



PATIENT PRESENTING CLINICAL SIGNS

Lily Macies History: 10 yr old pomchi. dx with Addison's 4 yrs ago. owners d/c percorten and pred therapy almost 1 yr ago. presented weak, anorexic, diarrhea x 4 days. whas hypothermic and dull. responded to steroids/fluids/metronidazole therapy. labs show hct 36%, WBC 22k (lymphocytosis, monocytosis, elev basos and platelets). bg was 12, sodium low at 140, na/k ratio 30, albumin low at 1.7, glob elev 6.5. elev AST mildly 183, elevated total bili 0.6, decreased chol 75, elev amylase 1600. t4 0.8. UA pending. i could not see the gall bladder on the u/s and appreciate hepatomegaly. starting pet on percorten and continued pred, concern for PLE vs PLN vs Addisonian effect.

SPECIES

Canine

BREED

Pomeranian Mix

SEX

Spayed Female

AGE

10 years

WEIGHT

9.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Salas

HOSPITAL NAME

Tenaflly VC

REFERRING VET

Dr. Salas

INVOICE

96973

DATE

3/17/22

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 was 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. A cortical infarct was noted in the cranial pole of the right kidney. The right kidney measured 4.0 cm. The left kidney measured 3.6 cm with slight pinpoint mineralization.

Adrenal Glands

The left **adrenal gland** was flattened and isoechoic measuring 0.3 cm. The right adrenal gland is not visualized.

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 was noted.

Liver

The **liver** was uniform with generalized enlargement and coarse architecture. The vena cava was mildly dilated in this patient. This would be normal if the patient was sedated. If the patient was not sedated at the time of the sonogram then cause of the passive congestion should be considered.



PATIENT

Gastrointestinal

Lily Macies

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.

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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. 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.

Free Abdomen

In multiple views a 2 cm rounded structure with mixed echogenic content was noted. I could not differentiate this from pylorus or gallbladder. Normal gallbladder was not visualized. Further imaging from a right intercostal approach is recommended.

ULTRASONOGRAPHIC FINDINGS

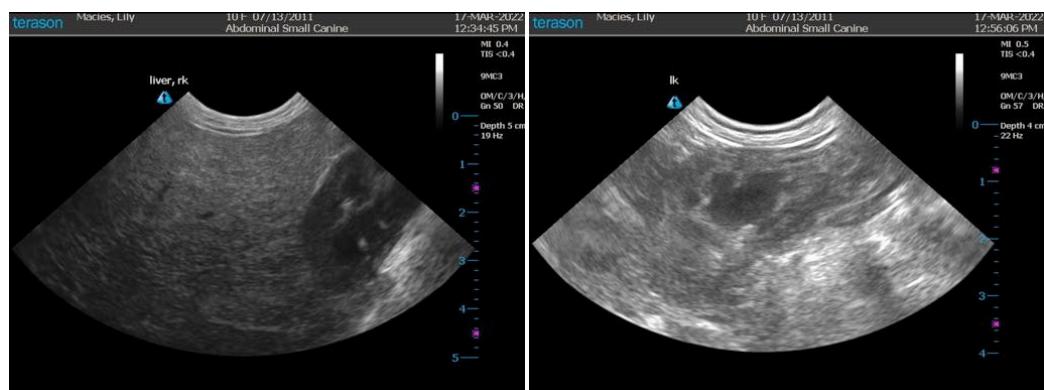
Geriatric abdomen

Subjectively benign hepatopathy.

Undifferentiated rounded structure. May be pylorus or gallbladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further imaging is recommended at the portal hilus, pylorus and gallbladder for further definition.





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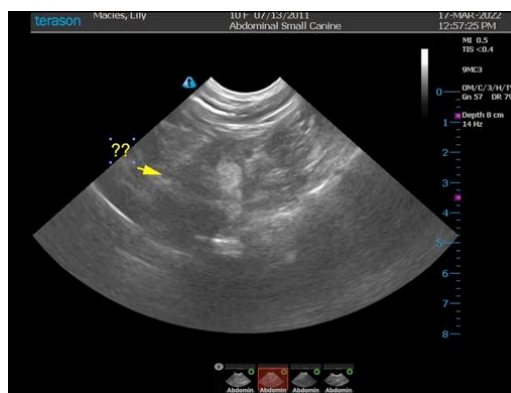
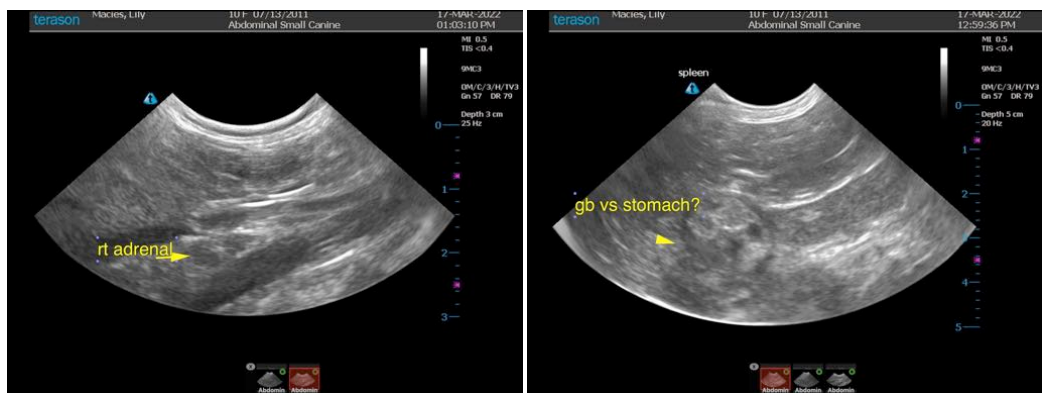
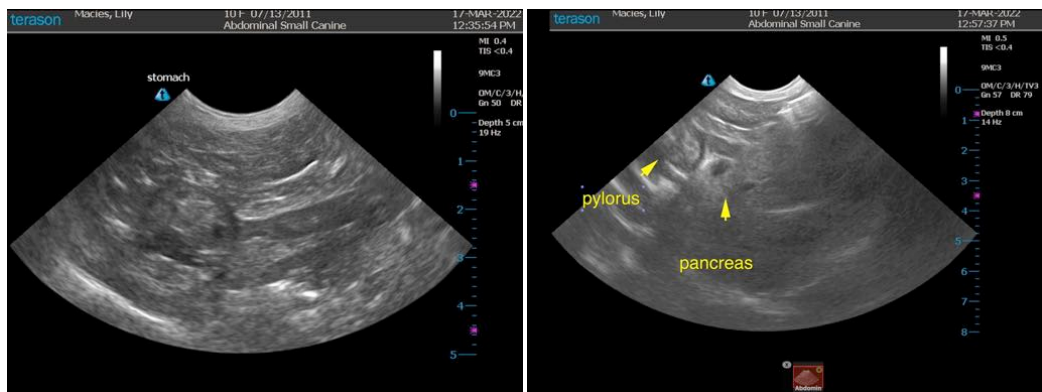
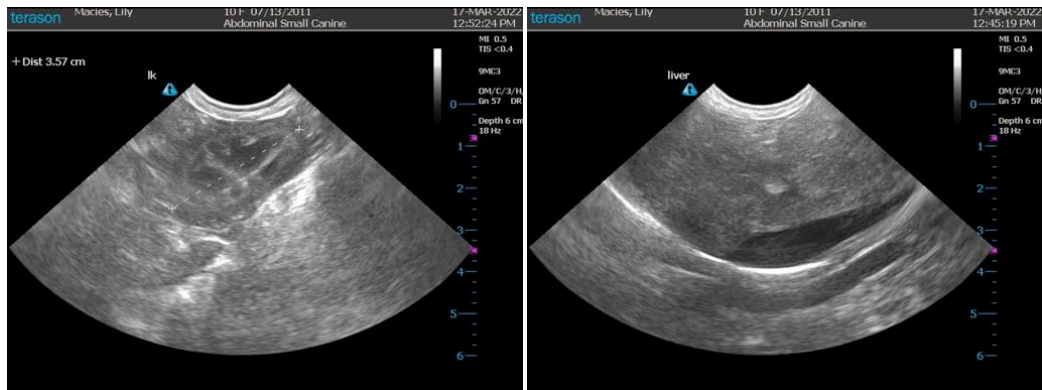
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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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info@SonoPath.com

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