



**PATIENT**

Tina Kimmie

**PRESENTING CLINICAL SIGNS**

Ultrasound & Bloodwork prior to anesthesia for a Dental.  
Abnormal PE/Chem/CBC/UA Results: ALT 218 U/L 10 - 125 HIGH ALKP 515 U/L 23 - 212 HIGH LIPA 3723 U/L 200 - 1800 HIGH

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Pug Shih Tzu Cross

**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**

15 years

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The kidneys each measured 4.0 cm.

**WEIGHT**

10.8 kg

**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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

**IMAGING PERFORMED BY**

Dr. Jameson

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**

Sylvan Lake VH

**Liver**

**REFERRING VET**

Dr. Hodges

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**

99302

**DATE**

4/14/22

**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. There was minor retention of



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ingesta was noted. 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 right limb of the **pancreas** was prominent, hypoechoic and mildly irregular measuring 1.5 cm.

**BREED**

Pug Shih Tzu Cross

**ULTRASONOGRAPHIC FINDINGS**

Age related abdominal changes with prominent, irregular right pancreatic limb.

**SEX**

Spayed Female

Non-specific vacuolar hepatopathy, inflammatory hepatopathy pattern.

**AGE**

15 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. There was no overt contraindication to anesthetic procedure; however, low grade pancreatitis is suspected. Diet change along with Amoxicillin and Metronidazole is recommended over a 10 day period. Pain management is recommended if any discomfort is noted upon deep subdigital palpation.

**WEIGHT**

10.8 kg

**INTERPRETED BY**

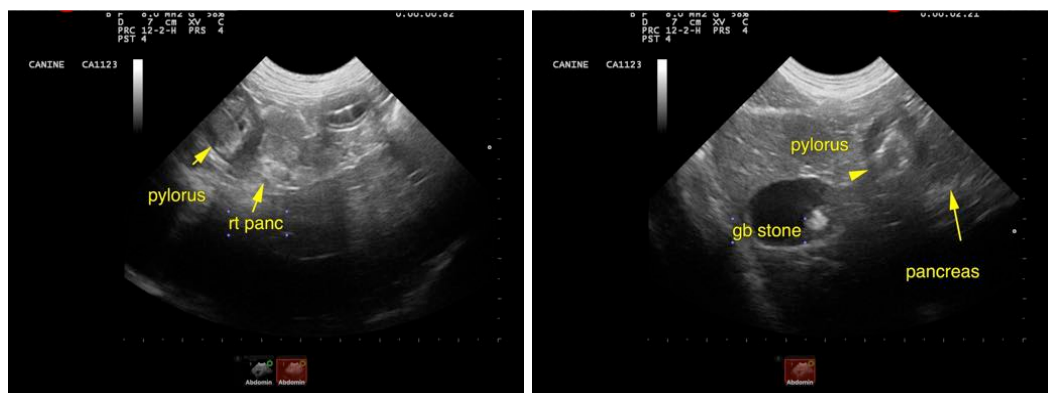
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**IMAGING PERFORMED BY**

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**SEX**

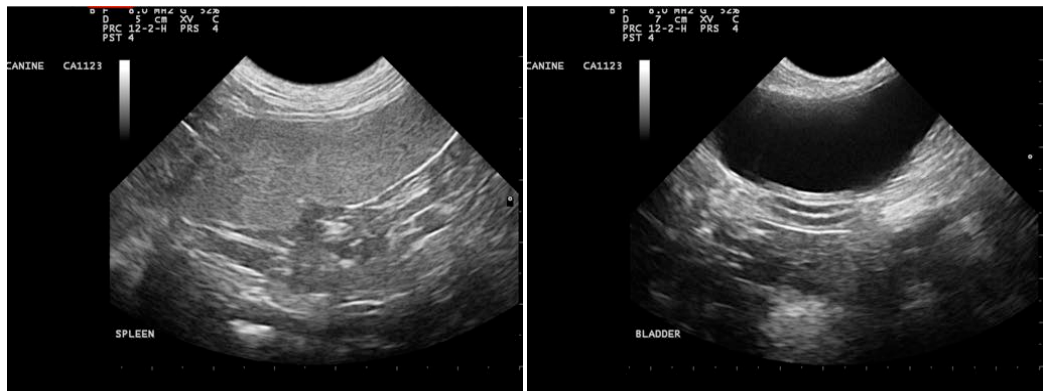
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**AGE**

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**WEIGHT**

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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