

PATIENT

Daisy Peters

SPECIES

Canine

BREED

Cocker Spaniel Mix

SEX

Spayed Female

AGE

15 years

WEIGHT

16.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Kaltsas

INVOICE

96933

DATE

3/16/22

PRESENTING CLINICAL SIGNS

History: Incontinence and mobility issues. Galliprant and Gabapentin previously helped with mobility. Urinary and BM accidents in the house.
Abnormal PE/Chem/CBC/UA Results: USG 1.021, Protein 2+. BUN, ALP, Chol, Amylase and Lipase elevated. RADS: spondylosis L4-L5, hepatomegaly, stomach displaced caudally. Possible increased tissue density at fundus of stomach. UPC to be done today and BP to R/O hypertension.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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.

The **kidneys** revealed moderate degenerative changes with pyelectasia. The right kidney measured 4.07 cm with corticomedullary mineralization and loss of corticomedullary definition. Cortical infarcts were noted.

Adrenal Glands

The left adrenal gland was uniform and measured 0.5 cm. The right adrenal gland was slightly heterogenous and measured 0.6 cm in width.

Spleen

The **spleen** revealed minor, heterogenous parenchymal changes, yet was normal in size.

Liver

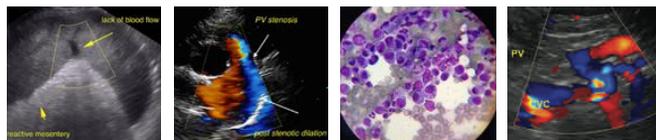
The **liver** revealed mild increased portal markings. The gallbladder revealed a minor amount of dependent debris. This is most consistent with chronic inflammatory hepatopathy.

Gastrointestinal

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.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed.



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Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

Moderate, degenerative renal changes, concern for end stage renal disease.

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Non-specific chronic inflammatory hepatopathy.

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Age related pancreatic change. Low-grade inflammation cannot be ruled out; however, emerging renal failure may be amplifying the amylase and lipase artificially.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BUN and creatinine should be monitored carefully in this patient as the lower than normal urine specific gravity may be indicative of early renal failure. Blood pressure measurements and urine culture are indicated. Underlying UTI festering in the renal pelvis may be an issue.

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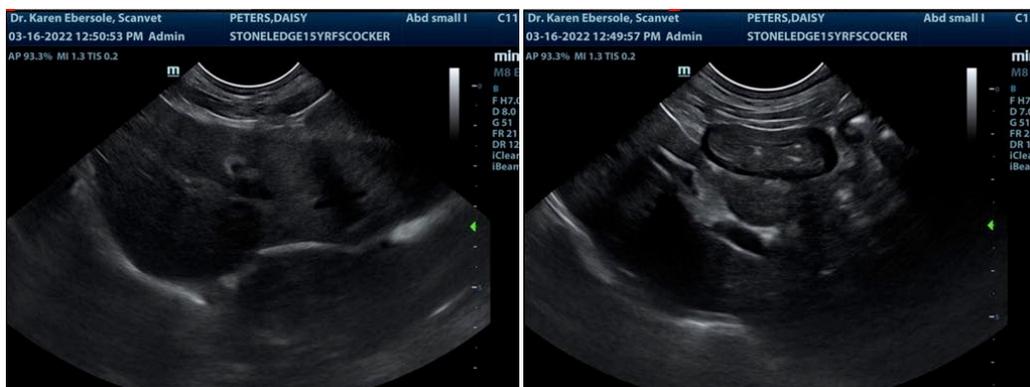
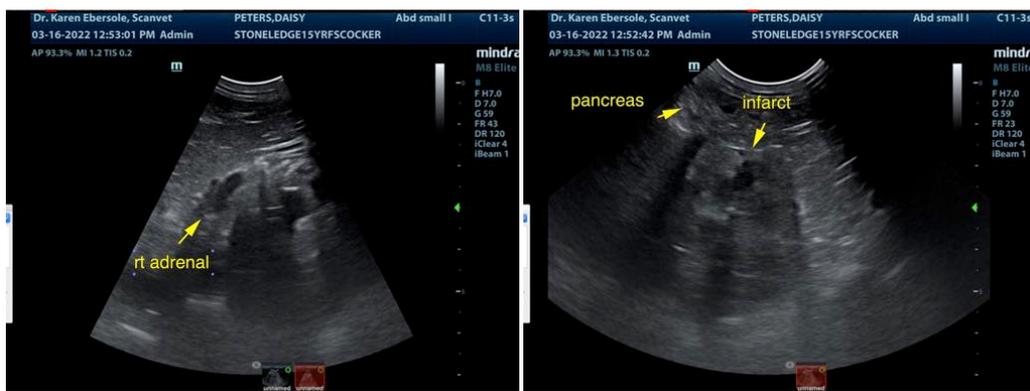
Dr. Kaltsas

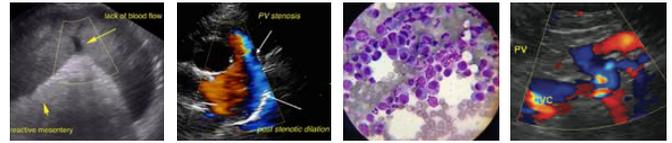
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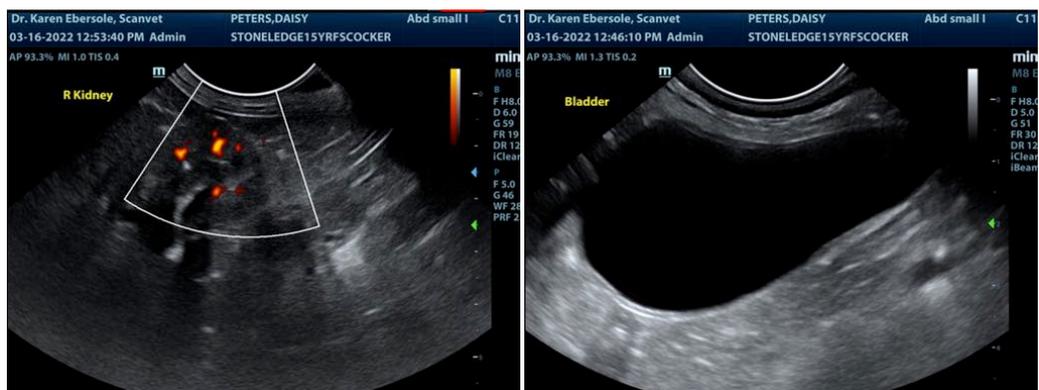
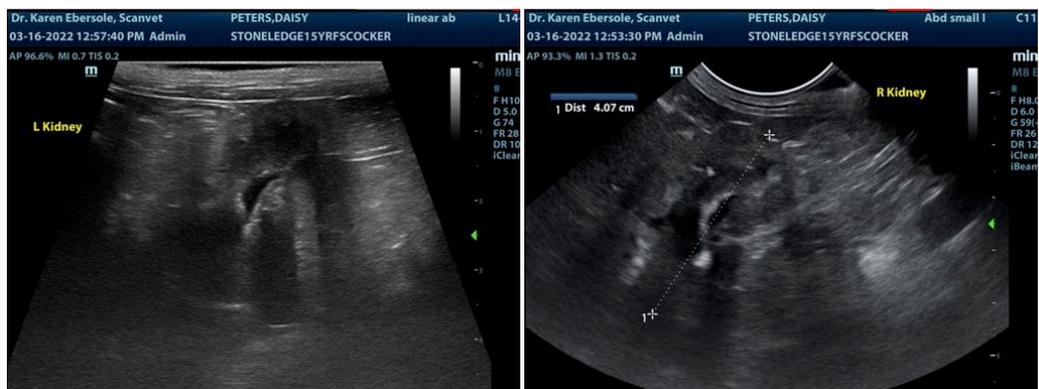
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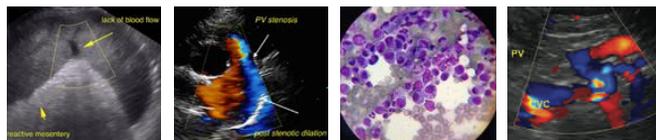
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com

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