



PATIENT

Nemo Wauryrchuk

SPECIES

Canine

BREED

Schipperke

SEX

Neutered Male

AGE

9 Years

WEIGHT

8.1 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Resolution Veterinary
Ultrasound LTD

REFERRING VET

Dr. Gira – Sabadilla AC

INVOICE

36752

DATE

4/7/22

PRESENTING CLINICAL SIGNS

Inappetence

Abnormal PE/Chem/CBC/UA Results: Unremarkable CBC, BUN 14.6 2.5 - 9.6 mmol/L Borderline elevation of TP, AB and GLO Total T4 12 13 - 51 nmol/L UA unremarkable

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. The residual prostate measured 1.0 cm.

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. The left kidney measured 3.93 cm. The right kidney measured 4.03 cm.

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 0.42 cm at the caudal pole and 0.46 cm at the cranial pole. The left adrenal gland measured 0.37 cm at the cranial pole and 0.55 cm at the caudal pole.

Spleen

The **spleen** revealed heterogeneous, hypoechoic, non-disruptive nodular changes with folded positioning at the cranial pole.

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. Slight hypoechoic non-disruptive nodular changes noted. 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.

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

Nemo Wauryrchuk

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

- Folded spleen
- Heterogeneous splenic and hepatic changes

BREED

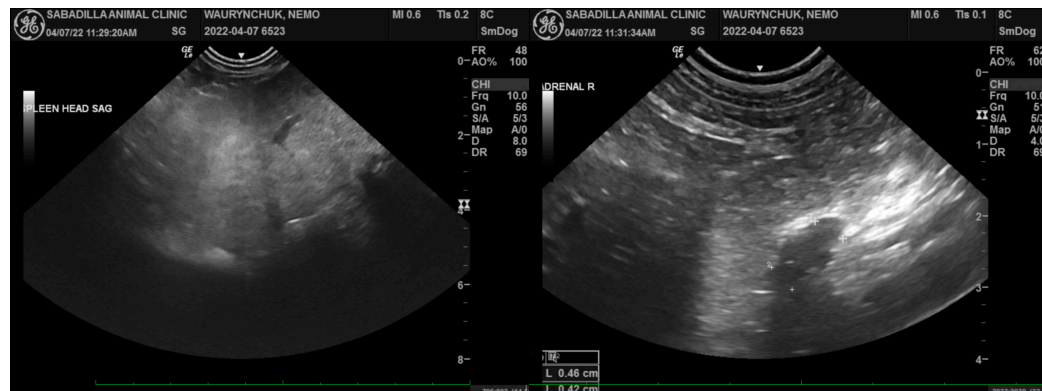
Schipperke

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If no weight loss is present, these are likely benign. The cause of inappetence is unclear. Screening FNA spleen and liver could be considered for further definition, yet subjectively appear benign. Otherwise, the cause of inappetence is not evident in the abdomen. Orthopedic pain, thoracic and CNS disease should all be considered as potential causes.

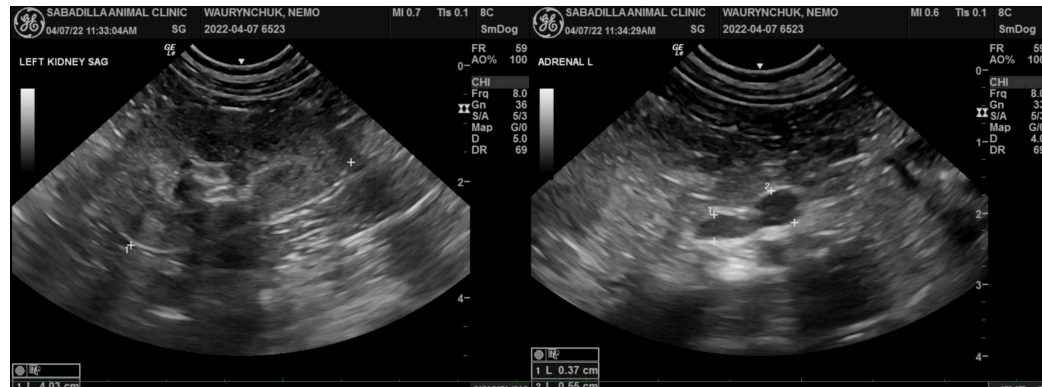
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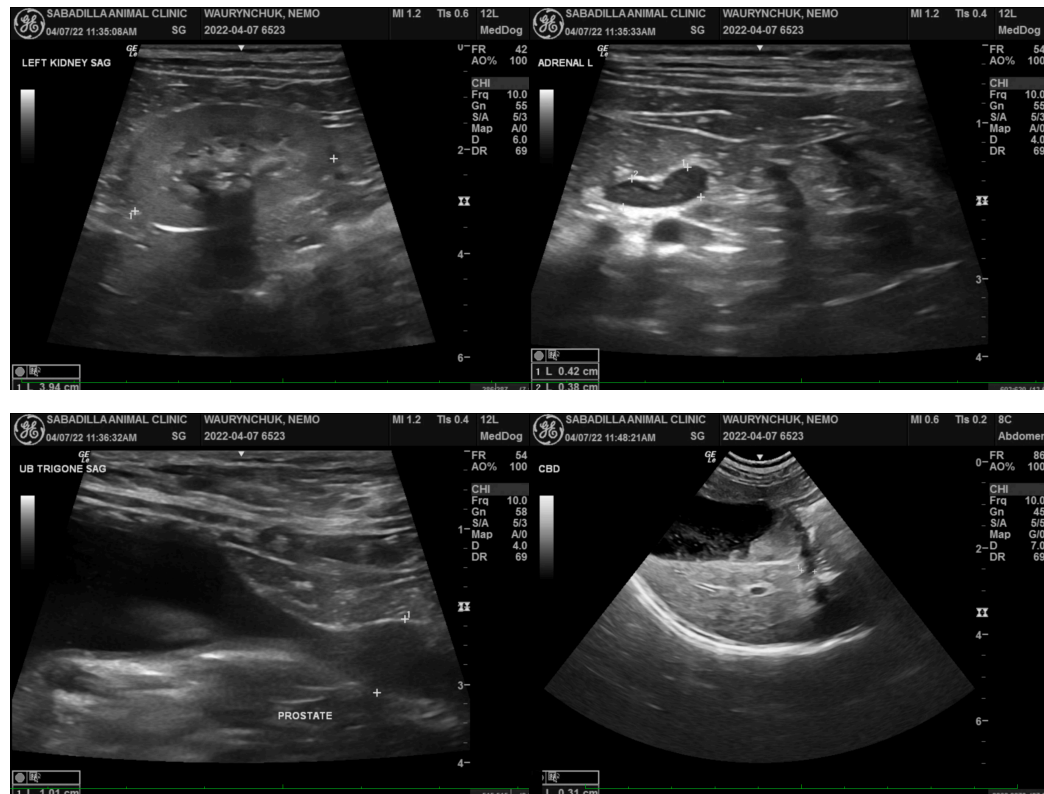
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com