



PATIENT PRESENTING CLINICAL SIGNS

Gentry Neff History: Gentry is presented today because he seems painful getting up and limping sometimes. Two weeks ago she was switched from the big dog to small dog of origin food. She was on it for a couple days before any vomiting. Friday she vomited but before that she ate a treat. And just wasn't acting herself. No diarrhea. Today about an hour after eating she threw up her entire meal. When she was younger she was never sensitive to food. The family she was with for the past year said she was sensitive with food switches. The family she was with had her on a chewable flea/tick/hw pill and before that she was never on it. Owner also reports that Gentry will limp on her left rear leg sometimes when she first gets up.

Abnormal PE/Chem/CBC/UA Results: CBC/CHEM: ALT- 800 (verified result- 822, GGT- 13, ALB- 4.2, PLI- Normal, Giardia- Negative

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

8 years

WEIGHT

11.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kivircik

HOSPITAL NAME

Kings VH

REFERRING VET

Dr. Kivircik

INVOICE

98134

DATE

4/6/22

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 was noted. Ureteral papillae were normal.

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 right kidney measured 4.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

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 **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.



PATIENT

Gastrointestinal

Gentry Neff

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Retention of ingesta was noted in the stomach. 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.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

8 years

Structurally unremarkable abdomen.

Non-specific inflammatory hepatopathy without structural changes.

WEIGHT

11.5 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral pathology. FNA of the liver could be considered for further definition of inflammatory cell type.

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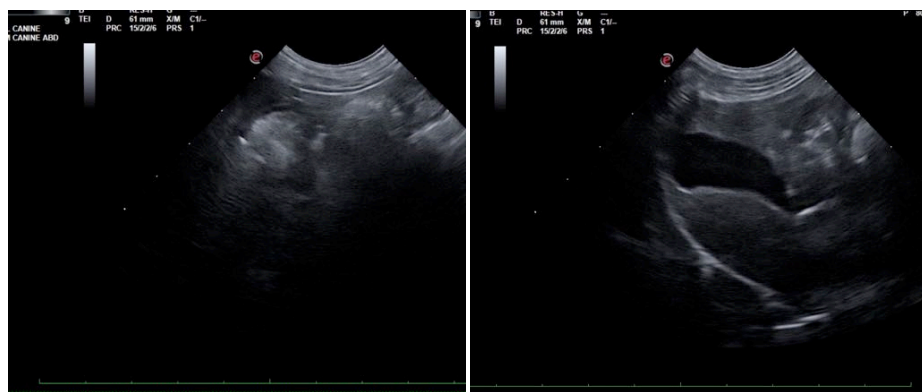
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Gentry Neff

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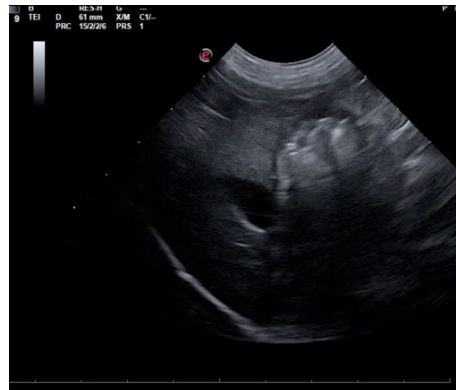
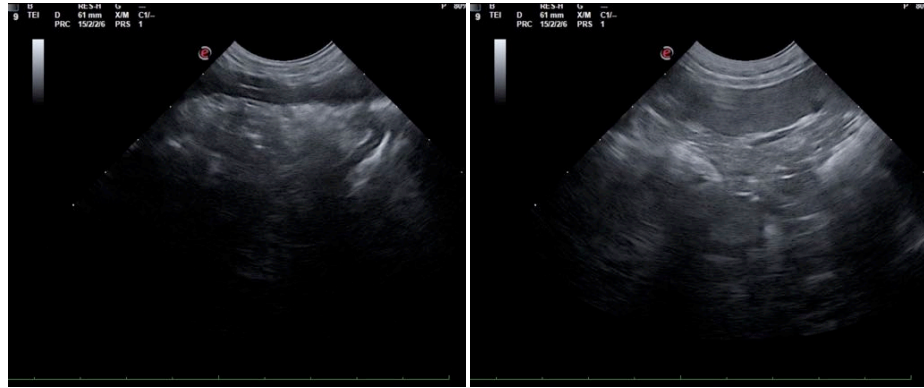
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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