



PATIENT **PRESENTING CLINICAL SIGNS**

Chloe Nordman

History: significant proteinuria, was on abx - started enalapril 3/28. proteinuria not better with abx course was on enrofloxacin and cephalexin given trazadone and gabapentin for sedation before arrival
 Abnormal PE/Chem/CBC/UA Results: protein in urine - 424.1 , rbc >50 in urina SG - 1.026

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Yorkie

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.

SEX

Spayed female

AGE

12 ½ years

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 right kidney measured 5.6 cm.

WEIGHT

21.4 lbs

Adrenal Glands

The left **adrenal gland** was uniform and measured 0.6 cm. The right adrenal gland was mildly enlarged and slightly swollen and measured 0.8 cm at the caudal pole and 1.05 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Heather

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.

HOSPITAL NAME

Animal Care Center of
 Flanders

Liver

REFERRING VET

Dr. Hargadon

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

INVOICE

43637

Gastrointestinal

DATE

3/30/23

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A minor amount of retention was



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noted in the stomach. 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.

SPECIES

Canine

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.

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Yorkie

SEX

Spayed female

ULTRASONOGRAPHIC FINDINGS

Benign abdomen.

AGE

12 ½ years

Slight swollen right adrenal gland.

Minor pancreatic remodeling.

WEIGHT

21.4 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cause of abdominal pain is unclear. Referred back pain/orthopedic pain should be considered depending on orthopedic signs. Orthopedic examination or spinal CT may be appropriate. The renal presentation is non-specific. Doxycycline can be considered if not already utilized as well as tick borne disease panel.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

ABOUT SONOPATH CT SERVICES:

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at <https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>

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Heather

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REFERRING VET

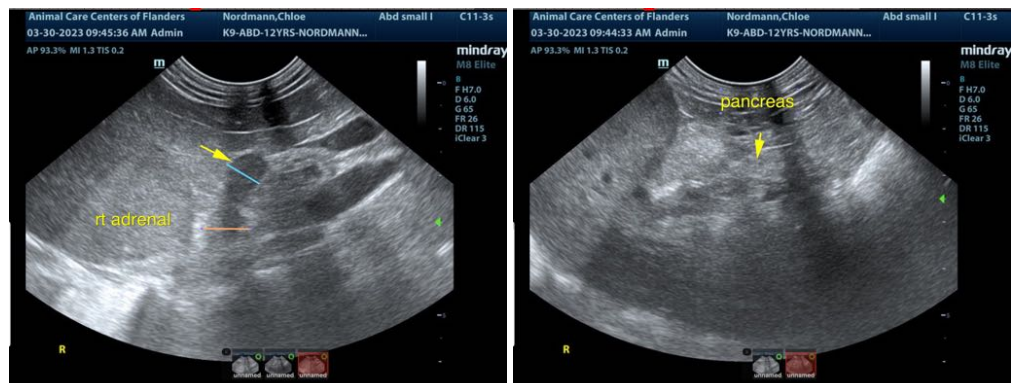
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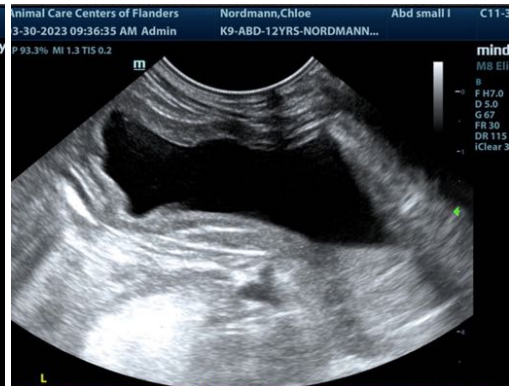
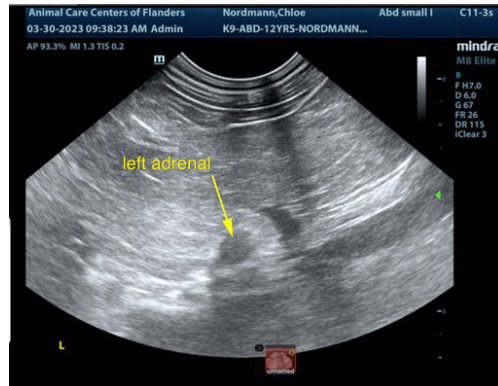
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AGE

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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.

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