



PATIENT

Lucy Perez

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

12 years

WEIGHT

18.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Shohola

REFERRING VET

Dr. Gramazio

INVOICE

98093

DATE

4/6/22

PRESENTING CLINICAL SIGNS

History: Enlarged spleen, elevated liver enzymes, difficulty walking at times, falling over. Current meds: Galliprant 20mg sid
Abnormal PE/Chem/CBC/UA Results: BUN 34 (31H); ALT 212 (121H); ALP 812 (160H); LIPASE 511 (250H); CK 226 (200H); MCV 78 (76H); RETIC 203 (110H); NRBC 26 (2H); NEUT 14581 (12670H)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented multiple polypoid changes and slight, non-shadowing sediment. The urethra measured 3.0 cm. The patient may be passing small calculi periodically.

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 5.0 cm. The right kidney measured 4.74 cm with slight cortical cyst.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 2.23 x 0.56 cm at the cranial pole and 0.76 cm at the caudal pole. The right adrenal gland measured 2.18 x 1.31 cm at the cranial pole and 0.71 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 was noted.

Liver

The left lateral **liver** lobe revealed irregular swelling. This is consistent with hepatoma or benign swelling. The gallbladder revealed excessive 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.



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Gastrointestinal

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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.

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ULTRASONOGRAPHIC FINDINGS

Benign hepatopathy.

AGE

12 years

Minor excessive gallbladder debris.

Age related renal changes with cortical cysts.

WEIGHT

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Minor bladder sediment and debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

FNA of the liver could be considered for further definition. There was no overt evidence of abdominal pathology related to the clinical signs. Low-grade inflammatory hepatopathy is present, yet it is likely an incidental finding. Full echocardiogram, EKG and blood pressure measurements are indicated as well as CNS/orthopedic examination given the patient's history.

IMAGING PERFORMED BY

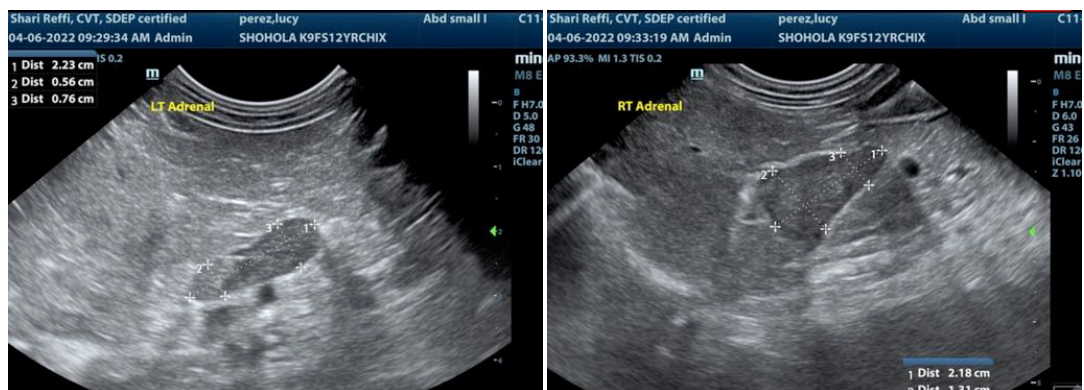
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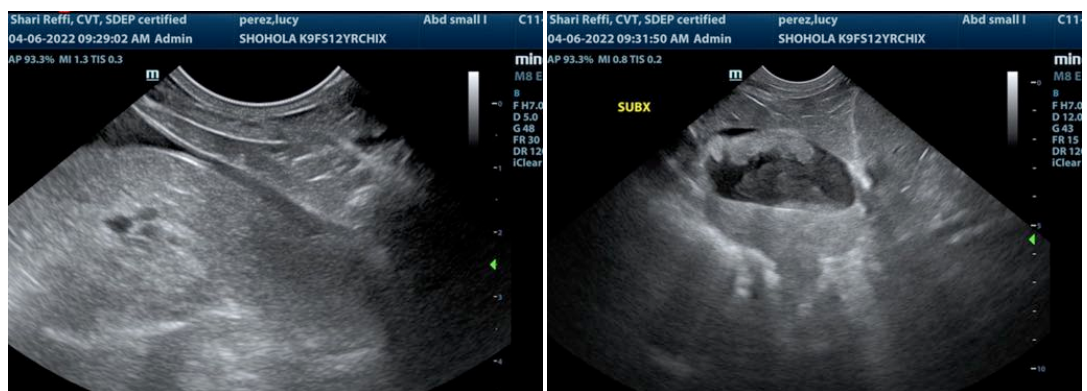
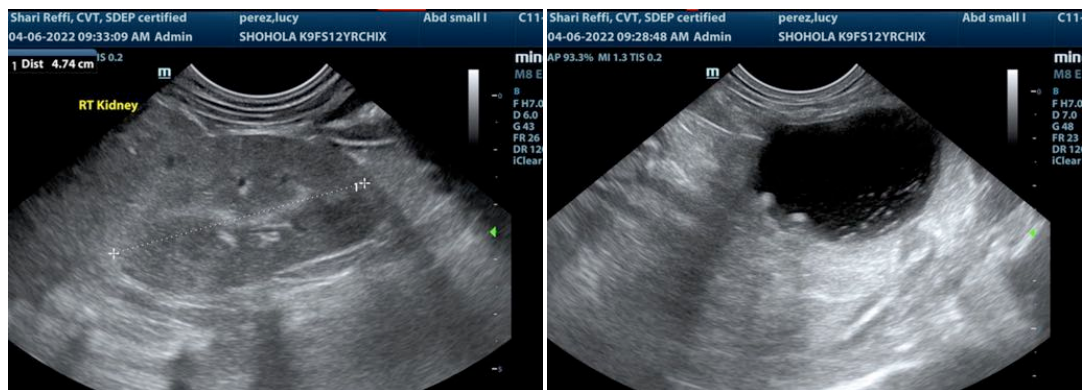
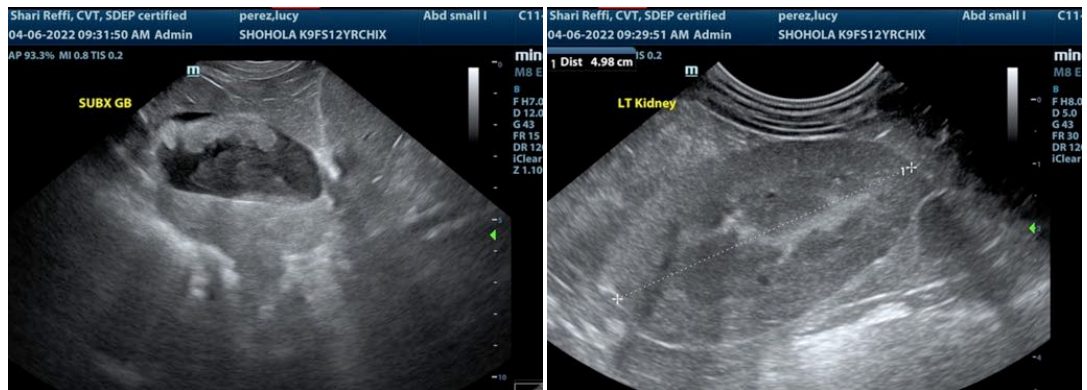
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Info@SonoPath.com

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