



PATIENT

Maddie Inglis

SPECIES

Canine

BREED

Maltese Mix

SEX

Spayed Female

AGE

3 years

WEIGHT

6.9 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Yashar Alami
Alamdari

HOSPITAL NAME

King Hopkiss Pet
Hospital

REFERRING VET

Dr. Tamara Dzikewicz

INVOICE

97956

DATE

3/30/22

PRESENTING CLINICAL SIGNS

History: Maddie presented on March 29, 2022 for assessment of her vulva. O reports that she has been licking this area much more frequently for the past 2 months, and she is unsure what triggered this change in behaviour. She is not obsessively licking / grooming anywhere else, only her vulva, and the skin here was changed to a darker colour and thicker texture as a result. She seems happy and healthy otherwise, never straining to urinate, no recent accidents in the house, no hematuria. O wanted to rule out a UTI and gave consent for urine collection via cystocentesis. US was used to locate the bladder, but the initial procedure retrieved whole blood, not urine. A second attempt was made 1.5 hrs later, and this time the bladder was slightly larger / contained more urine. A urine sample was easily obtained, UA was relatively unremarkable. However, the second time the US was used to locate the bladder, a soft tissue opacity (resembling a mass-like lesion) was noted at the neck of the bladder - could this be a clot from the original sample..? Or is this a mass? O agreed to investigate further with a complete abdominal US scheduled on March 30, 2022.

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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.0 cm. The right kidney measured 4.25 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 0.42 cm. The left adrenal gland measured 0.36 cm.

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.



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Liver

Maddie Inglis

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

The **stomach** in this patient revealed concentric mural thickening and measured up to 0.7 cm. There were some areas of loss of mural detail. Some gastric stasis was present. The small intestine 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.

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ULTRASONOGRAPHIC FINDINGS

Gastric hypertrophy, likely gastritis with a mild potential for emerging gastric neoplasia.

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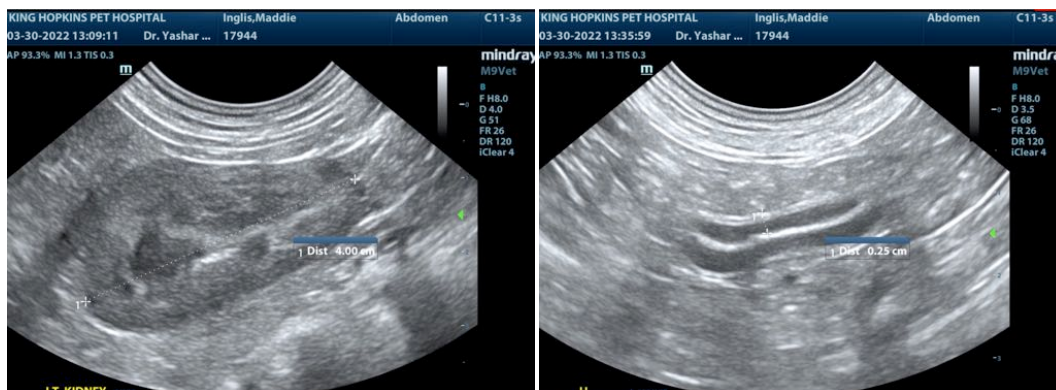
Dr. Yashar Alami
Alamdari

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If any upper GI clinical signs are present then gastritis protocol is warranted.

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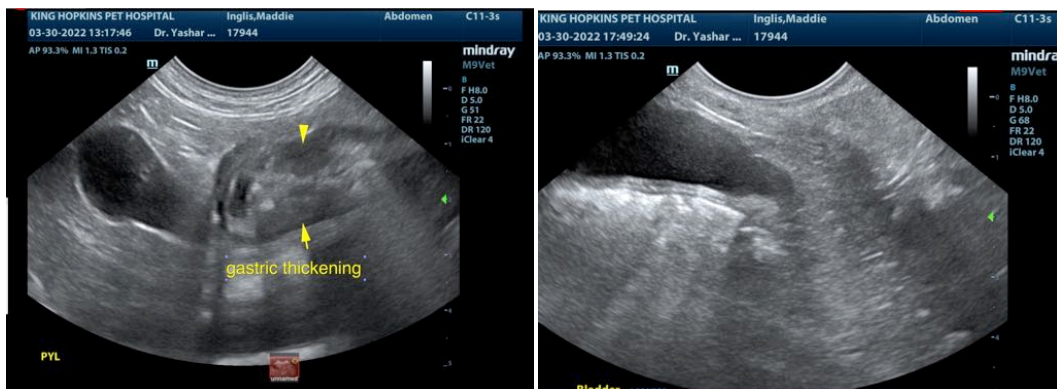
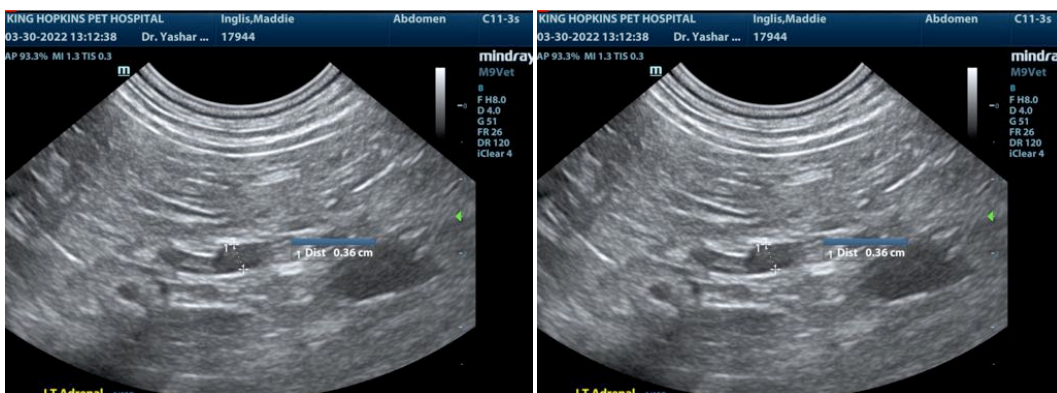
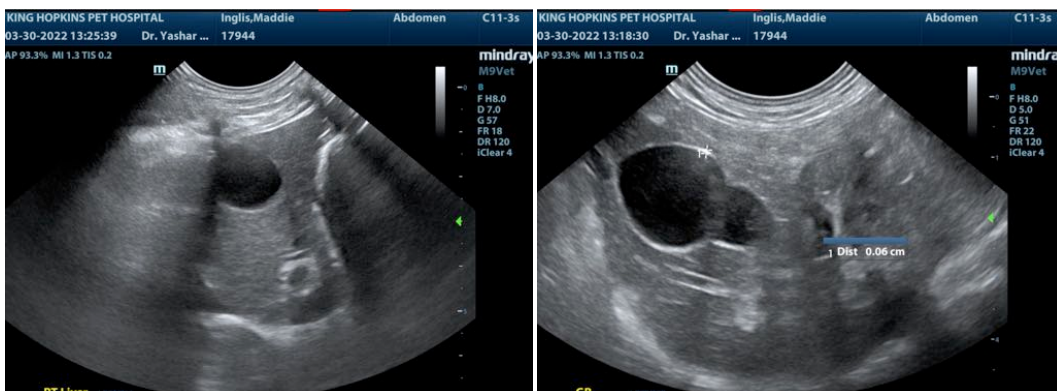
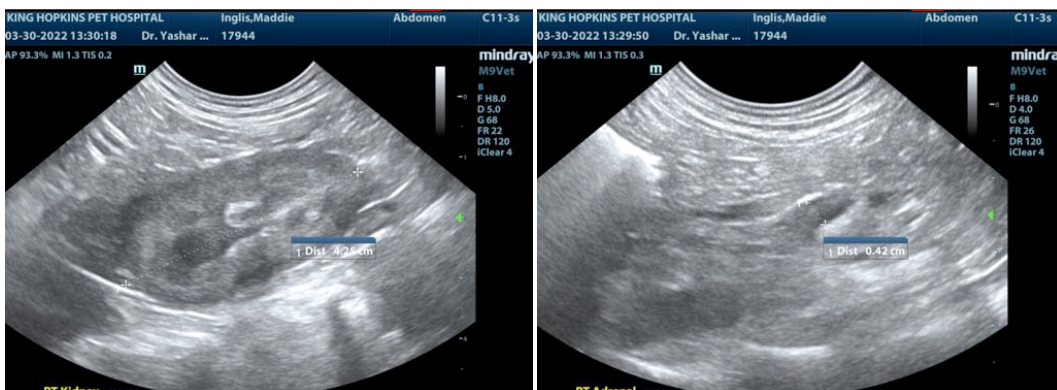
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com