



PATIENT

Sophie Daprato

PRESENTING CLINICAL SIGNS

pancreatitis, 10 day hx of diarrhea

SPECIES

Canine

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 were noted. Ureteral papillae were normal.

BREED

Pekingese

SEX

Intact Female

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 4.13 cm.

AGE

10 Years

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 1.92 cm x 0.51 cm at the caudal pole and 0.73 cm at the cranial pole. The left adrenal gland measured 1.93 cm x 0.49 cm at the caudal pole and 0.59 cm at the cranial pole.

WEIGHT

15 Pounds

Spleen

The **spleen** revealed a focal hypoechoic expansive nodule measuring 1.07 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Rockaway AH

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 demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

REFERRING VET

Dr. Maniar

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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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

DATE

4/15/22



PATIENT

Other

Sophie Daprato

The uterus presented slight fluid filled lumen and measured 5.0 mm in thickness. Minor uterine hypertrophy. Active heat cycle or low-grade metritis suspected. The ovaries were uniform, measuring 1.3 cm x 0.92 cm on the left.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Undefined splenic nodule
- Geriatric abdomen otherwise
- Minor uterine thickening

BREED

Pekingese

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Possible metritis or active heat cycle. Recommend echocardiogram to assess for metastatic disease. Chest radiographs, ovariohysterectomy and splenectomy indicated.

Intact Female

AGE

10 Years

WEIGHT

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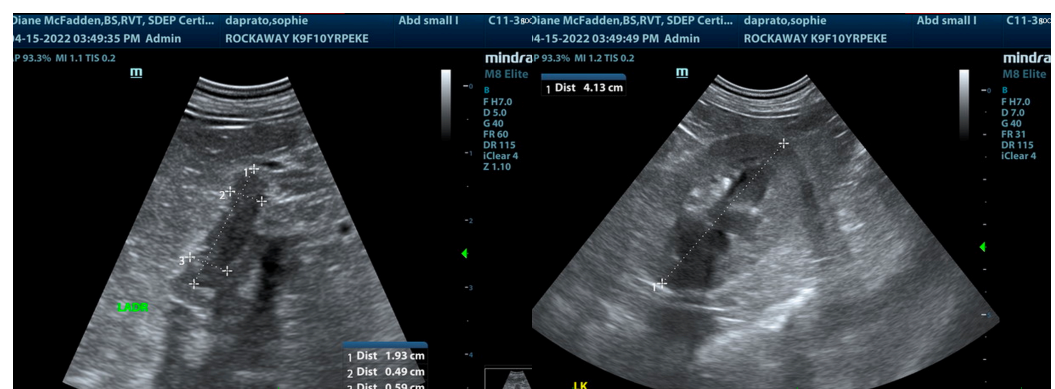
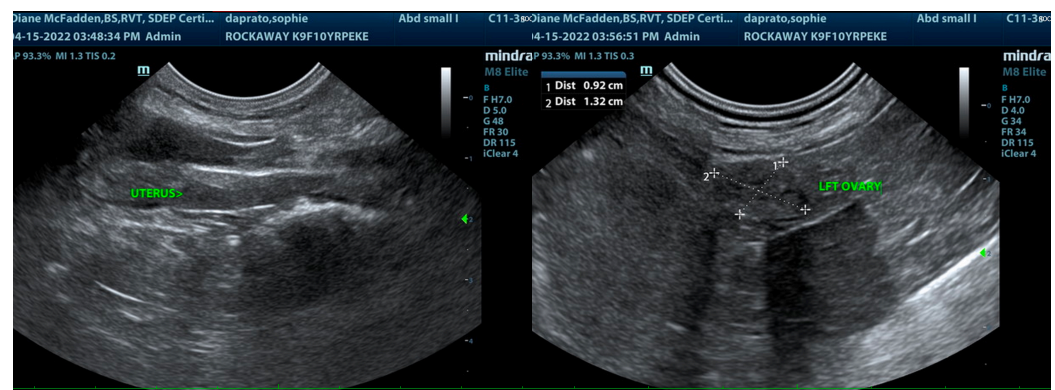
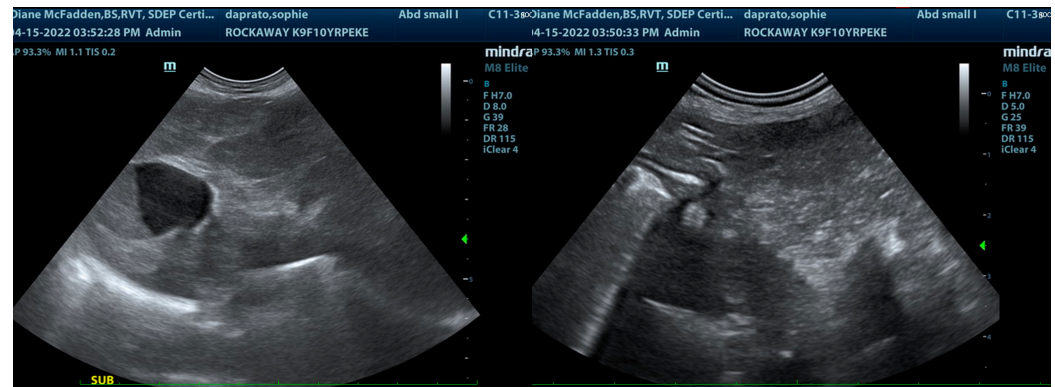
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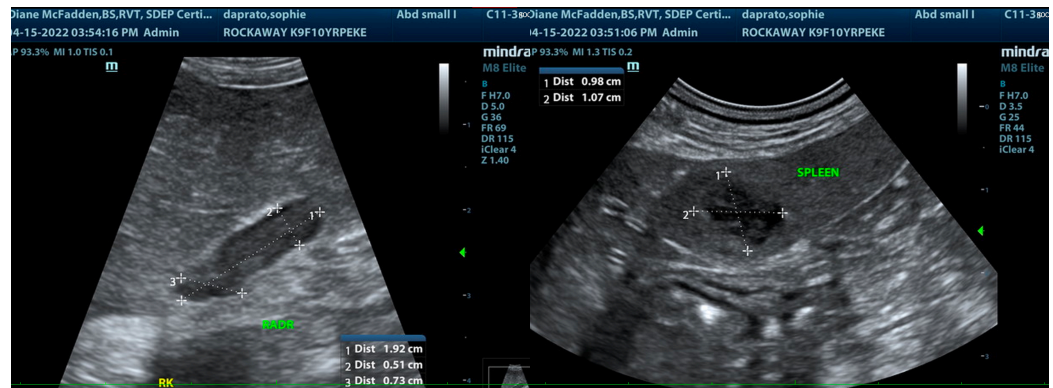
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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