



PATIENT

Abbie Benton

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

9 ½ years

WEIGHT

7.9 kgs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. De Cordon

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. De Cordon

INVOICE

30155

DATE

5/4/22

PRESENTING CLINICAL SIGNS

Chronic kidney disease, anemia, hepatopathy. Owner was out of town, Abbie was boarding. Abbie was doing well, eating.....then owner contacted yesterday by boarding facility - Abbie was not eating, not getting meds for 2 days. Brought home, urinated twice last night, maybe some weird stool
Abnormal PE/Chem/CBC/UA Results: BW at RDVM 4/4/22 ALT:523 BUN:63 Creat: 2.5 gLUC:159
UA: proteinuria, USG: 1013 2/22 ALT:219 Creat: 2.7 BUN:51

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** presented normal size and contour. Increased cortical echogenicity was noted and is most consistent with interstitial nephrosis. The left kidney measured 4.7 cm with pyelectasia. The right kidney measured 5.2 cm with slight pyelectasia and areas of mineralization. Blood flow to the kidneys was subnormal on Power Doppler assessment.

Adrenal Glands

The left **adrenal gland** was uniform and measured 1.76 x 0.45 cm. The right adrenal gland was heterogenous and measured 0.8 cm at the cranial pole and 0.5 cm at the caudal pole.

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 with increased portal markings and uniform enlargement. This is consistent with vacuolar hepatopathy and remodeling. Hepatic vein dilation was noted. Heterogenous hepatic changes and isoechoic swelling was noted in the right medial liver. The gallbladder was thickened with suspended debris. The gallbladder was over distended with some aspects of emerging mucocele formation possibly linked to some of the anorexia signs.

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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Non-specific, moderate degenerative renal changes with pyelectasia and mineralization.

Vacuolar hepatopathy and emerging mucocele.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gallbladder motility study would be ideal. Urine culture and sensitivity, 72-hour IV fluid protocol is recommended to correct the azotemia and with Ursodiol and GI protectants. Blood pressure measurements are indicated. FNA of the right liver would be ideal to ensure an underlying neoplastic process is not evident versus benign hepatopathy.

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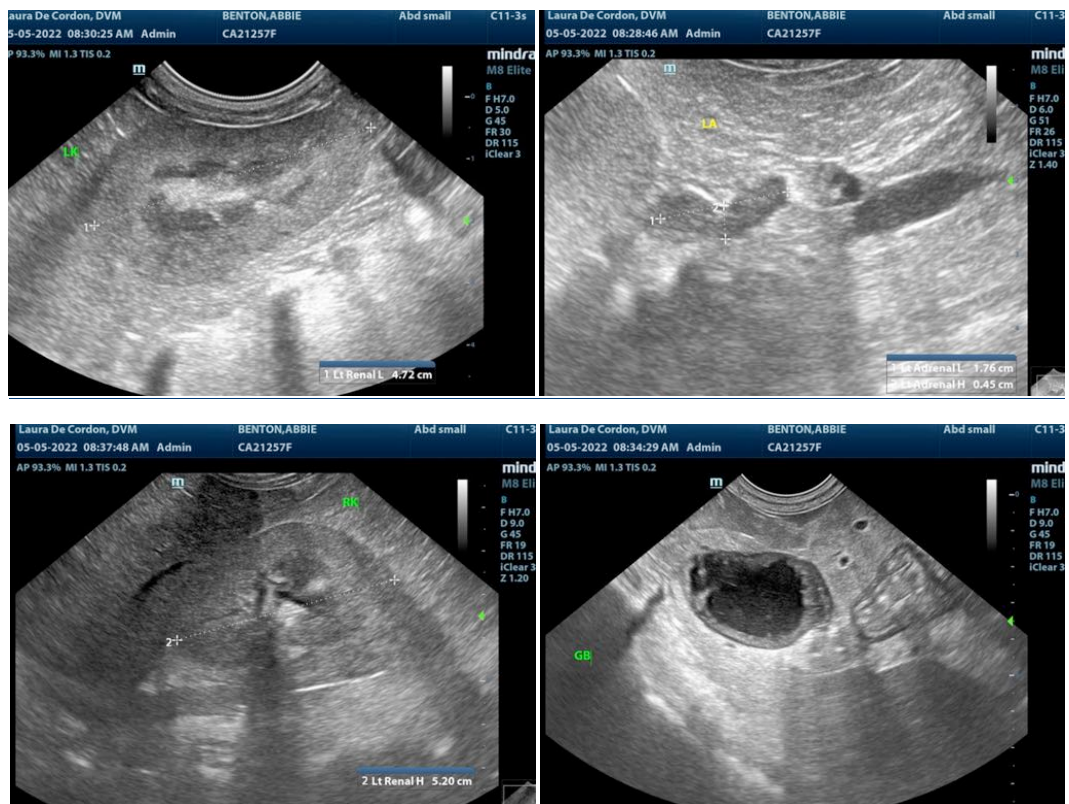
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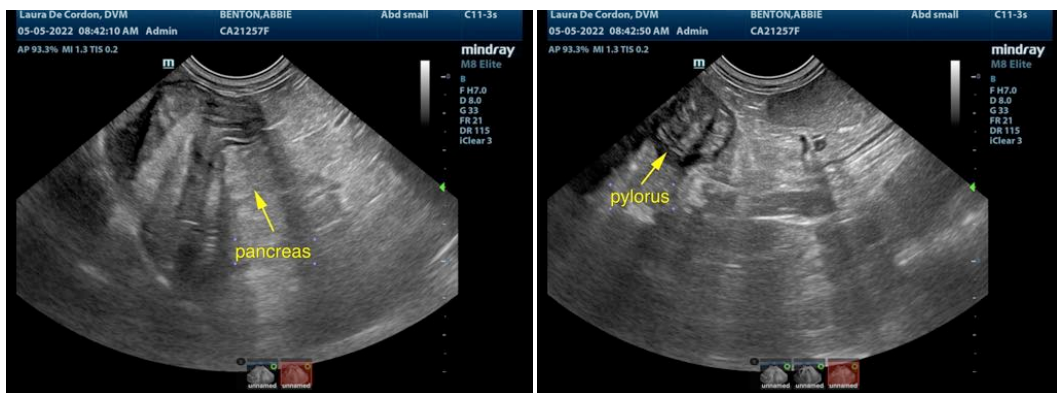
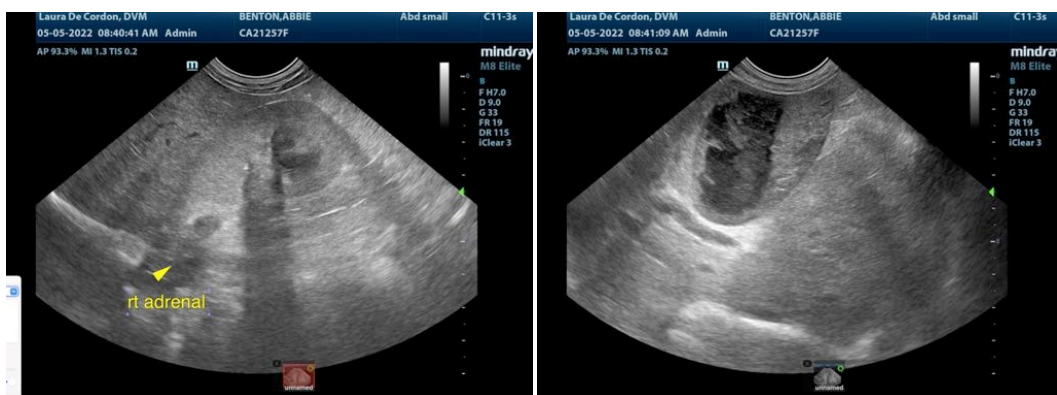
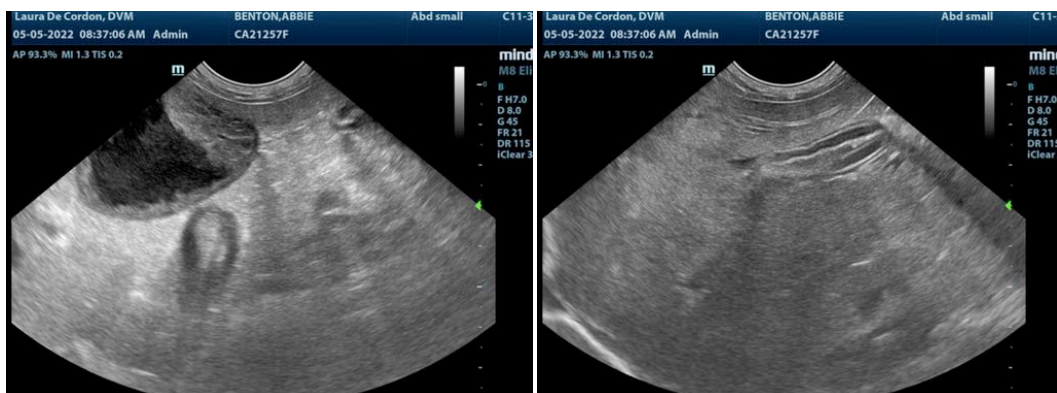
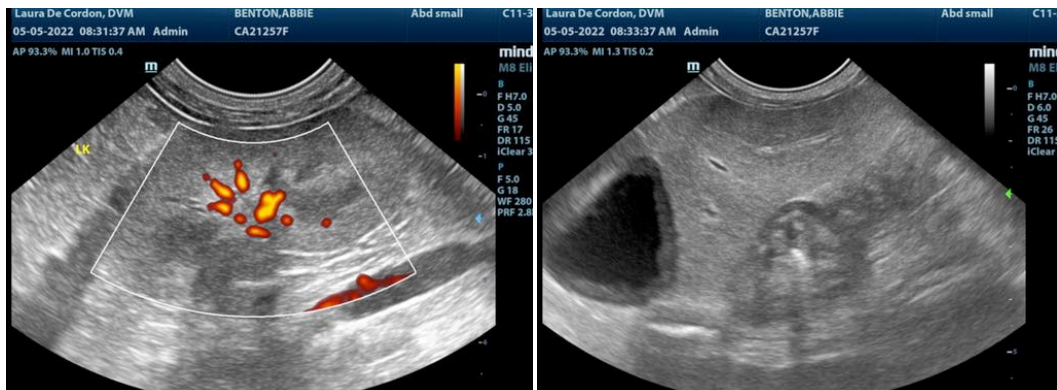
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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