



PATIENT

Gracie Warren

PRESENTING CLINICAL SIGNS

History: elevated liver enzymes, history of proteinuria (intermittent) PU/PD

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Lhasa Apso Mix

The **urinary bladder**, revealed a small amount of sand and small calculi. The largest of which measured 0.2 cm. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal.

SEX

Spayed female

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 was noted in the kidneys. The left and right kidney measured 5.05 cm.

AGE

Adrenal Glands

WEIGHT

22 lbs

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 0.55 cm. The left adrenal gland measured 0.24 cm at the cranial pole and 0.66 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Dr. Kiffney

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.

HOSPITAL NAME

Northshore VH

Liver

REFERRING VET

Dr. Barron

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. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Increased gallbladder echogenicity and calculi were noted, yet non-obstructive.

INVOICE

44099

Gastrointestinal

DATE

5/1/23

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



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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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SPECIES

Pancreas

Canine

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.

BREED

Lhasa Apso Mix

ULTRASONOGRAPHIC FINDINGS

SEX

Bladder sand, non-obstructive at the time of the sonogram.

Spayed female

Gallbladder calculi.

AGE

Degenerative renal changes with corticomedullary calculi, non-obstructive.

Otherwise, unremarkable abdomen.

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

22 lbs

The patient is likely passing calculi periodically. Ursodiol therapy is indicated. If liver enzymes are elevated then FNA is indicated. Full urinary work-up is warranted. Diet change is recommended. This is likely oxalate calculi if this fits with the urinary parameters.

INTERPRETED BY

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DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kiffney

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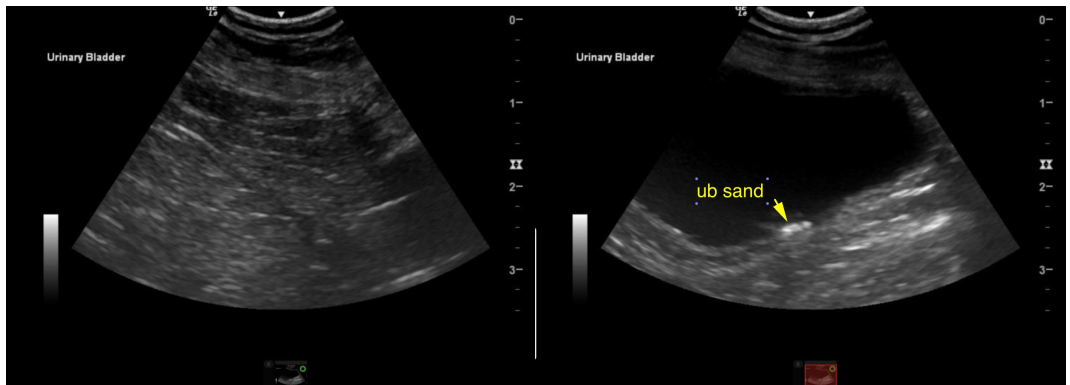
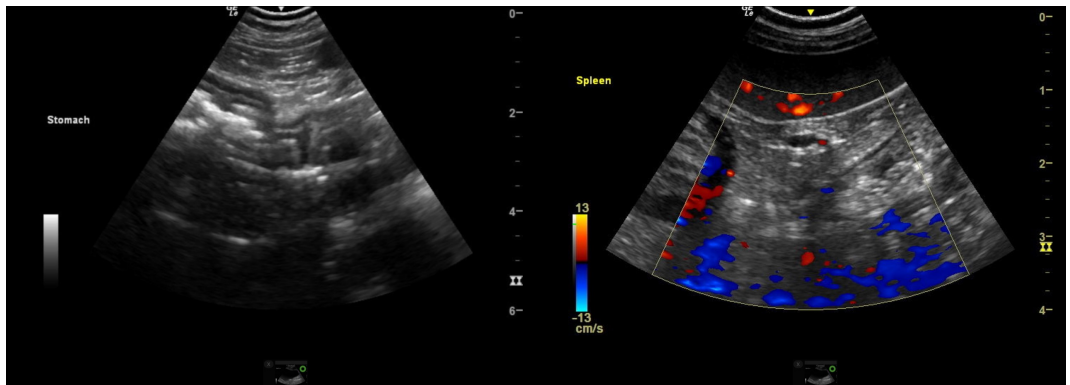
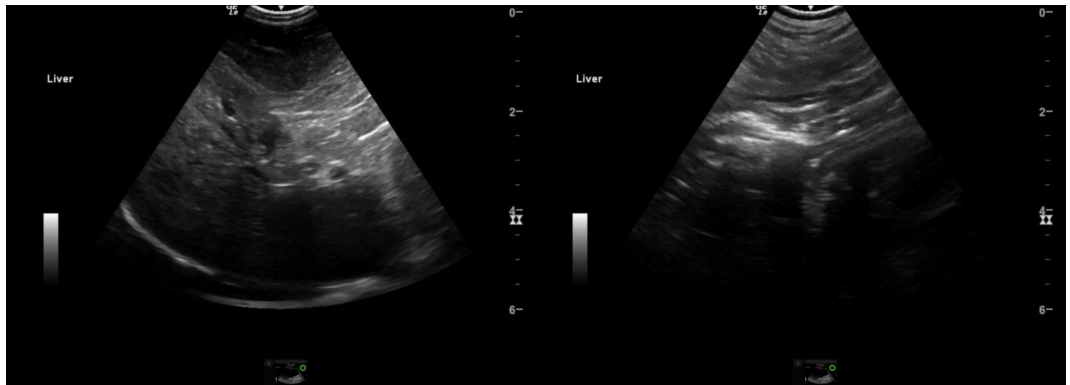
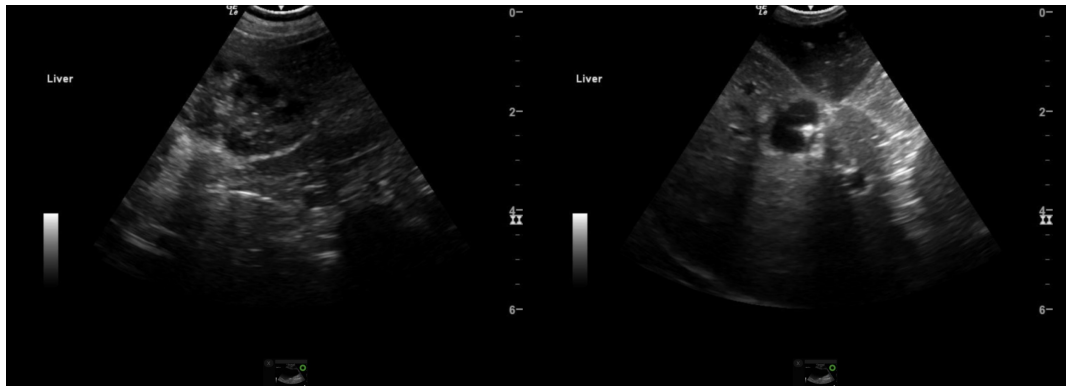
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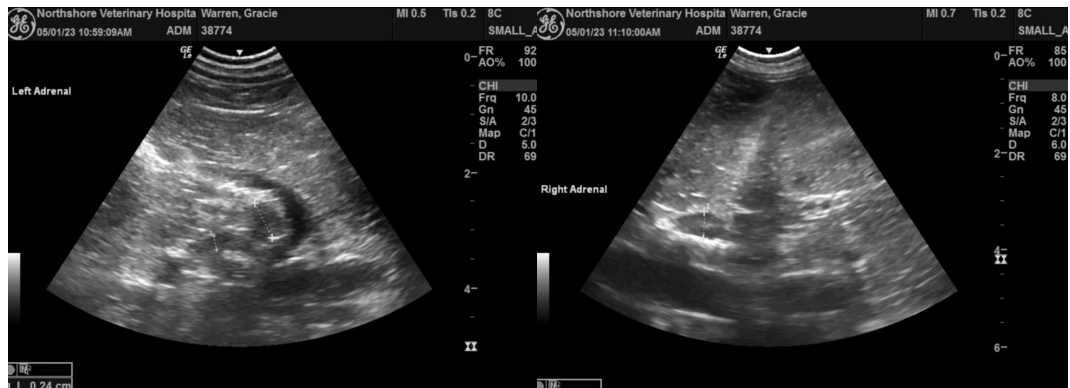
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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