**PATIENT**

Coco Johnson 265029

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

13 Years

WEIGHT

7 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WRVC - Dr. Gregg

INVOICE

36105

DATE

3/11/22

PRESENTING CLINICAL SIGNS

Patient presented for anemia, weakness, anorexia, vomiting. Coco stopped eating around end of January, got a dental from pDVM mid-February, and has had hyporexia since then. For the past several days she has been vomiting after she eats every time. No hx of dietary indiscretion. She was on antibiotics and meloxicam for her dental in February. She is not on any preventatives. Abnormal PE/Chem/CBC/UA Results: Grade 3/6 heart murmur.

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 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. The left kidney measured 4.27 cm. The right kidney measured 4.44 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 right adrenal gland measured 0.44 cm at the cranial pole and 0.33 cm at the caudal pole. The left adrenal gland measured 0.43 cm at the caudal pole and 0.35 cm at the cranial pole.

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** presented a uniform vacuolar hepatopathy pattern with occasional hypoechoic nodule noted, non-disruptive. The gallbladder presented a minor amount of debris and a slight amount of sand without overdilatation. Gallbladder wall measured 0.13 cm. A reactive hepatic lymph node measured 2.65 cm x 0.80 cm.

Gastrointestinal

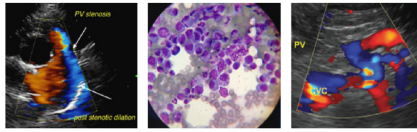
The **stomach** was overdistended with fluid and chyme. Reactive mesentery noted around the stomach and pancreas. Mild gastric mucosal hypertrophy noted and pyloric hypertrophy with muscularis thickening. Some aspects of hypertrophic pyloric gastropathy evident. The small intestine and colon were unremarkable.

Pancreas

The **pancreas** revealed heterogeneous parenchymal changes, primarily in the right limb.

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fredgromalak@gmail.com



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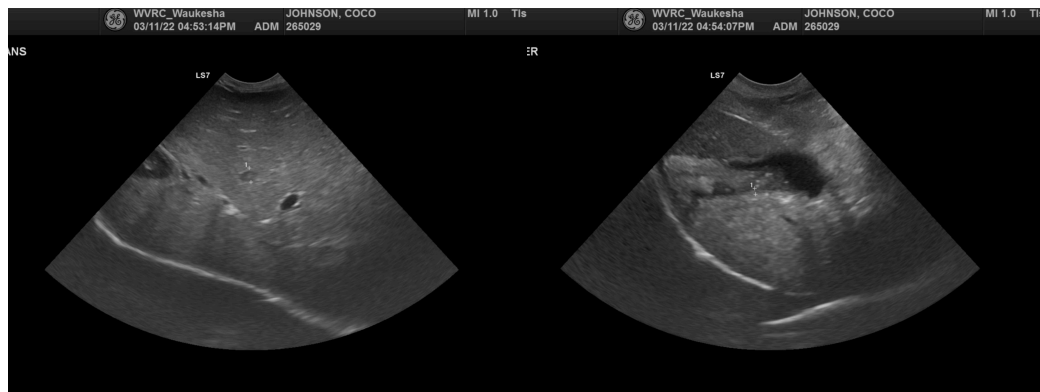
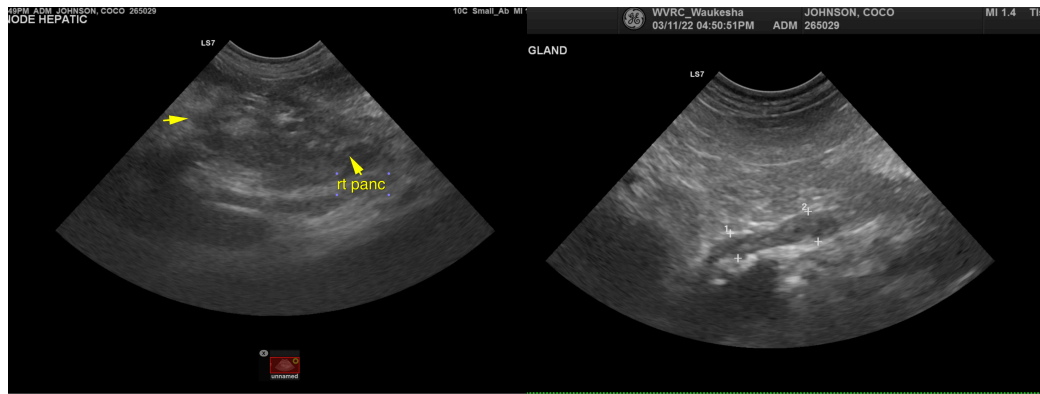
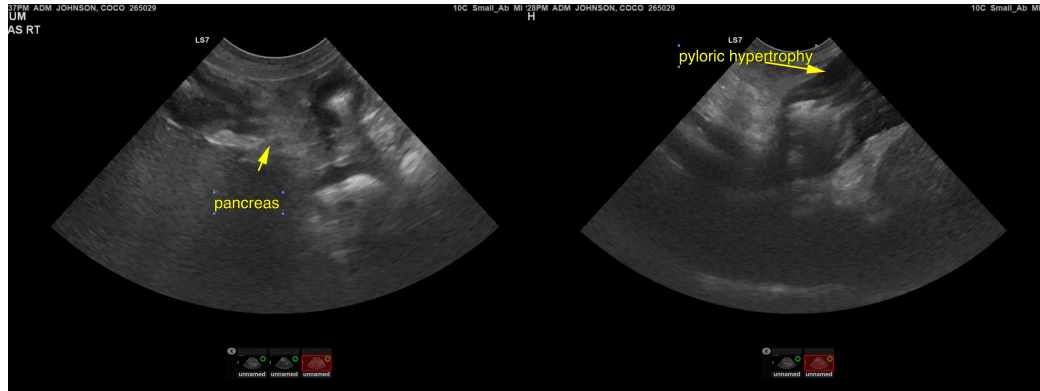
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ULTRASONOGRAPHIC FINDINGS

- Chronic active pancreatitis and chronic gastritis with aspects of hypertrophic pyloric gastropathy
- Subjectively benign nodular hepatic changes and minor hepatic lymphadenopathy
- Age related abdomen otherwise

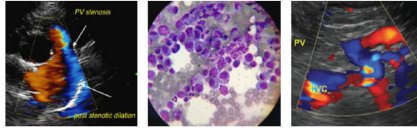
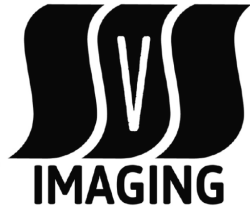
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IV fluid support, 24 hour NPO, GI protectants all indicated. Plasma expanders and pain management indicated. Slurry feeding after 24-hour NPO recommended. I recommend stopping NSAID therapy until one week after clinical signs have resolved. Recheck sonogram in 48-72 hours.



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Clinical Sonography & Telecytology

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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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