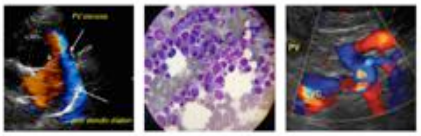
IMAGING PERFORMED BY
SVS Mobile Imaging KC 816-401-5010
svsimagingkc@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Max Powers

SPECIES

Canine

BREED

Yorkie

SEX

Male

AGE

14 weeks

WEIGHT

2.1 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging Kansas City

REFERRING VET

Dr. Oetting

INVOICE

97782

DATE

3/24/22

PRESENTING CLINICAL SIGNS

History: Presented 3/21 for coughing and hyporexia. Diagnosed with URI. Prescribed Clavamox & administered SQ fluids. Presented 3/23 for lethargy, still hyporexic, wobbly this a.m., and struggling to breath.
Abnormal PE/Chem/CBC/UA Results: QAR, normal temp and pulse but RR 60. Not dyspneic. mm pk and CRT < 2 sec. Normal hydration. One wheeze auscultated on exhalation, but rest of respirations were normal. Somewhat tender to cranial abdominal palpation? No gross neuropathic symptoms. 3/21 Parvo negative. 3/23: Thoracic rads normal. Abdominal rads: metal-consistency foreign body in stomach. Mild hypoproteinemia, Alb 2.1 (2.1-3.6), ALP 557 (46-337), GGT 8 (0-2), Low chol, low amylase, mildly low Hct, Hgb, MCV and MCH, mild lymphocytosis, mild monocytosis. Rest of CBC/chem WNL. Induced vomiting: vomited a metal loop with plastic pieces. 3/24: Bile acids results: Preprandial 103.3 (0-14.9), Postprandial 94 (0-29.9)

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 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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.4 cm with minor pyelectasia. The left kidney measured 3.1 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 0.26 cm at the cranial pole and 0.23 cm at the caudal pole. The right adrenal gland measured 0.34 cm at the cranial pole and 0.28 cm at the caudal pole.

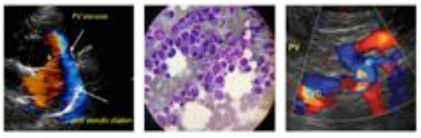
Spleen

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 was noted.

Liver

The **liver** was mildly subnormal in size with uniform parenchyma. The vena cava was unremarkable with normal volume at 0.5 cm. The gallbladder was unremarkable.

IMAGING PERFORMED BY
SVS Mobile Imaging KC 816-401-5010
svsimagingkc@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Max Powers

SPECIES

Canine

BREED

Yorkie

SEX

Male

AGE

14 weeks

WEIGHT

2.1 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging Kansas City

REFERRING VET

Dr. Oetting

INVOICE

97782

DATE

3/24/22

Gastrointestinal

The **stomach** was thickened in this patient with a minor amount of fluid filled gastric lumen. The small intestines and colon were unremarkable.

Pancreas

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.

ULTRASONOGRAPHIC FINDINGS

Mild microhepatica. Cannot completely ruled out portosystemic shunts.

Minor right renal pyelectasia.

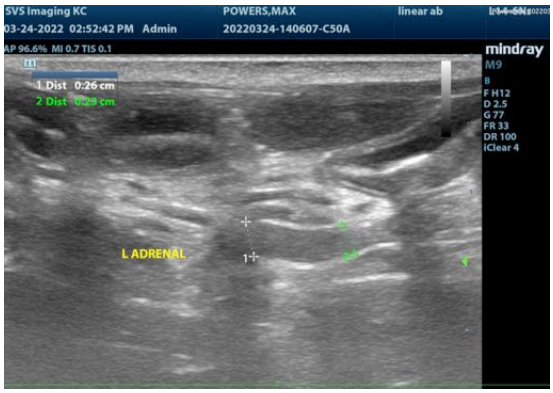
Gastric stasis and minor gastric thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If bile acids are elevated then further imaging is necessary. Subjectively I do not believe that portosystemic shunting is likely as intrahepatic vascular volume appeared normal. Some of the gas in the stomach obscured further visibility. There was no overt foreign body noted; however, I cannot completely ruled this out.

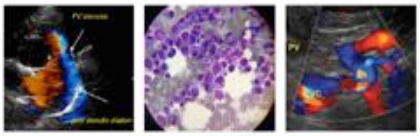
For an additional charge an internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services



IMAGING PERFORMED BY
SVS Mobile Imaging KC 816-401-5010
svsimagingkc@gmail.com

SVS IMAGING



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Max Powers

SPECIES

Canine

BREED

Yorkie

SEX

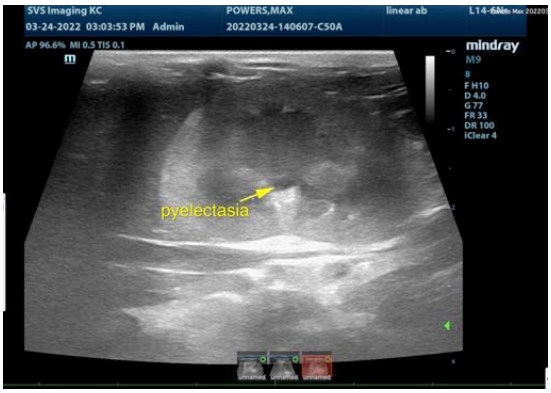
Male

AGE

14 weeks

WEIGHT

2.1 lbs



INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging Kansas City

REFERRING VET

Dr. Oetting

INVOICE

97782

DATE

3/24/22

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
Eric.Lindquist@SonoPath.com