



PATIENT PRESENTING CLINICAL SIGNS

Chloe Money History: vomiting, diarrhea some anorexia, lethargy - was seen at Mississauga Oakville Referral on 21st for possible cardiac concerns then again on the 24th for the vomiting, diarrhea, anorexia and lethargy. On Vetmedin.

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: Please see attached radiographs. BUN 102 (7-26) CRE 207 (45-120)

BREED

Bichon X

SEX

Spayed Female

AGE

13 Years

WEIGHT

6 kg

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 2.0 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 moderate 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 right kidney measured 4.81 cm. The left kidney measured 4.26 cm. Pinpoint mineralizations were noted, nonobstructive.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some mild heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease.

The left adrenal gland measured 1.5 cm x 0.55 cm at the caudal pole and 0.48 cm at the cranial pole. The right adrenal gland measured 2.08 cm x 1.26 cm at the cranial pole and 0.76 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Gagemount AH

REFERRING VET

Dr. Keir

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** revealed coarse architecture, slight irregular contour and increased portal markings. Lobar isoechoic swelling was noted in the caudate process, measuring approximately 3.0 cm. The gallbladder and common bile duct were unremarkable.

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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.

Pancreas

SPECIES

Canine

The **pancreas** was heterogeneous and hypoechoic with coarse architecture and enhanced surrounding mesentery. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.

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ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

- Moderate degenerative renal changes, not end-stage
- Hepatic remodeling with regional lobar swelling, likely benign hepatopathy with history of inflammatory components
- Likely low-grade pancreatitis
- Age-related adrenal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

13 Years

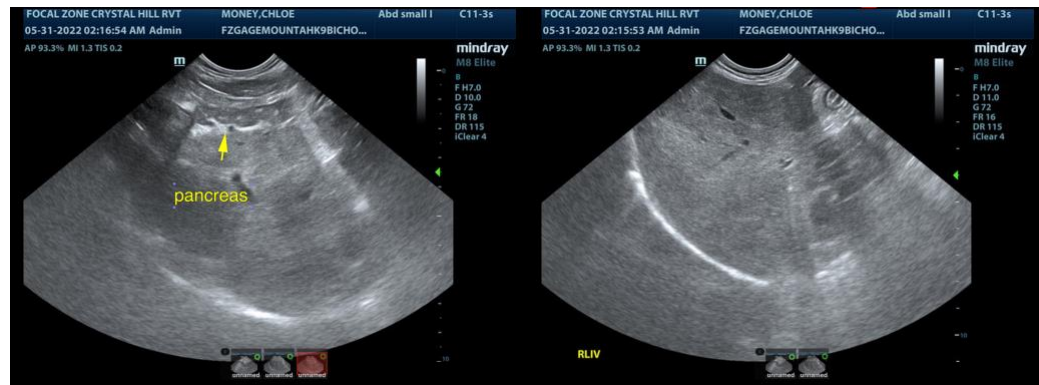
IV fluid support to correct the azotemia, GI protectants, broad spectrum antibiotics and reassessment all indicated. Both pre-renal and renal components likely playing a role in this patient, yet the kidneys do not appear end-stage. Acute insult is suspected.

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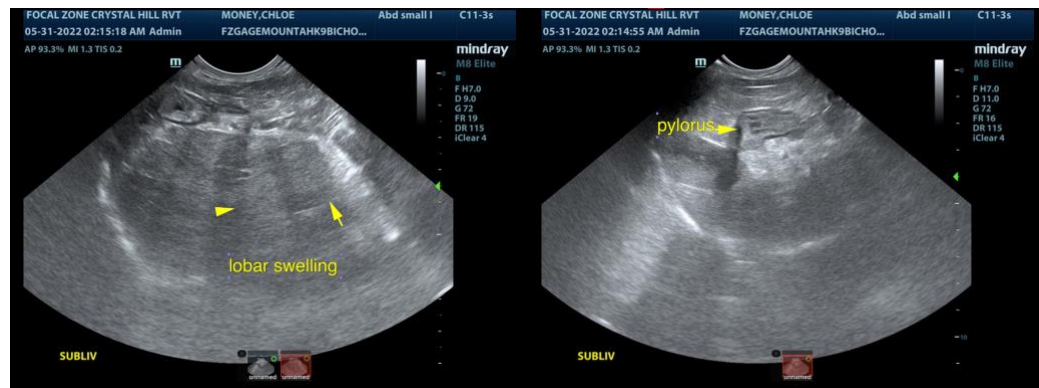


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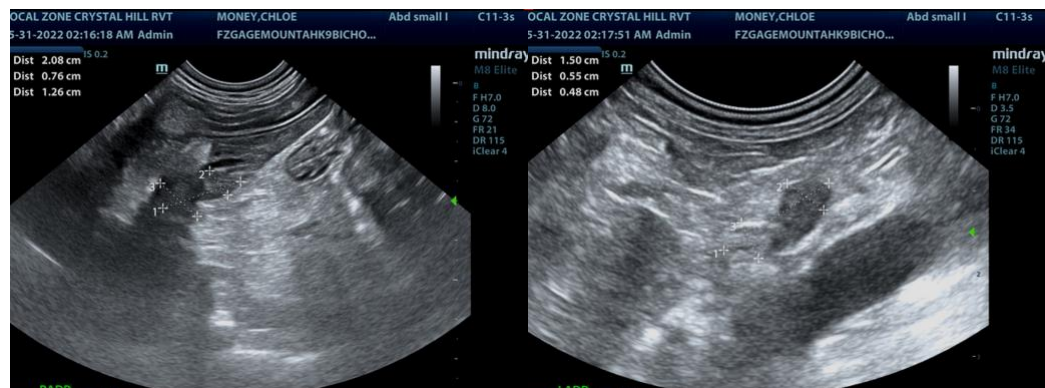
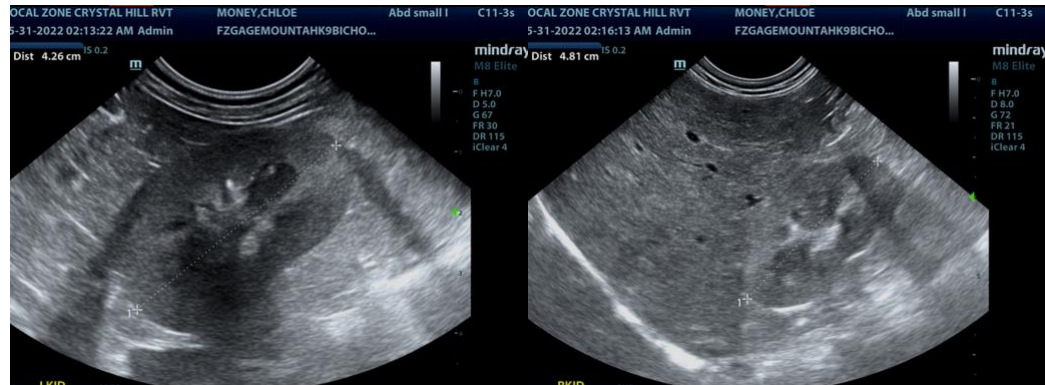
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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