

PATIENT

Zoey Olsen

PRESENTING CLINICAL SIGNS

History: azotemia, decreased appetite, weight loss
PLT 487, UPC 0.6, USG 1.010, Idexx SDMA 22, ALP 164, Chol 110, TT4 1.1, FTt4 in progress

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Havanese

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

13 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight pyelectasia was noted along with minor pinpoint mineralization. The left kidney measured 4.6 cm. The right kidney measured 3.84 cm.

WEIGHT

10.6 lbs

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 left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.76 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gillian Striano-Kaplan

HOSPITAL NAME

Ramsey VH

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.

REFERRING VET

Dr. Gillian Striano-Kaplan

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.

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Gastrointestinal

Zoey Olsen

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.

SPECIES

Canine

Pancreas

BREED

Havanese

The **pancreas** revealed minor, mixed hypoechoic right limb. Right subxiphoid palpation is recommended to assess for any discomfort.

SEX

Spayed female

ULTRASONOGRAPHIC FINDINGS

Age related abdominal changes with minor renal pyelectasia.

AGE

13 years

Possible right limb pancreatitis.

WEIGHT

10.6 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Deep subxiphoid palpation is recommended in the region of the right limb. Urine culture is recommended and antibiotic trial is recommended. Washout effect may be an issue given the isosthenuria. IV fluid support to correct azotemia is indicated. Blood pressure measurements are warranted. There was no evidence of neoplasia.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

IMAGING PERFORMED BY

Dr. Gillian Striano-Kaplan

HOSPITAL NAME

Ramsey VH

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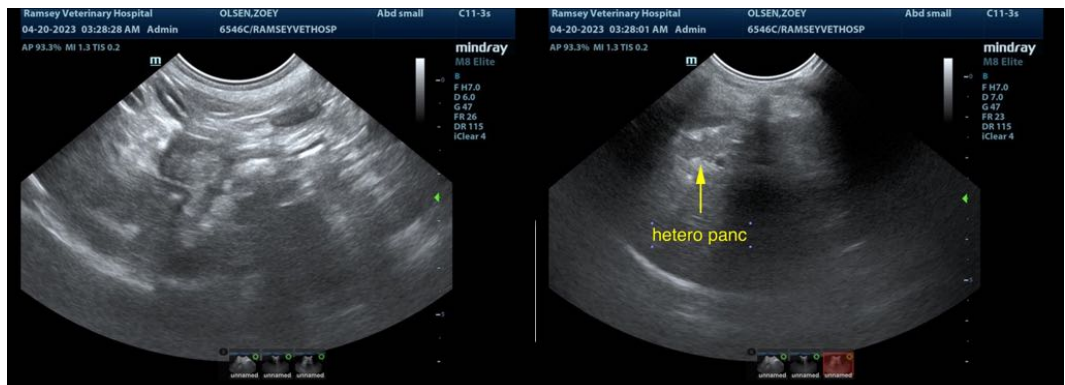
Dr. Gillian Striano-Kaplan

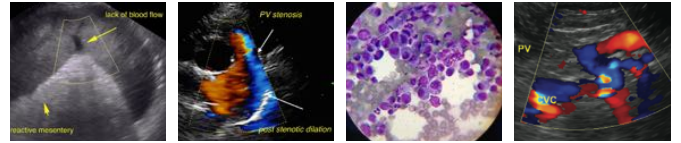
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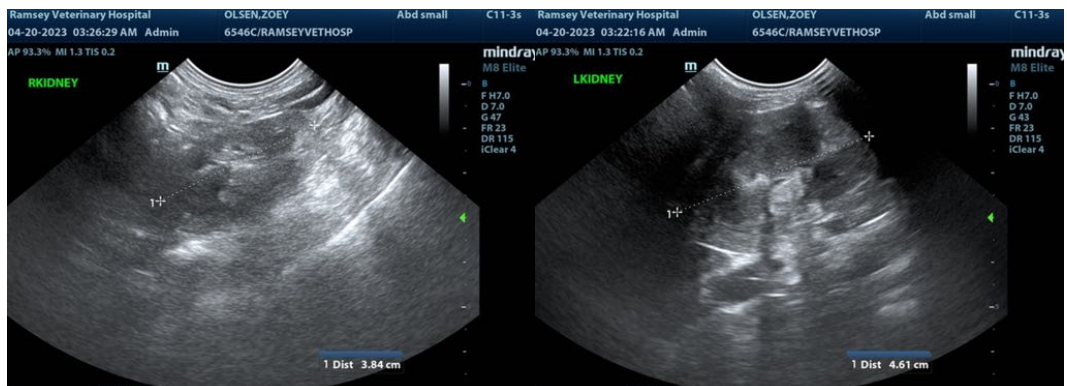
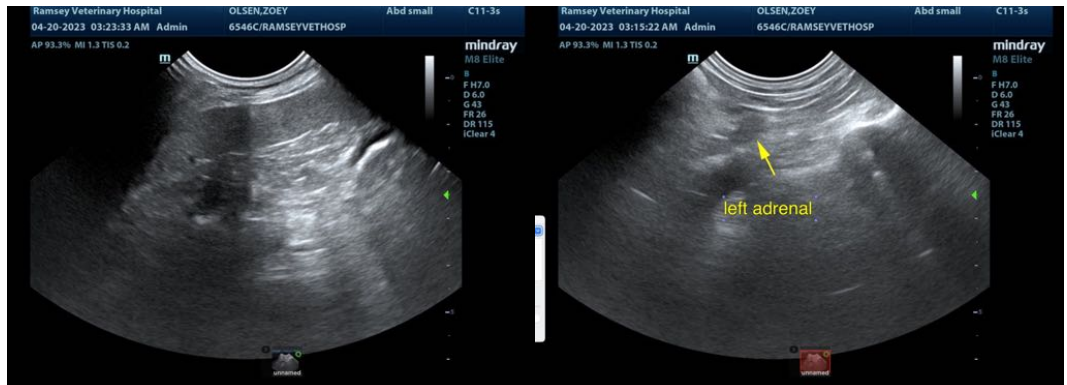
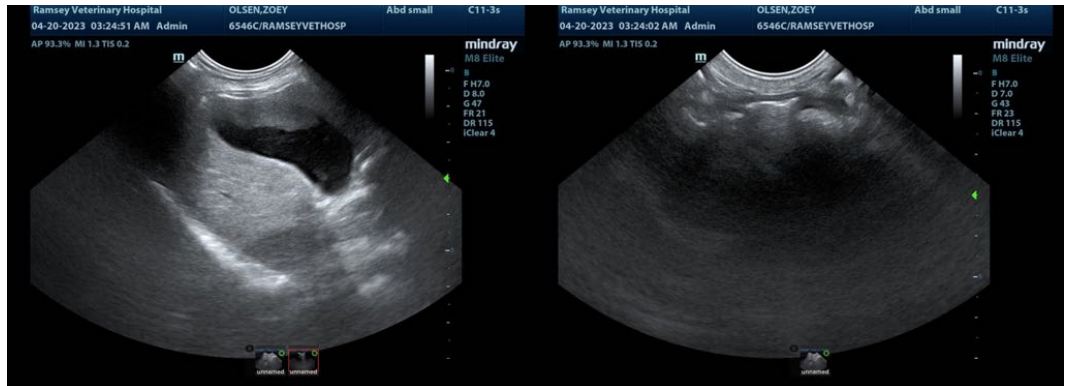
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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