



**PATIENT**

Lilly Goldberg

**SPECIES**

Canine

**BREED**

Maltese/Chihuahua

**SEX**

Spayed Female

**AGE**

12

**WEIGHT**

6.5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Melissa Rosen

**HOSPITAL NAME**

South Bellmore VG

**REFERRING VET**

Dr. Melissa Rosen

**INVOICE**

21026

**DATE**

2/6/23

**PRESENTING CLINICAL SIGNS**

History: 3 days dark brown colored vomit and diarrhea, owner noted blood in the stool today, not holding down food now, feeling lethargic, drooling, recently at a friend's house and had table food (chicken, pork, and lettuce), ABD rads opacity in region of the stomach but did eat this morning (o reports she ate and vomited it up so unsure what if anything would be in the stomach at this time)

Abnormal PE/Chem/CBC/UA Results: WBC 22k, 17K neuts, monos 1.83k/ul, plt 534 k/ul, CPLi normal, chem normal

**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 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 minor 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 was present in the kidneys. The left kidney measured 3.5 cm. The right kidney measured 3.5 cm.

**Adrenal Glands**

The **left 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 left adrenal gland measured 0.5 cm.

The region of the **right adrenal gland** was imaged and revealed no evident pathology.

**Spleen**

The **spleen** revealed hyperechoic changes, consistent with remodeling or lipogranulomatous pattern.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor 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 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.

**Gastrointestinal**



## PATIENT

Lilly Goldberg

## SPECIES

Canine

## BREED

Maltese/Chihuahua

## SEX

Spayed Female

## AGE

12

## WEIGHT

6.5 Pounds

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Melissa Rosen

## HOSPITAL NAME

South Bellmore VG

## REFERRING VET

Dr. Melissa Rosen

## INVOICE

21026

## DATE

2/6/23

The **stomach** was filled with chyme. The gastroesophageal junction was mildly thickened. A large amount of fundic fluid and chyme were noted. Regurgitation and esophageal irritation are likely an issue with this patient. The pylorus was patent. Some transit of chyme into the duodenum was noted. No overt obstruction was noted. The distal small intestine was unremarkable. The descending colon was empty yet mildly thickened with increased submucosal echogenicity and thickness. Minor excessive intestinal gas was present.

## Pancreas

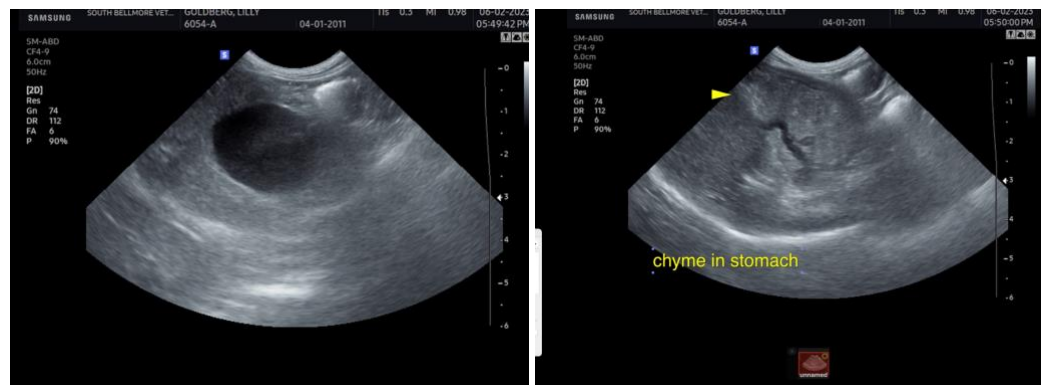
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Delayed gastric outflow/gastritis, possible gastroesophageal reflux and excessive GI gas. Subacute on chronic gastroenteritis.
- Hyperechoic changes in the spleen
- Age-related renal changes with mineralization
- Age-related hepatic changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend a fresh fecal smear and fecal floatation analysis. 24-hour NPO and upper GI gastroscopy is indicated to assess for microulcerative disease and inspection of the distal esophagus. GI protectants, 24-hour NPO, followed by bland BID canned feedings, and antiparasitic protocol also indicated. No evidence of foreign body or neoplasia.





**PATIENT**

Lilly Goldberg

**SPECIES**

Canine

**BREED**

Maltese/Chihuahua

**SEX**

Spayed Female

**AGE**

12

**WEIGHT**

6.5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Melissa Rosen

**HOSPITAL NAME**

South Bellmore VG

**REFERRING VET**

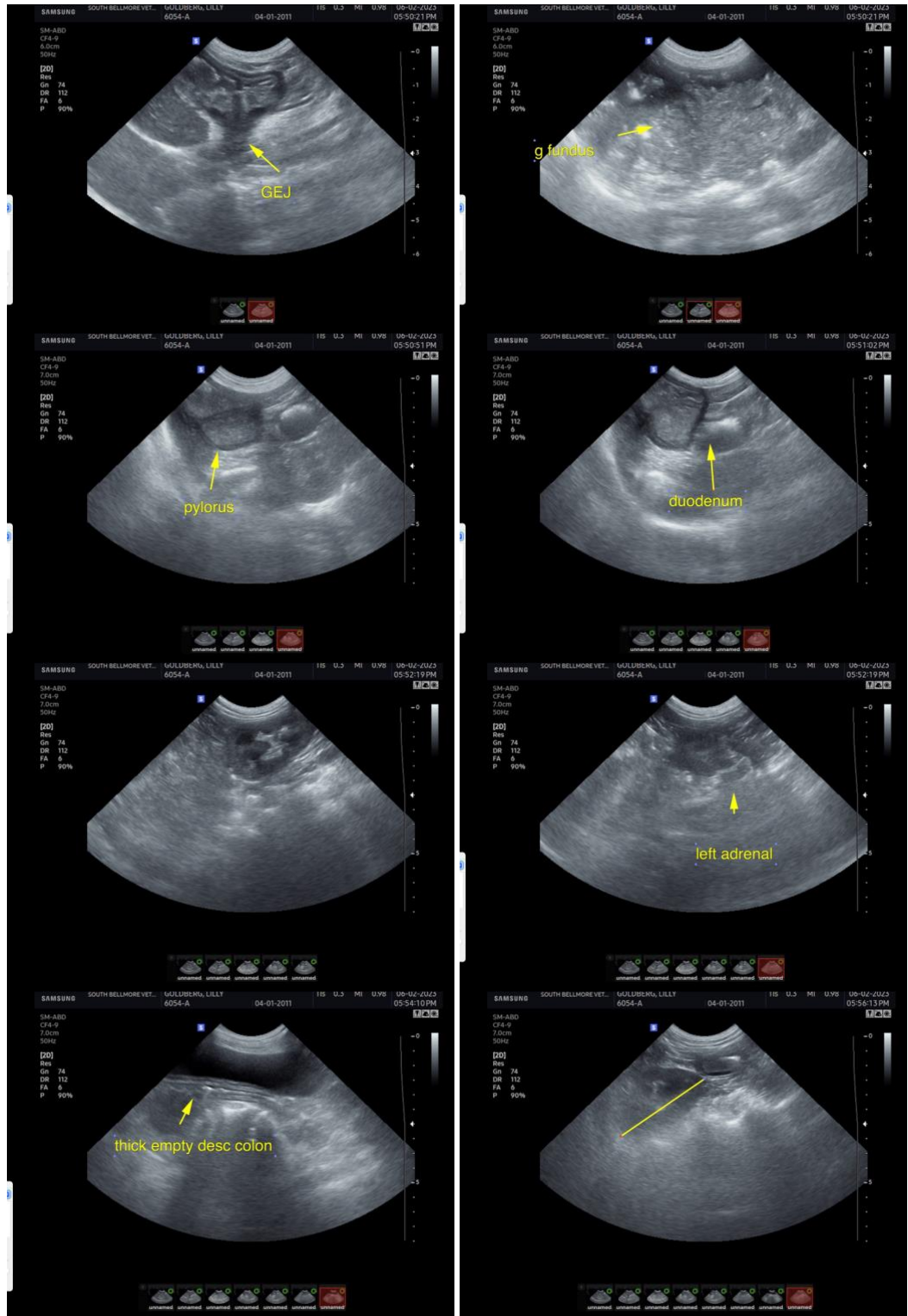
Dr. Melissa Rosen

**INVOICE**

21026

**DATE**

2/6/23





**PATIENT**

Lilly Goldberg

**SPECIES**

Canine

**BREED**

Maltese/Chihuahua

**SEX**

Spayed Female

**AGE**

12

**WEIGHT**

6.5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Melissa Rosen

**HOSPITAL NAME**

South Bellmore VG

**REFERRING VET**

Dr. Melissa Rosen

**INVOICE**

21026

**DATE**

2/6/23



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  
info@SonoPath.com