



PATIENT PRESENTING CLINICAL SIGNS

Bella Kopec History: Vomiting daily for 6 weeks. Started when owner went back to work. May be drinking more water, owner will measure. No weight loss.
Abnormal PE/Chem/CBC/UA Results: Normal on PE, normal haircoat SDMA 16, otherwise chem normal incl creat, Tbili, GGT, AlkP, ALT. USG 1.034, no proteinuria, sediment normal

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Yorkie

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.

SEX

Spayed Female

AGE

9 years

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 and no evidence of pelvic dilatation was present. Minor mineralization was noted in the kidneys.

WEIGHT

2.18 kg

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The right **adrenal gland** comprised a 2.1 x 1.33 cm mass. The mass was uniform and expansive. The left adrenal gland was enlarged and irregular measuring 0.9 cm at the caudal pole and 0.58 cm at the cranial pole and 1.87 cm in length. Capsular expansion was noted without capsular escape. The left adrenal gland revealed hyperechoic lipogranulomatous change.

IMAGING PERFORMED BY

Dr. Biederbeck

Spleen

HOSPITAL NAME

Lomsnes VH

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.

REFERRING VET

Dr. Biederbeck

Liver

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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. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted. Polypoid changes were noted in the gallbladder. I cannot rule out a neoplastic process; however, it appears to be contained to the gallbladder.

DATE

5/18/22



PATIENT

Gastrointestinal

Bella Kopec

The upper **gastrointestinal tract** revealed slight gastric hypertrophy and mild mucosal remodeling. The intestines and colon were unremarkable.

SPECIES

Canine

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.

BREED

Yorkie

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Bilateral adrenal hypertrophy with mass effect of the right adrenal gland. Left adrenal gland revealed hyperechoic lipogranulomatous change.

AGE

9 years

Age related renal changes with mineralization.

Excessive gallbladder debris.

Hepatic remodeling.

WEIGHT

2.18 kg

Minor pyloric hypertrophy. Chronic gastritis is likely.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differentials for the right adrenal gland include adenoma, adenocarcinoma, or less likely pheochromocytoma. If the blood pressure measurements are elevated then urine catecholamine is indicated. Given that the urine is well concentrated then typical Cushing's is unlikely. Full adrenal panel would be ideal. GI protectant protocol such as the following is recommended. Leptospirosis titers are warranted. Ursodiol therapy is warranted. A recheck sonogram is recommended in 3-5 days.

IMAGING PERFORMED BY

Dr. Biederbeck

Helicobacter/Gastritis protocol

HOSPITAL NAME

Lomsnes VH

A clinical trial of **Zithromax** (Dogs: 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), **Metronidazole** (10-20 mg/kg p.o. b.i.d.), **Sucralfate** (0.5-2 g/dog PO) and **Omeprazole** (1 mg/kg p.o. s.i.d.) over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.

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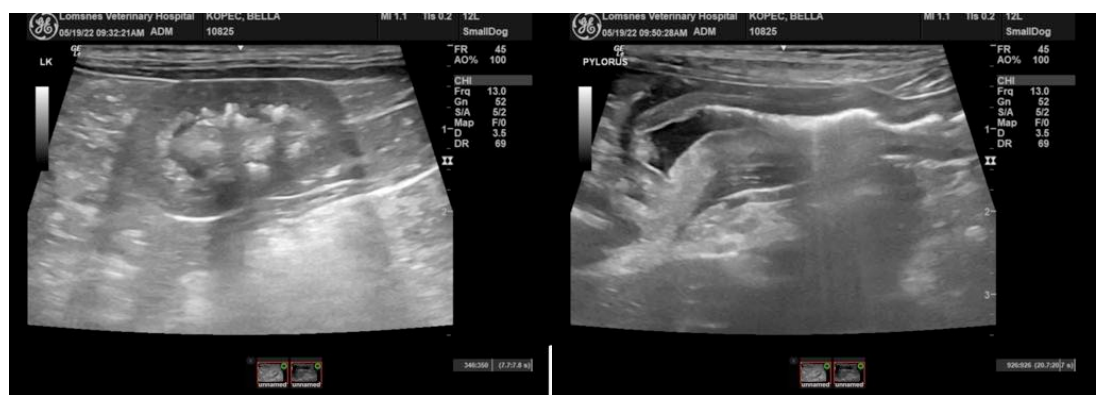
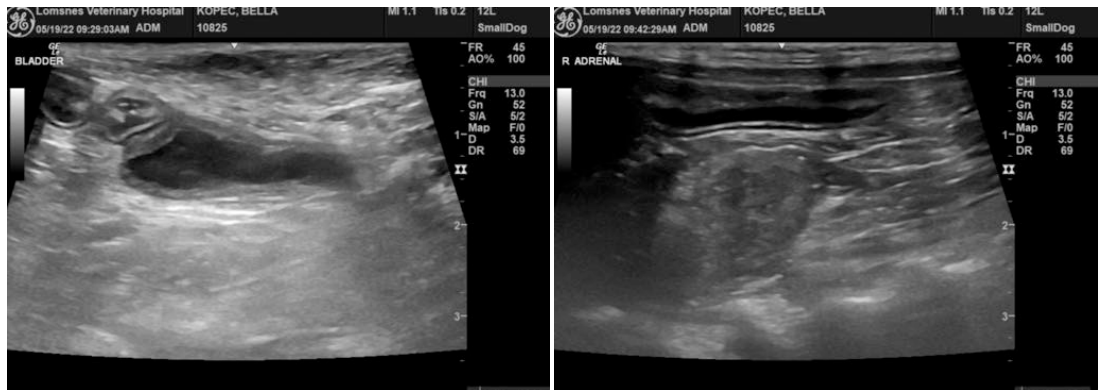
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PATIENT

Bella Kopec

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.

SPECIES

Canine

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.

BREED

Yorkie

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

SEX

Spayed Female

AGE

9 years

WEIGHT

2.18 kg

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