



PATIENT PRESENTING CLINICAL SIGNS

Kylie Young Presented for Dental, eating more, losing hair and weight

SPECIES Abnormal PE/Chem/CBC/UA Results: HGB 21.3 + 12.0-18.0 g/dl HCT 63.66 + 37.00-55.00 % MCH 25.4 + 19.5-24.5 pg ALB 4.6 HIGH 2.5-4.4 g/dL ALP 266 HIGH 20-150 U/L ALT 208 HIGH 10-118 U/L
Canine BUN 28 HIGH 7-25 mg/dL GLU 119 HIGH 60-110 mg/dL

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Pomeranian X **Urinary System**

SEX 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.

Spayed Female

AGE 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. Non-obstructive mineralization noted in both kidneys. Changes were moderate. Multifocal minor cortical cysts noted. The right kidney measured 3.5 cm. The left kidney measured 3.7 cm with a pelvic calculus that measured 0.65 cm.

WEIGHT

13.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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 0.60 cm at the caudal pole and 0.60 cm at the cranial pole. The left adrenal gland measured 0.55 cm at the caudal pole and 0.45 cm at the cranial pole.

IMAGING PERFORMED BY

Dr. Mychajlonka

Spleen

The **spleen** was mildly enlarged. Slight hyperechoic lipogranulomatous changes noted. Contour was swollen and irregular. The splenic swelling encompassed a mass measuring 3.0 cm with hyperechoic lipogranulomas noted within the mass. The spleen measured up to 2.3 cm in width at the cranial pole.

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Mycajlonka

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 congestion was noted. Changes were moderate. Mild gallbladder sand and debris noted.

INVOICE

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Gastrointestinal

DATE

2/9/23

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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.



PATIENT

Kylie Young

Pancreas

SPECIES

Canine

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

Pomeranian X

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

- Splenic mass – splenic hyperplasia versus round cell neoplasia or hemangiosarcoma.
- Non-obstructive nephrolithiasis
- Age related hepatic changes

AGE

10 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs, rapid echocardiogram of the right auricle and pericardium warranted. Screening FNA of the splenic mass could be considered for further definition or direct splenectomy. The mass may not be the overt cause of the weight loss. I am concerned for long-term viability of the kidneys in this patient. USG, BUN, and creatinine should be monitored carefully, as well as blood pressure measurements. Periodic passage of calculi may be an issue.

WEIGHT

13.9 Pounds

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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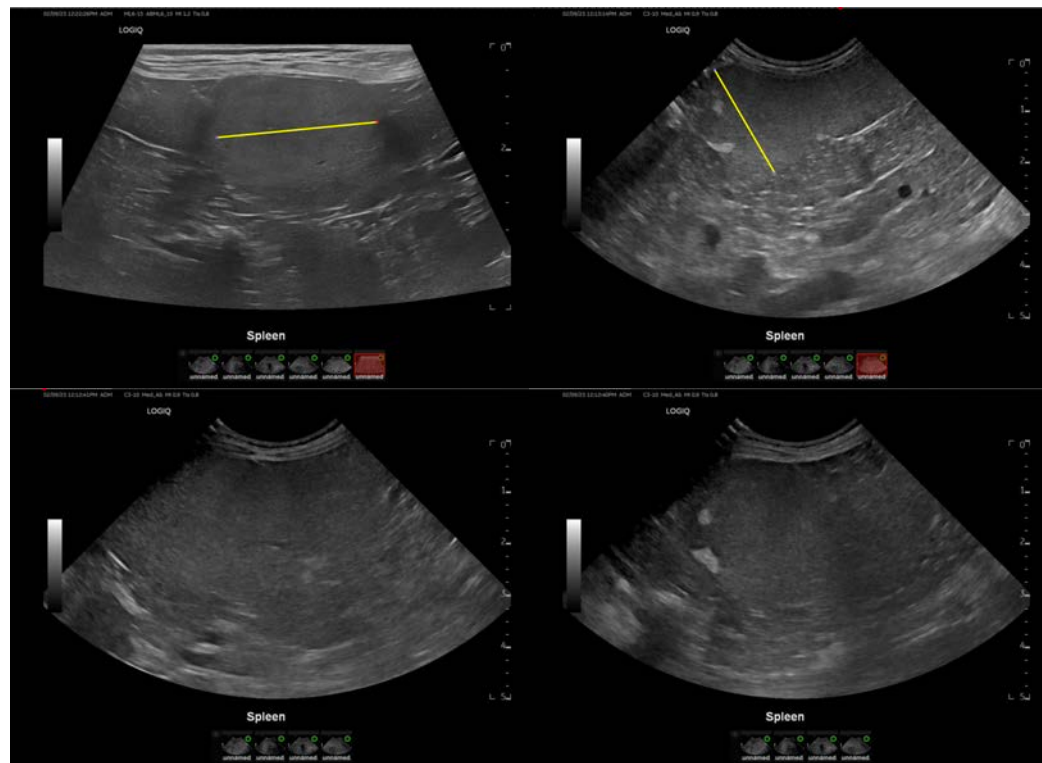
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PATIENT

Kylie Young

SPECIES

Canine

BREED

Pomeranian X

SEX

Spayed Female

AGE

10 Years

WEIGHT

13.9 Pounds

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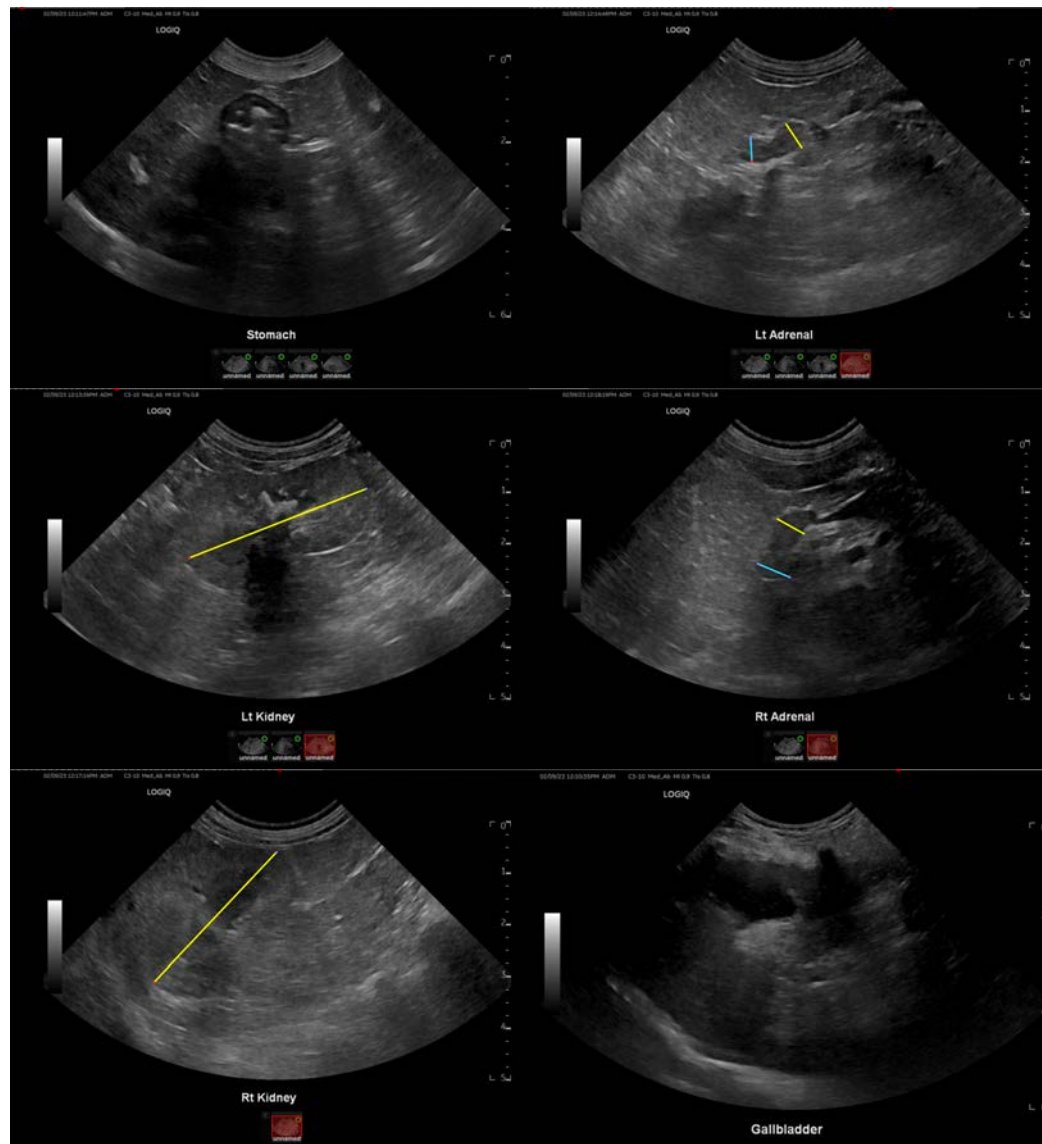
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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