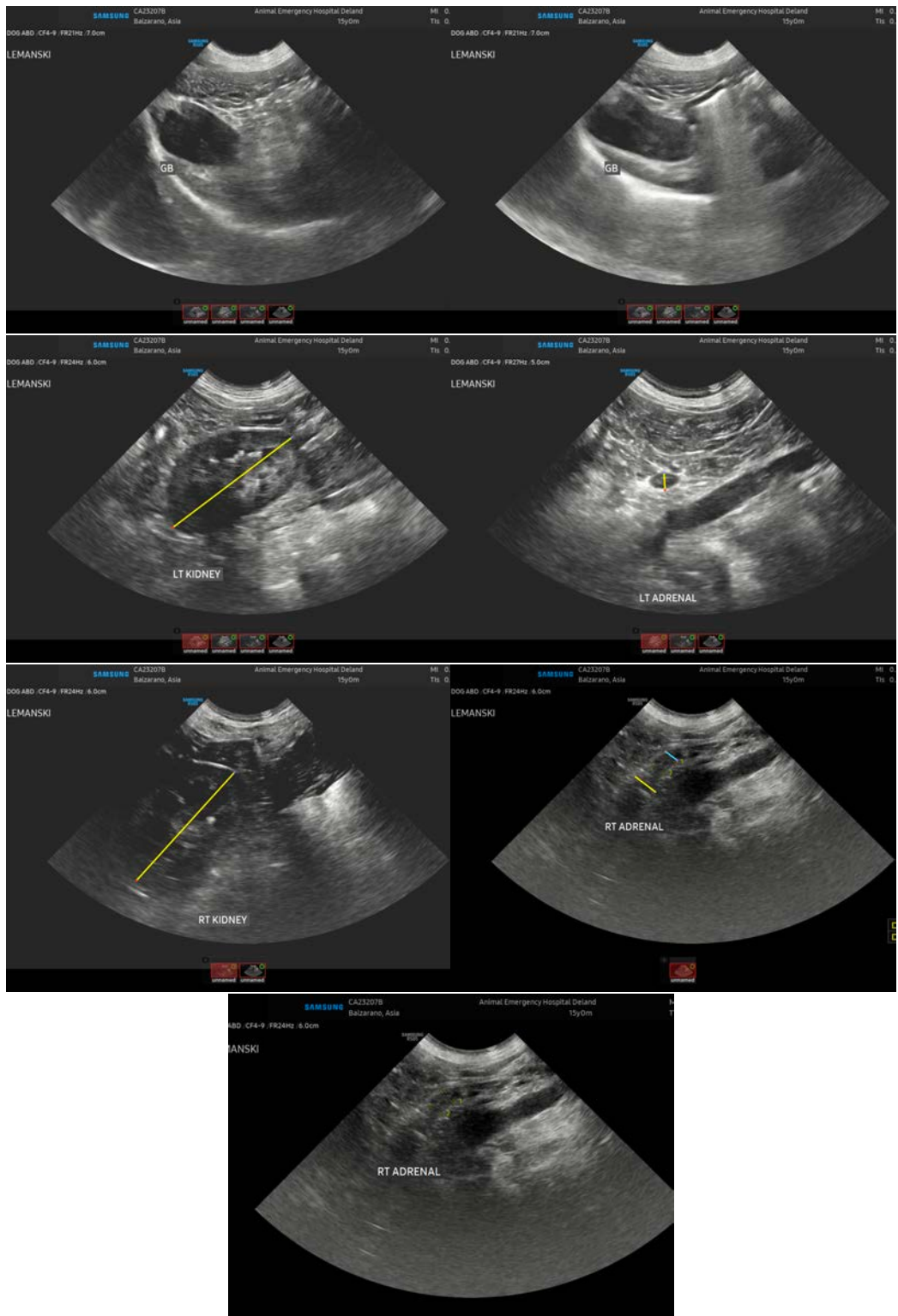
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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