



PATIENT

Freyja Ristine

SPECIES

Canine

BREED

Papillion

SEX

Spayed Female

AGE

12 years

WEIGHT

7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Preston

HOSPITAL NAME

All Creatures Animal
Hospital of South Hill

REFERRING VET

Dr. Preston

INVOICE

30252

DATE

5/10/22

PRESENTING CLINICAL SIGNS

History: P has history of weight loss in spite of good appetite. P has gone from 10lbs in 2020, to 8lbs in 2021 to 6.7lbs in 2022. P eats well but has recently started vomiting (over past week). P is currently being treated for corneal ulcer. Overall condition of P is frail with significant muscle wasting. On labwork, P has mild non-regenerative anemia (32%), elevated globulins (5.1), elevated ALT (235), and elevated ALKP (905). USG 1.014. P has grade 4/4 dental disease

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 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 this age patient. Medullary structure differed distinctly from that of the cortex. Mild pyelectasia was noted and measured 0.5 x 0.2 cm. The left kidney measured 3.5 cm. The right kidney measured 3.0 cm and was visualized obliquely and obscured by colonic artifact.

Adrenal Glands

The left **adrenal gland** was visualized from the right approach and measured 0.6 cm. The right adrenal gland was 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** revealed coarse architecture and increased portal markings. Mild, irregular enlargement was noted. The gallbladder presented minor polyp that measured 0.3 cm. This is not pathological and most consistent with non-specific inflammatory hepatopathy.

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



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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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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

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Age related renal changes with pyelectasia.

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The cause of weight loss is unclear. Moderate degenerative renal changes and hepatic remodeling was noted. FNA of the liver could be considered for further definition. Full urinary work-up is warranted given the chronic renal changes and pyelectasia.

WEIGHT

7 lbs

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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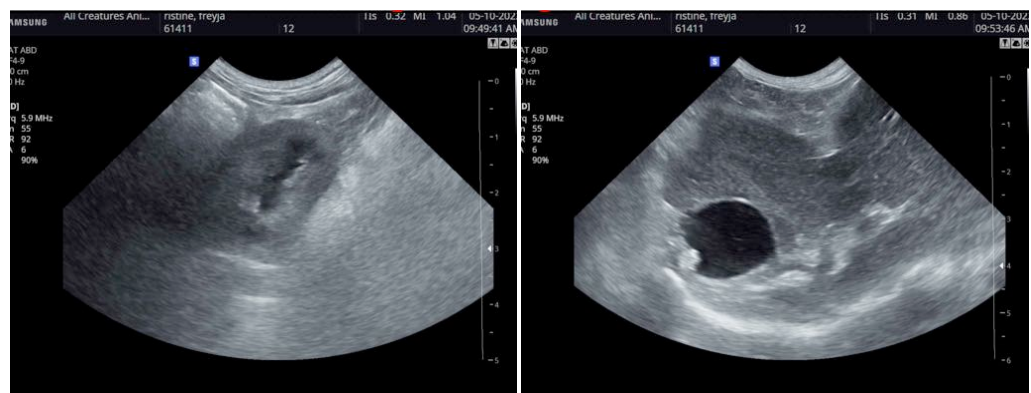
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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