



PATIENT

Cloey Sweeney

SPECIES

Canine

BREED

Teacup Maltese

SEX

Spayed Female

AGE

6 ½ years

WEIGHT

7.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Myers

INVOICE

96716

DATE

3/9/22

PRESENTING CLINICAL SIGNS

History: Pet was seen a week ago for gi signs- vomit, decreased appetite, lethargy, dehydration- cbc: mild regenerative anemia (hct: 30%), chem/lytes: wnl, snap pli: normal, 4dx plus: negative. Pet responded to supportive gi care (fluids, cerenia, metronidazole) and is now eating and no vomiting, no diarrhea, however pet is still lethargic and anemia is progressing- hct on 3/7/22: 26% hct today: 24% r/o IMHA vs. infectious vs. neoplasia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The ureters were not visible which is normal. A minor amount of sand and small calculi were noted. The largest granule measured 0.2 cm. 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 3.0 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.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

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.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



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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

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.

BREED

Teacup Maltese

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

Small bladder calculi, non-obstructive.

AGE

6 ½ years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that this is a female the small granules should pass without significant difficulty. There was no structural evidence of disease from a visceral pathology. CBC path review +/- bone marrow aspirate is warranted based on the anemia present. Full urinalysis work-up is warranted given the bladder sand and small calculi.

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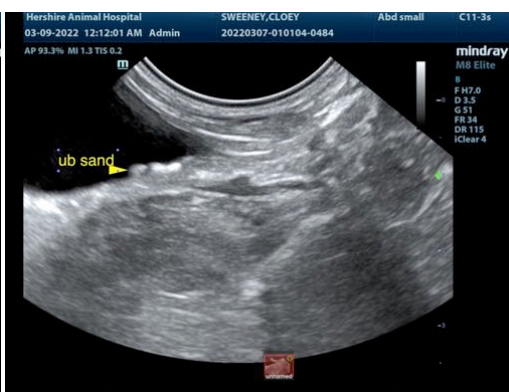
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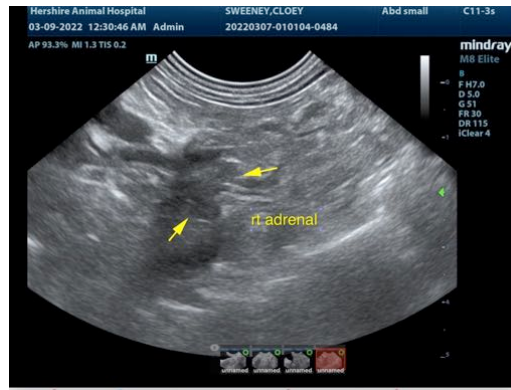
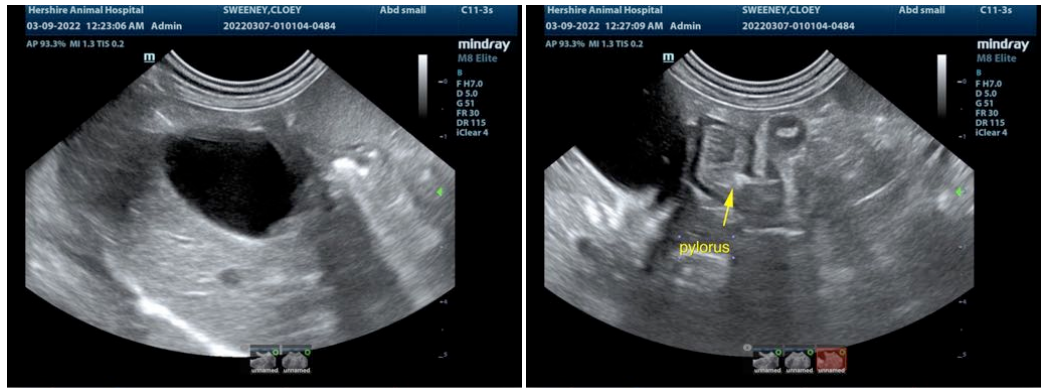
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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