

PATIENT

Abbey Goulding

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

13 Years

WEIGHT

20 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Ho Ho Kus VH

REFERRING VET

Dr. Scott

INVOICE

38068

DATE

5/27/22

PRESENTING CLINICAL SIGNS

Decreased app, listless for the last week, no vomiting, had one urination in house but no excessive drinking

Abnormal PE/Chem/CBC/UA Results: PE WNL- overweight, otherwise WNL

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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. Microcystic cortical changes noted. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Cortical mineralizations noted. The left kidney measured 4.5 cm. The right kidney measured 4.0 cm.

Adrenal Glands

The **left adrenal gland** presented an enlarged caudal pole and swollen contour. The left adrenal gland measured 0.8 cm at the caudal pole and 0.50 cm at the cranial pole.

The **right adrenal gland** was slightly irregular, measuring 8.0 mm in width.

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 were noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

Comet tail lung pattern noted through the diaphragm.

Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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 **pancreas** revealed hyperechoic changes, consistent with remodeling, possible low-grade inflammation in the right limb. History of pancreatitis likely.

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ULTRASONOGRAPHIC FINDINGS

- Irregular adrenal glands, focal swelling of the left adrenal – hyperplasia versus adenoma, adenocarcinoma, pheochromocytoma less likely.

BREED

Shih Tzu

- Pancreatic remodeling
- Moderate age related renal and hepatic changes
- Comet tail lung pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

13 Years

Chest radiographs warranted to assess for alveolar disease. Other than the adrenal presentation, there is no overt evidence of abdominal visceral disease to be responsible for the clinical signs, unless low-grade pancreatitis is playing a role. Blood pressure measurements warranted. Full CNS examination indicated.

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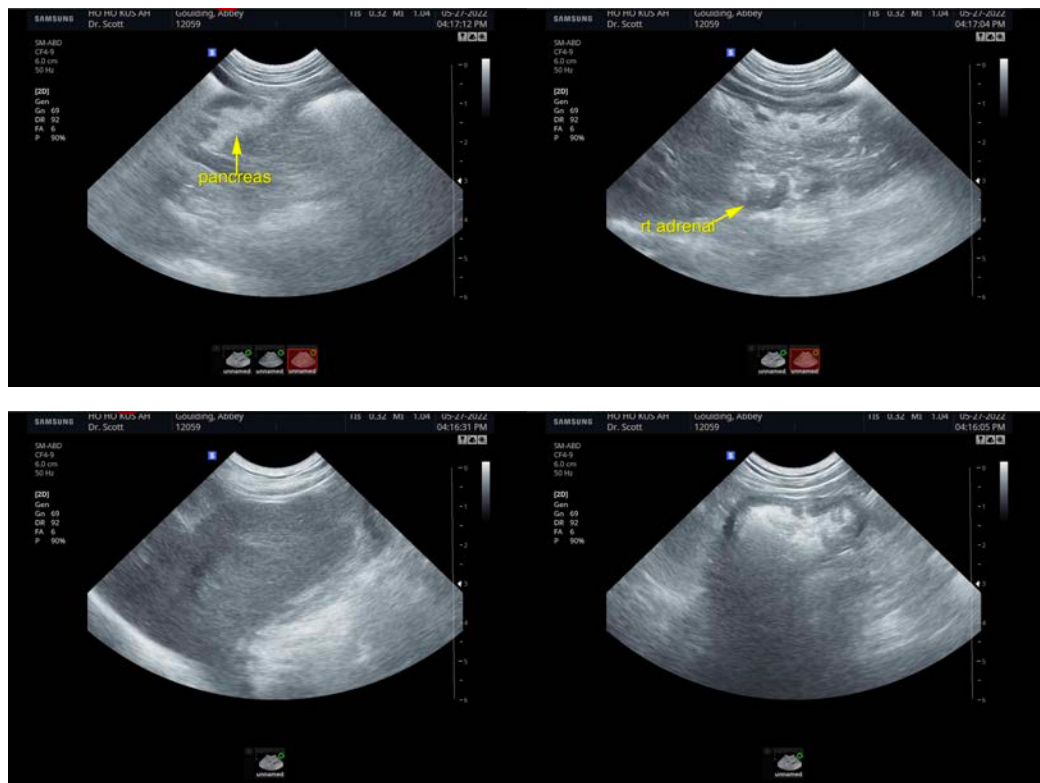
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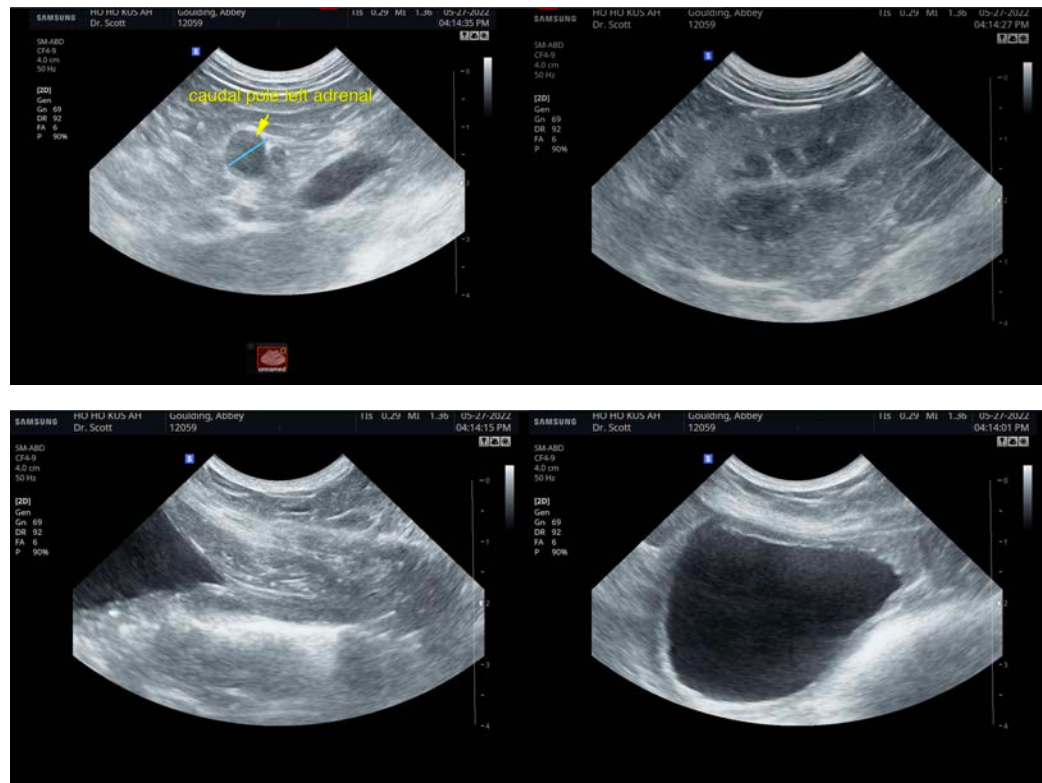
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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