



PATIENT

Twiggy Abbott

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

13 years

WEIGHT

13.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Christina

HOSPITAL NAME

Animal Health VC

REFERRING VET

Dr. Rodriguez

INVOICE

43636

DATE

3/30/23

PRESENTING CLINICAL SIGNS

History: O noticed canine dementia symptoms beginning a year ago, excessive barking, gets stuck in dark rooms suddenly, bloodwork ran 3/24/23, diagnosed with Protein losing nephropathy. Blood pressure 3/29/23 - 204/103, 202/123, 203/108. P is currently on Hydrocodone 5mg 1/2 tab bid, Trazadone 100mg 1/2 tab SID, Pred 5mg 1/4 - 1/2 SID (for collapsing trachea), Senilife supplement and composure, eats bright minds food, switching to Purina NF this week. Considering Telmisartan for hypertension. Worsening anxiety over past few months.

Abnormal PE/Chem/CBC/UA Results: ALT - 124, ALKP - 1166, TBil - 0.6, Glucose - 45 (send out lab), Glucose on Glucometer - 58 mg/dl (P has history of always having low Glucose on bloodwork for years, not symptomatic), UA - 4+ protein, 1.019 SG, Urine Protein/Creat Ratio - 8.7, Chest rads today showed signs of lower airway disease and collapsing trachea. BUN/Creat/SDMA all WNL.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight pinpoint mineralization was noted. The right kidney measured 5.06 cm. The left kidney measured 3.86 cm.

Adrenal Glands

The left **adrenal gland** was slightly swollen, yet measures within normal limits at 0.66 cm. The right adrenal gland was normal in size and contour. The right adrenal gland measured 0.9 cm at the cranial pole and 0.66 cm at the caudal pole.

Spleen

The **spleen** revealed hyperechoic, lipogranuloma that measured 1.2 cm. Other hyperechoic lipogranulomatous changes were noted.

Liver

The **liver** revealed multi-focal, hyperechoic nodules. These are consistent with lipogranulomas; however, more significant disease cannot be ruled out. FNA would be indicated especially given the liver enzyme elevations. Hepatic swelling was noted. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. The gallbladder wall was slightly echogenic. No adjunctive inflammation was noted.



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Gastrointestinal

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A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

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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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Spayed female

ULTRASONOGRAPHIC FINDINGS

AGE

13 years

Non-specific hepatopathy with lipogranulomatous type nodular changes. Potential for neoplasia.

Minor age related renal changes.

Hyperechoic lipogranuloma in the spleen.

Swollen left adrenal gland.

WEIGHT

13.9 lbs

Partially full stomach.

Structurally unremarkable protein losing nephropathy.

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Infectious disease screening is warranted. There is a minor potential for neoplasia. Given the liver enzyme elevation screening FNA is indicated. The direct visceral cause of hypertension is not evident in this patient.

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Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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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>

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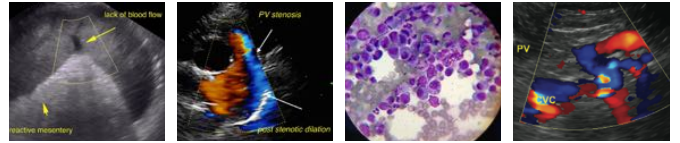
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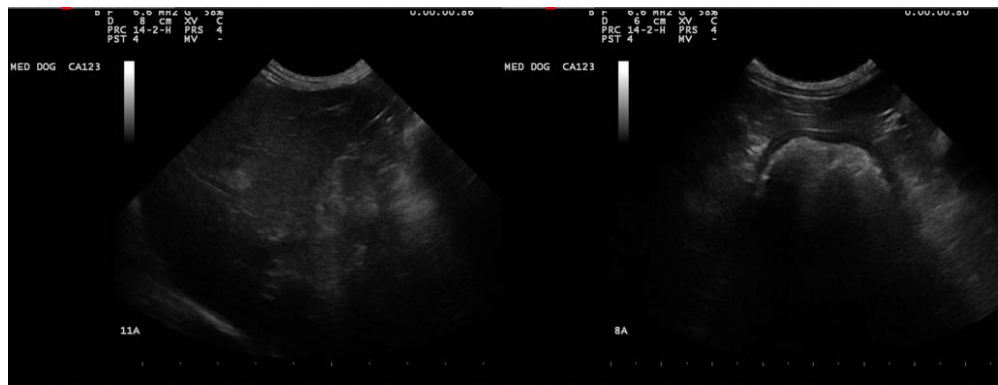
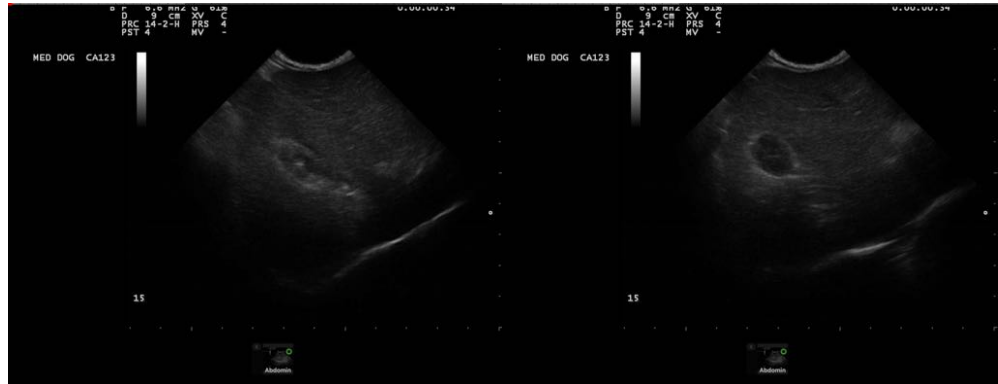
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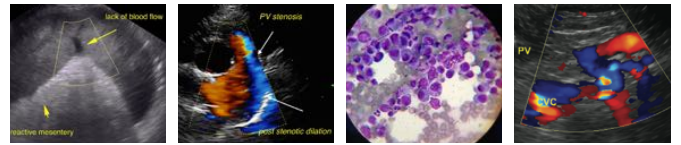
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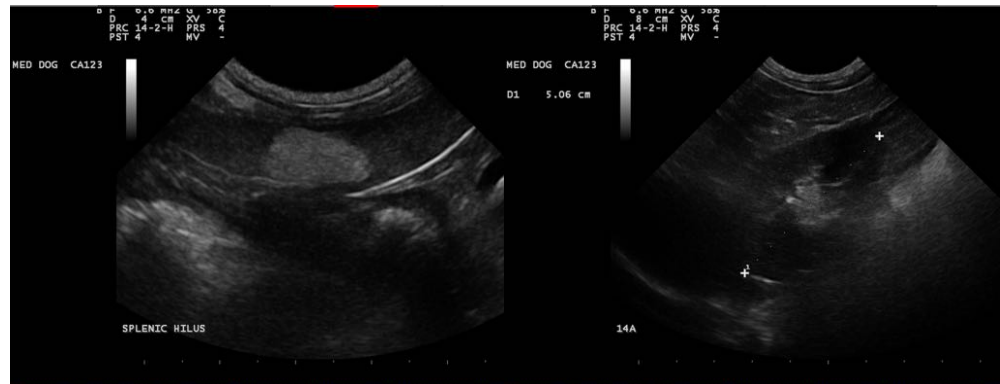
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com