



PATIENT

Muneca Laboy Malave

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

13 Years

WEIGHT

15 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Yaniris Alvarado

HOSPITAL NAME

Ramey Vet Hospital

REFERRING VET

Dr. Yaniris Alvarado

INVOICE

46894

DATE

4/21/23

PRESENTING CLINICAL SIGNS

Lethargy and anorexia with mild abdominal distention

Abnormal PE/Chem/CBC/UA Results: Mild abdominal distention, anemia noted on CBC (HCT 27%), monocytosis, mildly increased ALP and SPG 1.027

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a a grouping of calculi measuring 1.0 cm. Multiple other calculi noted. The urethra was not visualized.

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. Mineralization noted in both kidneys. The left kidney measured 3.9 cm. The right kidney measured 4.7 cm.

Adrenal Glands

The **left adrenal gland** was slightly enlarged/swollen at the cranial pole measuring 0.90 cm at the cranial pole and 0.60 cm at the caudal pole.

The **right adrenal gland** was also slightly enlarged/swollen at the cranial pole, measuring 0.90 cm at the cranial pole and 0.50 cm at the caudal pole.

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 were noted.

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 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

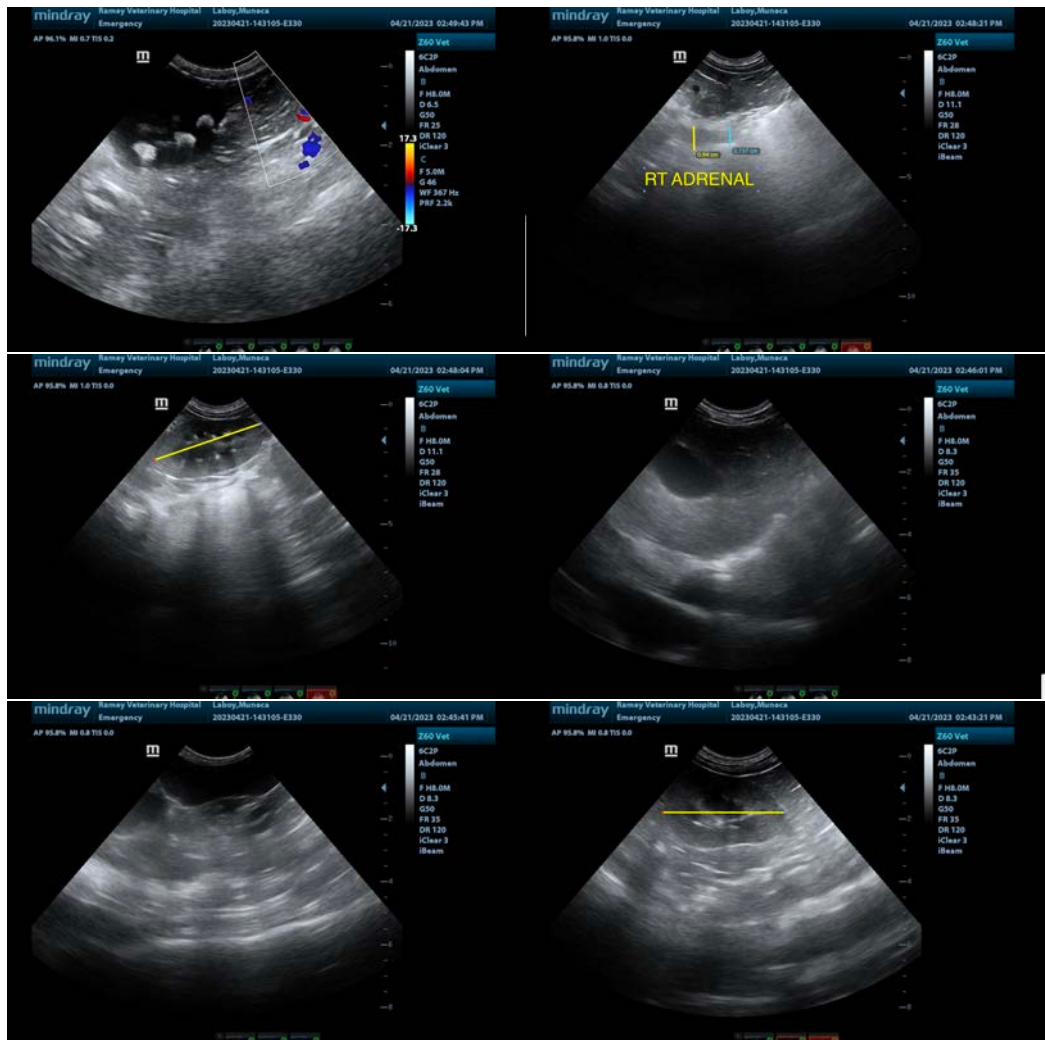
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Multiple bladder calculi
- Age related renal changes with mineralization
- Slightly enlarged, swollen cranial poles of the adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is likely passing calculi periodically. The patient may have recently passed a calculus causing the lethargy and anorexia, especially if the patient is largely normal at this time. Typically, passing calculi will cause episodic discomfort. The cause of anemia is unclear. CBC path review warranted +/- bone marrow aspirate depending upon CBC results. Eventual cystotomy, stone analysis and culture indicated.





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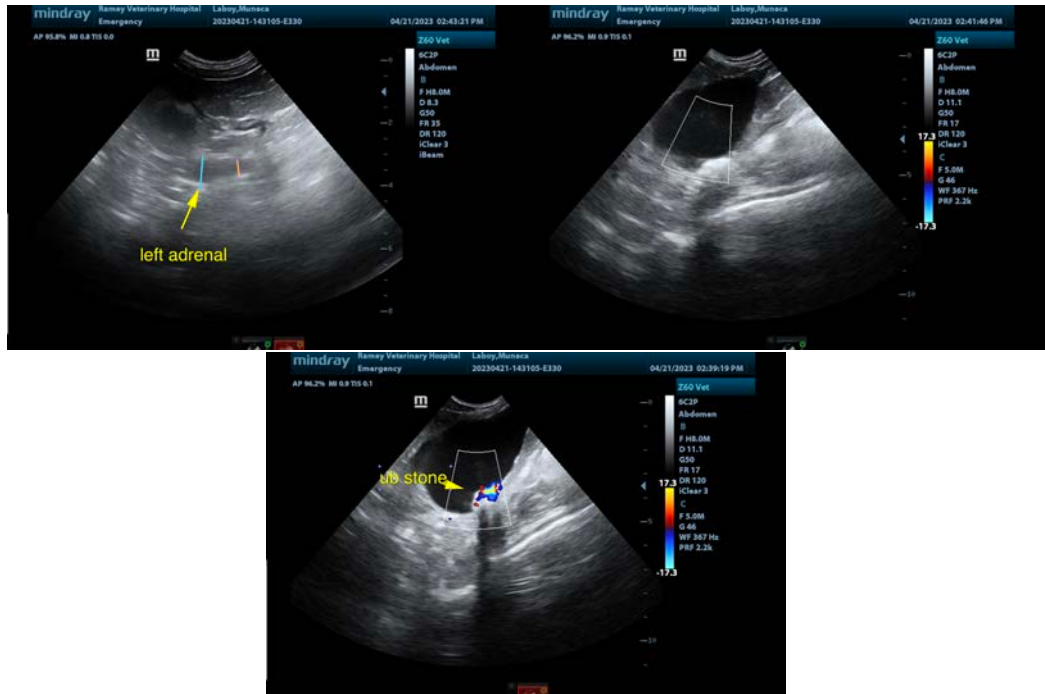
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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