



**PATIENT**

Kinsey Polizzano

**SPECIES**

Canine

**BREED**

Husky Mix

**SEX**

Spayed Female

**AGE**

13 years

**WEIGHT**

44 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Westwood Regional  
VH

**REFERRING VET**

Dr. Hartwick

**INVOICE**

96555

**DATE**

3/3/22

**PRESENTING CLINICAL SIGNS**

History: Not acting well on 3/1/22, decreased appetite, increased thirst, occasional vomiting and lethargy. Temp 103.6 degrees, tense abdomen. On 3/3/22 no improvement. Vomited this morning, last stool passed 2 days ago. History of bilat ACL, skin allergies, and renal disease. Current meds: Baytril, metronidazole, Azodyl, stopped Apoquel, on K/D diet; declined hospitalization.

Abnormal PE/Chem/CBC/UA Results: 3/1 CBC: WBC 14.27, 3/3 WBC 18.8, neutrophilia, HCT 32.3. 3/1 Chem: BUN 13, creat. 1.3, glob 5, ALT 434, ALP >2000, GGT 22, T. bili 1.7, amylase >2500, lipase 5609, CPLI abnormal. On 3/3 TP 9.9, glob 6, ALT 430, ALP unreadable, T. bili 3.6, amylase >2500, lipase 4764. U/A: pH 6.5, WBC 2-3/HPF, all else WNL (via cysto), USG 1.005.

**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. The left kidney measured 5.31 cm. The right kidney measured 4.6 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 2.16 x 0.51 cm at the caudal pole and 0.57 cm at the cranial pole. The left adrenal gland measured 1.93 x 0.76 cm at the caudal pole and 0.61 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 was noted.

**Liver**



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The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Mildly increased portal markings were noted in the liver. Parenchymal echogenicity was naturally coarse and hypochoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder wall is slightly echogenic and bright.

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**Gastrointestinal**

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Minor pyloric, echogenic 1.5 cm structure was present. These are likely medications. Oral medication history should be evaluated. The gastric wall was unremarkable. The stomach was mildly edematous. The small intestine and colon were unremarkable.

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**Pancreas**

The **pancreas** revealed minor heterogenous changes. However, the changes are fairly subtle.

**AGE**

13 years

**ULTRASONOGRAPHIC FINDINGS**

Chronic cholangiohepatitis liver pattern with gastritis and minor pancreatitis.

**WEIGHT**

44 lbs

1.5 cm shadowing pyloric structure, likely medications.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Leptospirosis titers are warranted. IV fluid support, IV Ampicillin, GI protectants and hepatic support are all indicated. Other causes of acute insult to the liver should be considered. There was no evidence of neoplasia.

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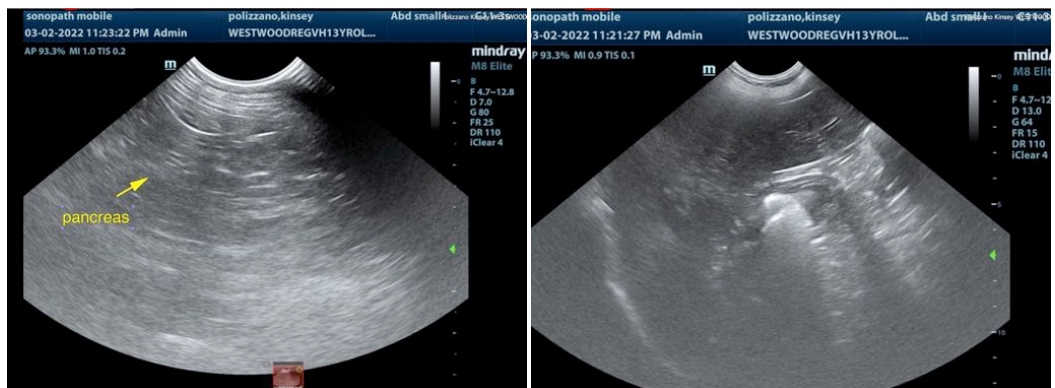
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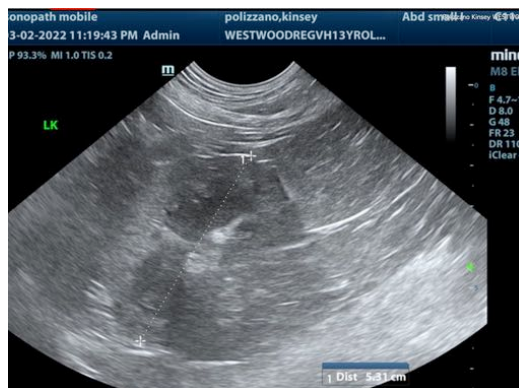
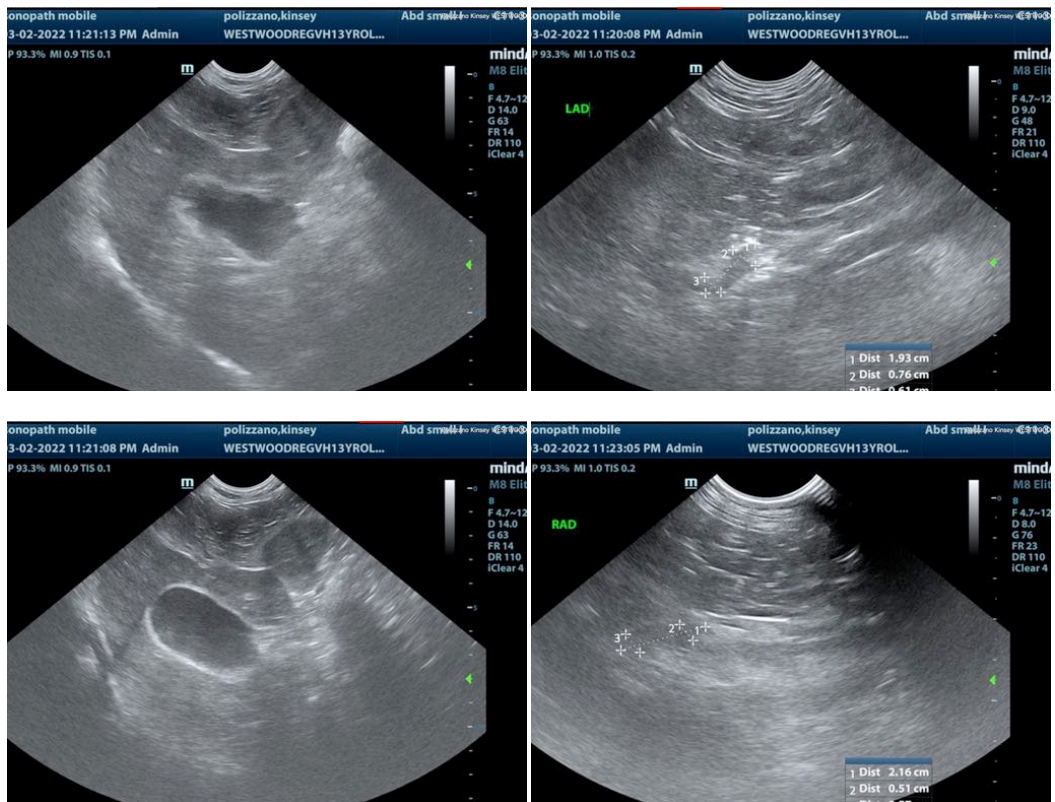
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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