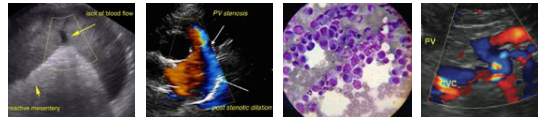




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Khaleesi Rodriguez	History: Increased liver values Labs attached
<b>SPECIES</b>	
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Boston Terrier	The <b>urinary bladder</b> , trigone, and pelvic urethra presented 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.
<b>SEX</b>	
Spayed Female	
<b>AGE</b>	
10 Years	The <b>kidneys</b> were mildly swollen with normal 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. The capsules were acceptably uniform without significant irregularities. Occasional cortical cysts were noted in both kidneys. The right kidney measured 5.08 cm with trace pyelectasia and swollen contour. The left kidney revealed slight pyelectasia that measured 0.38 cm. The left kidney measured 4.88 cm.
<b>WEIGHT</b>	
15 lbs	<b>Adrenal Glands</b>
<b>INTERPRETED BY</b>	The <b>adrenal glands</b> appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 2.13 x 0.72 cm at the caudal pole and 0.75 cm at the cranial pole. The left adrenal gland measured 2.55 x 0.71 cm at the caudal pole and 0.7 cm at the cranial pole.
Eric Lindquist, DMV DABVP, Cert IVUSS	
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Denise Bruno, LVT, RDMS	The <b>spleen</b> in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. Mild, irregular contour was noted. This is a positional variant and is not pathological. There was no evidence of significant disease.
<b>HOSPITAL NAME</b>	
Ideal Pet Vet Clinic	
<b>REFERRING VET</b>	<b>Liver</b>
Dr. Kolta	The <b>liver</b> presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder was mildly over distended. There was mild significant striating bile and a slight amount of sand. The common bile duct is normal and measured 0.18 cm.
<b>INVOICE</b>	
95820	
<b>DATE</b>	
02/03/22	



## PATIENT

Khaleesi Rodriguez

## Gastrointestinal

There was retention of ingesta in the **stomach**. Variable areas of minor intestinal thickening were noted with mucosal fogging.

## SPECIES

Canine

## 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.

## BREED

Boston Terrier

## SEX

Spayed Female

## ULTRASONOGRAPHIC FINDINGS

Inflammatory bowel presentation with potential emerging protein losing enteropathy.

## AGE

10 Years

Non-specific inflammatory hepatopathy with excessive gallbladder debris.

Swollen kidneys with slight pyelectasia.

## WEIGHT

15 lbs

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinary work-up is warranted. If any inflammatory sediment is present then urine culture is indicated. If the urine specific gravity is persistently less than 1.020 then work-up for PDH is indicated. A clinical trial of Enrofloxacin, Metronidazole over a 10 day period and 6 weeks of Ursodiol therapy could be considered. Further therapy will be based on urinary work-up. There is no evidence of neoplasia. Recheck is recommended in 6 weeks after treatment. Diet change to a hydrolyzed diet may be in this patient's best interest given the intestinal presentation especially if a history of GI issues are present.

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert IVUSS

## IMAGING PERFORMED BY

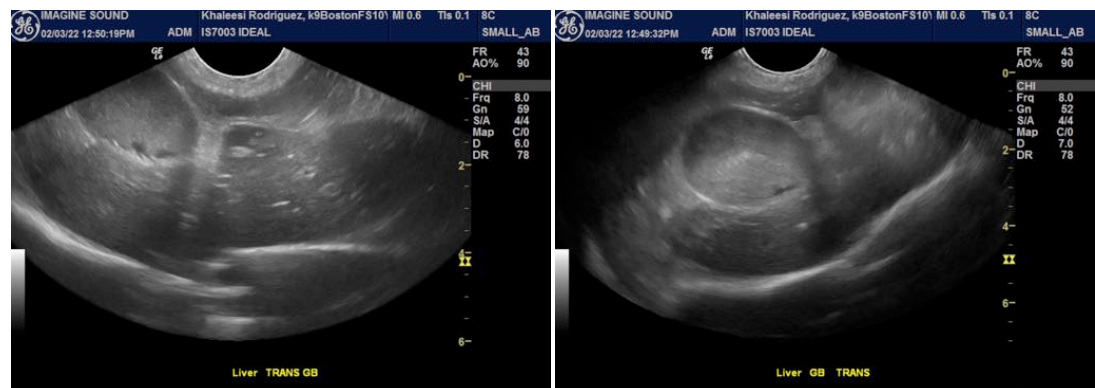
Denise Bruno, LVT,  
RDMS

## HOSPITAL NAME

Ideal Pet Vet Clinic

## REFERRING VET

Dr. Kolta

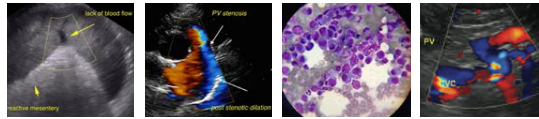


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## DATE

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**PATIENT**

Khaleesi Rodriguez

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

15 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert IVUSS

**IMAGING PERFORMED BY**

Denise Bruno, LVT,  
RDMS

**HOSPITAL NAME**

Ideal Pet Vet Clinic

**REFERRING VET**

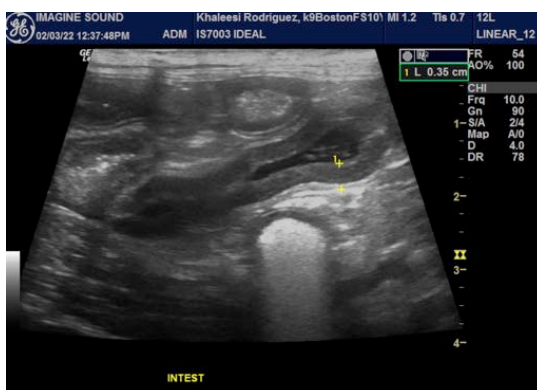
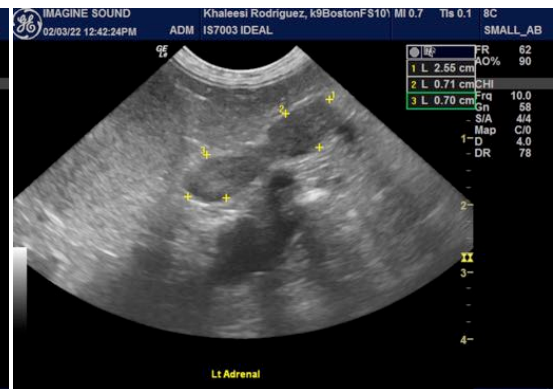
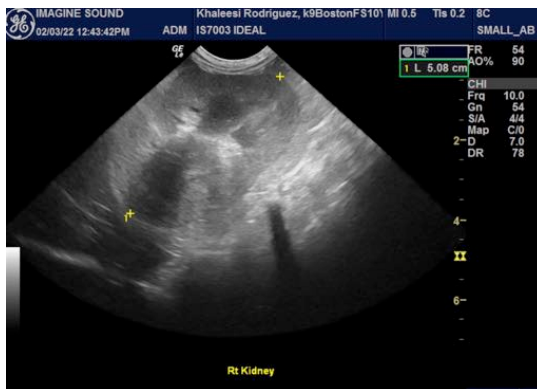
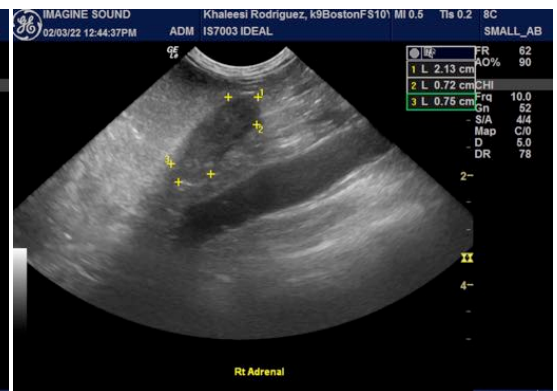
Dr. Kolta

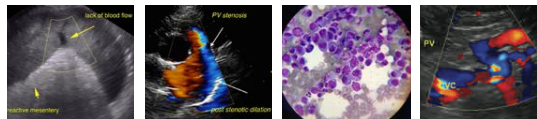
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**PATIENT**

Khaleesi Rodriguez

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

15 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert IVUSS

**IMAGING PERFORMED BY**

Denise Bruno, LVT,  
RDMS

**HOSPITAL NAME**

Ideal Pet Vet Clinic

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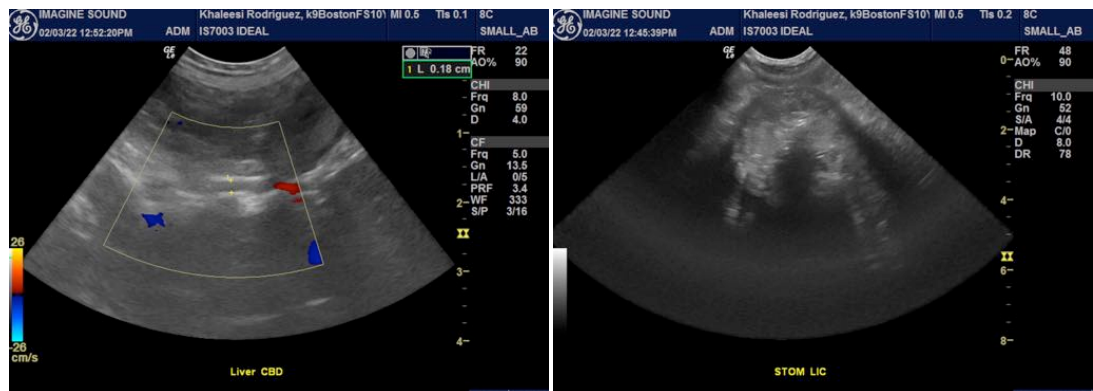
Dr. Kolta

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**DATE**

02/03/22



The information and recommendations provided are based on the images presented by the referring veterinarian. 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  
Eric.Lindquist@SonoPath.com