



**PATIENT**

Gaia Turesky

**SPECIES**

Canine

**BREED**

Bernese Mountain Dog

**SEX**

Spayed Female

**AGE**

2 Years 7 Months

**WEIGHT**

74 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jess and Dr. Jung

**HOSPITAL NAME**

Cityscape Vets on  
Excelsior

**REFERRING VET**

Angela Jung

**INVOICE**

22329

**DATE**

5/5/23

**PRESENTING CLINICAL SIGNS**

History: For the past 6 weeks, Gaia has been polydipsic, occasional urinary accidents in the home, intermittently low energy, collapsed on left foreleg twice when walking. Concerned about reticulocytosis in the absence of anemia along with changes in liver. No external signs of blood loss. Has been responding to doxycycline treatment - no longer polydipsic, energy is better though still has low energy days intermittently, hasn't shown any signs of limping or pain.

Abnormal PE/Chem/CBC/UA Results: April 25: PE: BAR LABS: USG 1.012, glucosuria, proteinuria, reticulocytosis 161.2 (10-110), leukocytosis (WBC 27.74 (5.05-16.76), neutrophils 20.21 (2.95-11.64), monocytes 2.78 (0.16-1.12)); ALKP 229 (23-212); negative Lepto PCR on blood and urine Tx: placed on doxycycline May 2: PE: BAR LABS: USG 1.026, glucosuria and proteinuria resolved, reticulocytosis worse 207.6 (10-110), leukocytosis better (WBC 19.53 (5.05-16.76), neutrophils 11.26 (2.95-11.64), monocytes 2.06 (0.16-1.12), lymphocytes 5.54 (1.05-5.10); urine cortisol:creatinine ratio was 11 - considered negative for HAC and HOC Tx: seemed to be responding to doxycycline so continued May 5: PE: BAR, temp 103.1 but very anxious LABS: leukocytosis back up a little (WBC 21.7 (5.05-16.76), neutrophils 12.97 (2.95-11.64), monocytes 2.55 (0.16-1.12), lymphocytes 5.56 (1.05-5.10); ALT 208 (10-125) and ALKP 229 (23-212); manual assessment of blood film: activated lymphocytes, neutrophilia, presence of monocytes noted, no nucleated RBCs observed, occasional Heinz bodies, spherocytosis and polychromasia Tx: continuing doxycycline

**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 **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.6 cm. The right kidney measured 7.0 cm.

**Adrenal Glands**

The **adrenal glands** were 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 were noted.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely



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not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

### **Gastrointestinal**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. 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.

### **Pancreas**

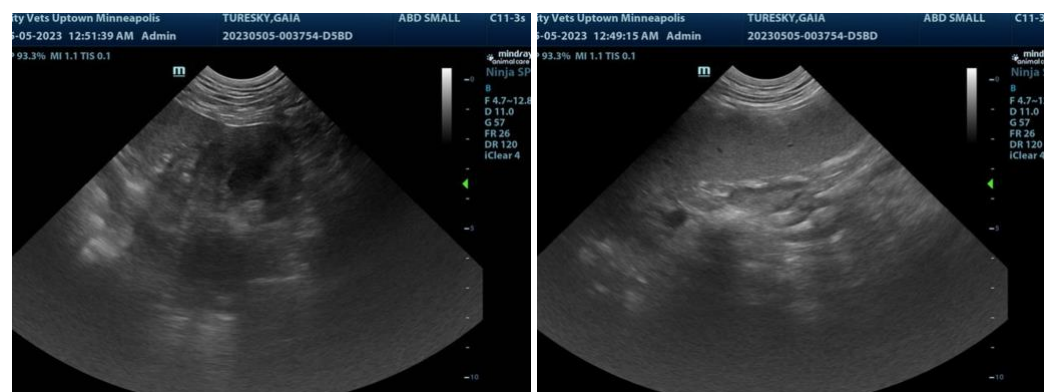
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

### **ULTRASONOGRAPHIC FINDINGS**

- Structurally unremarkable abdomen
- Partially full stomach
- Low grade inflammatory hepatopathy, given the liver enzyme elevations and minor nonspecific hepatic remodeling.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of pathology causing blood loss or other clinical issues. Screening for Addisons is warranted given the vague clinical signs. CBC path review is warranted. Full urinary work up is warranted if not already performed.





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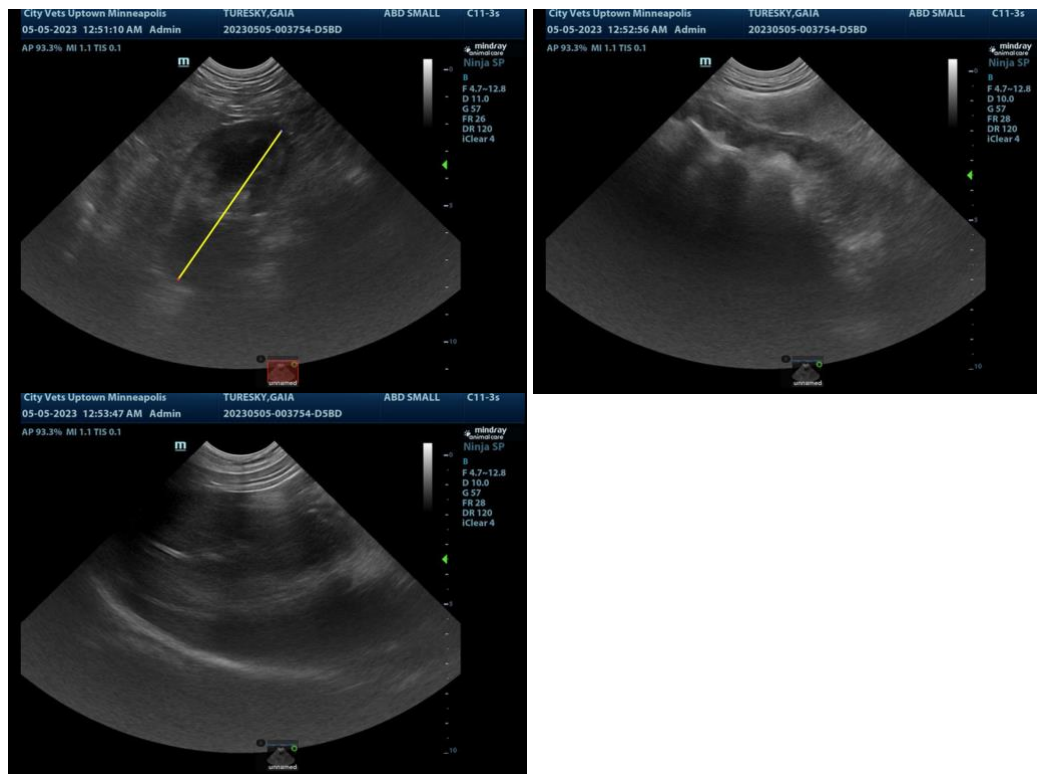
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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