



**PATIENT PRESENTING CLINICAL SIGNS**

Maggie Zastoupil

**SPECIES**

Canine

**BREED**

Cockapoo

**SEX**

Spayed female

**AGE**

10 years

**WEIGHT**

25 lbs

History: Last Thursday P was refusing to jump up on anything Friday didn't want to go up steps and inappetent O got P some chicken and P did eat a little of that Some diarrhea on Saturday O tried to take P for a walk Saturday and P was only able to make it a few blocks Still having small amounts of diarrhea Has jumped off some furniture and seems to be moving better Has been shaking a lot Appetite is back to normal, drinking well No vomiting Still a bit ADR, more lethargic No meds/supplements, mo new food or treats very tensed during US- adm butorphanol Baseline cortisol- pending CBC- WNL  
Abnormal PE/Chem/CBC/UA Results: ALB: 4.5 g/dL ALP: 207 U/L

**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 4.56 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Evoniuk

**HOSPITAL NAME**

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Dr. Evoniuk

**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 0.8 cm at the cranial pole and 0.4 cm at the caudal pole. The left adrenal gland measured 0.5 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**

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



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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.

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**Gastrointestinal**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. 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**

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.

**AGE**

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**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

25 lbs

Structurally unremarkable abdomen, full stomach.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

The transit of chyme in the small intestine appeared to be normal. There was no evidence of visceral disease responsible for the clinical signs. Orthopedic, CNS and thoracic examination is indicated to assess for other causes of inappetence.

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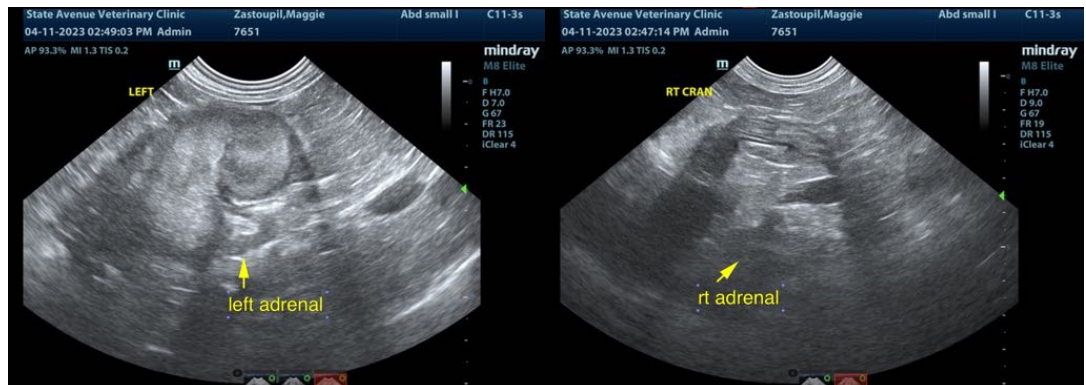
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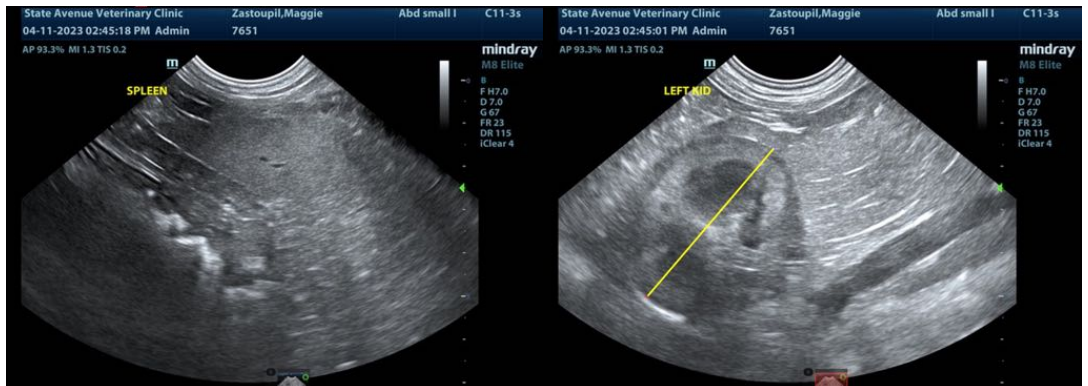
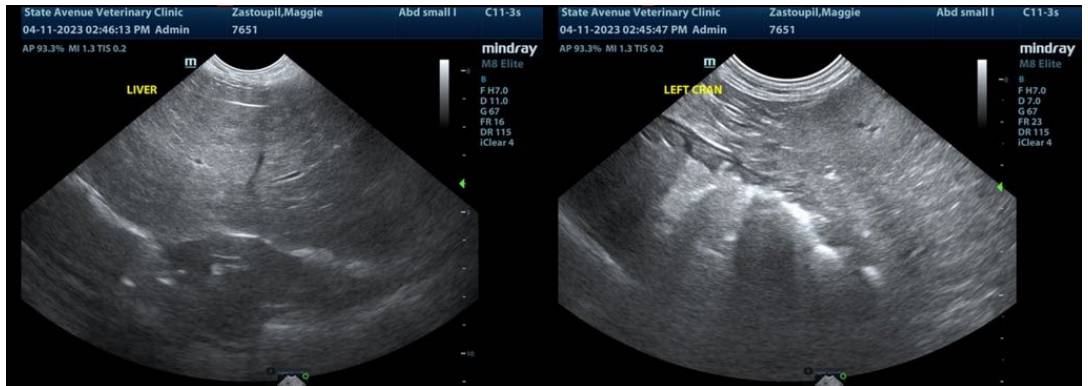
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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