



**PATIENT**

Maddie Clay

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Female

**AGE**

10 Years

**WEIGHT**

11 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Harold Mike Beard

**HOSPITAL NAME**

West Prince AH

**REFERRING VET**

Dr. Greg Hartman

**INVOICE**

36049

**DATE**

3/10/22

**PRESENTING CLINICAL SIGNS**

Chronic diarrhea with fecal incontinence. Presently she is taking Metronidazole, Amoxicillin and Diigel. Intact female.

Abnormal PE/Chem/CBC/UA Results: Severe periodontal dz. Bilateral MPL. Diarrhea. Cataracts. CBC = normal. Chemistry = normal. IPE = NPS.

**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 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. The left kidney measured 3.5 cm. Pinpoint mineralization noted. The right kidney measured 3.0 cm.

**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 left adrenal gland measured 0.40 cm. The right adrenal gland measured 0.50 cm at maximum width.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself caudally, positional variant. 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** 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** presented a minor amount of ingesta. The small intestine was unremarkable. Soft stool noted in the colon. Passive, hyperechoic punctiform structures noted in the colon. This may be ingesta. However, parasitic disease should be ruled out with fecal test.



**PATIENT**

**Pancreas**

Maddie Clay

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**

- GI upset with possible underlying parasite burden
- Slight pinpoint renal mineralizations

**BREED**

Yorkshire Terrier

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of visceral pathology. Fenbendazole/Metronidazole combination recommended with fecal test. Hydrolyzed diet may be in this patient's best interest if parasite burden is not an overt issue. No evidence of significant visceral disease.

**SEX**

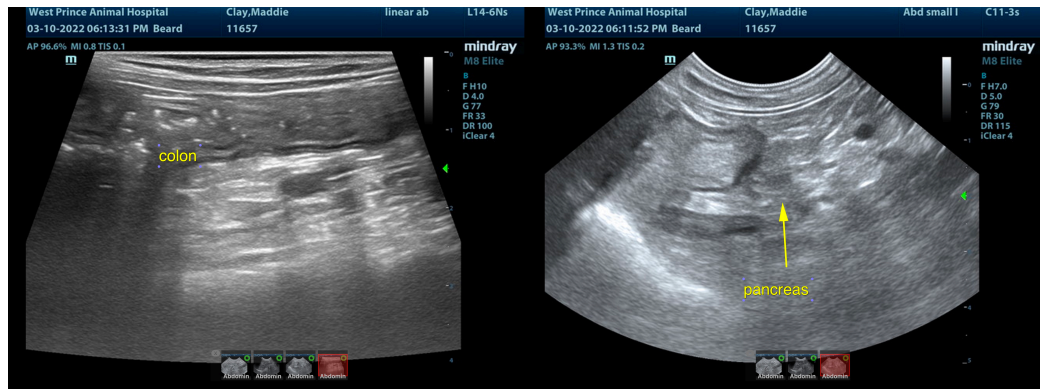
Female

**AGE**

10 Years

**WEIGHT**

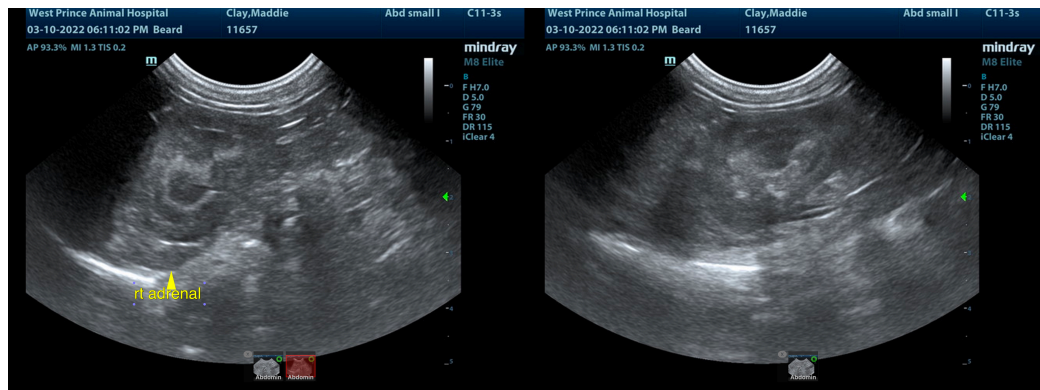
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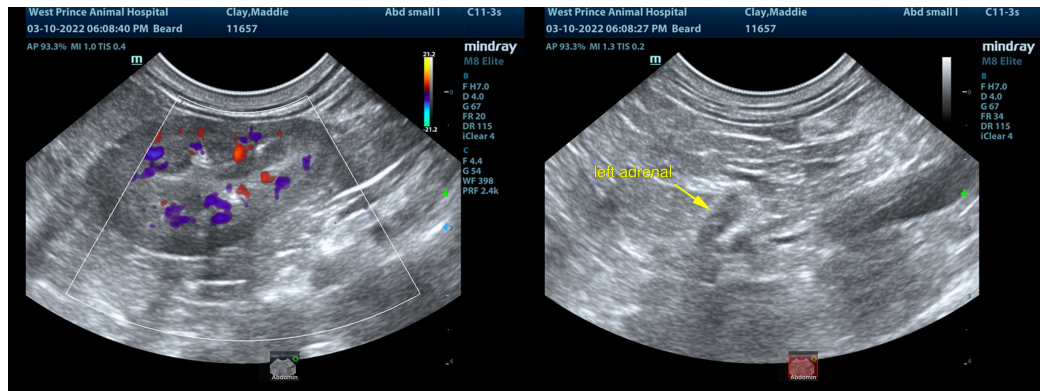
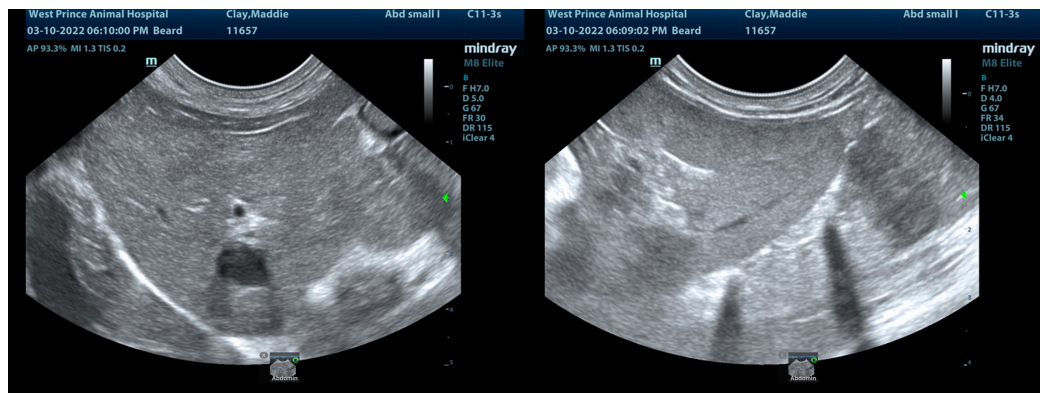
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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