



**PATIENT**

Zeus Moniello

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

9.2 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Elaina Petrone

**HOSPITAL NAME**

Long Branch AH

**REFERRING VET**

Dr. Elaina Petrone

**INVOICE**

43274

**DATE**

6/17/23

**PRESENTING CLINICAL SIGNS**

History of collapsing trachea-recently stented. Presented on 6/15/23 to rDVM for anorexia and vomiting bile.

Abnormal PE/Chem/CBC/UA Results: Anemia HCT: 30 nRBCs: 3/HPF Decreased platelets-may be false due to clumps Mild leukopenia.

**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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.4 cm. The left kidney measured 3.5 cm with trace pyelectasia noted.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.49 cm at the caudal pole and 0.60 cm at the cranial pole. The left adrenal gland measured 0.47 cm at the caudal pole and 0.42 cm at the cranial 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 were noted.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.



**PATIENT**

**Pancreas**

Zeus Moniello

The **pancreas** presented minor heterogeneous parenchymal changes on the right limb.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Gastroenteritis
- Slight renal pyelectasia
- Minor heterogeneous right pancreatic base, potential low-grade inflammation

**BREED**

Yorkie

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. The cause of anemia is unclear. The patient may be losing blood through the GI tract. I cannot rule out micro ulcerative disease in the GI tract. GI protectant protocol warranted, assessment for parasites, CBC path review, +/- bone marrow aspirate. However, all in all the abdomen appears largely unremarkable other than the potential for low-grade pancreatitis with mild gastroenteritis pattern.

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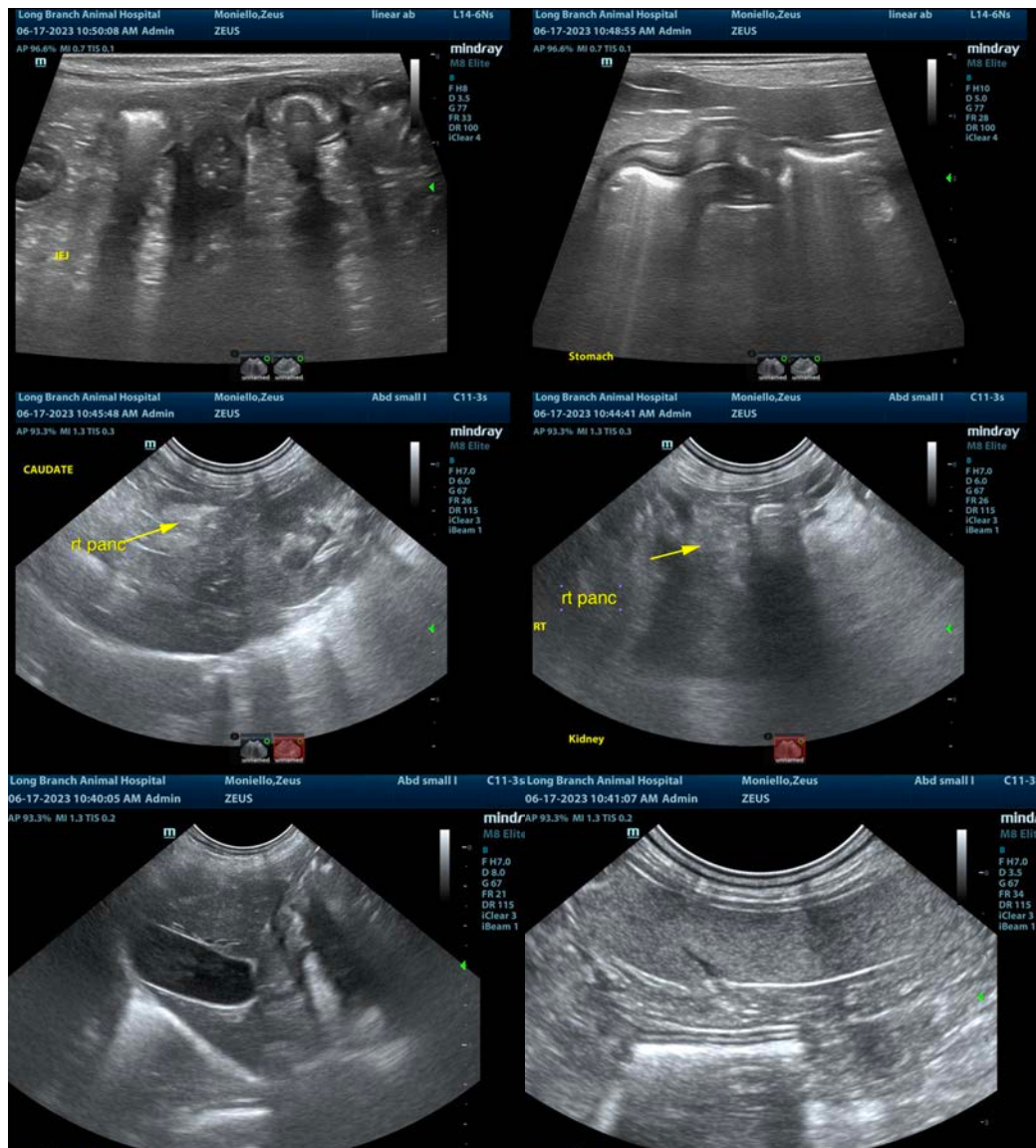
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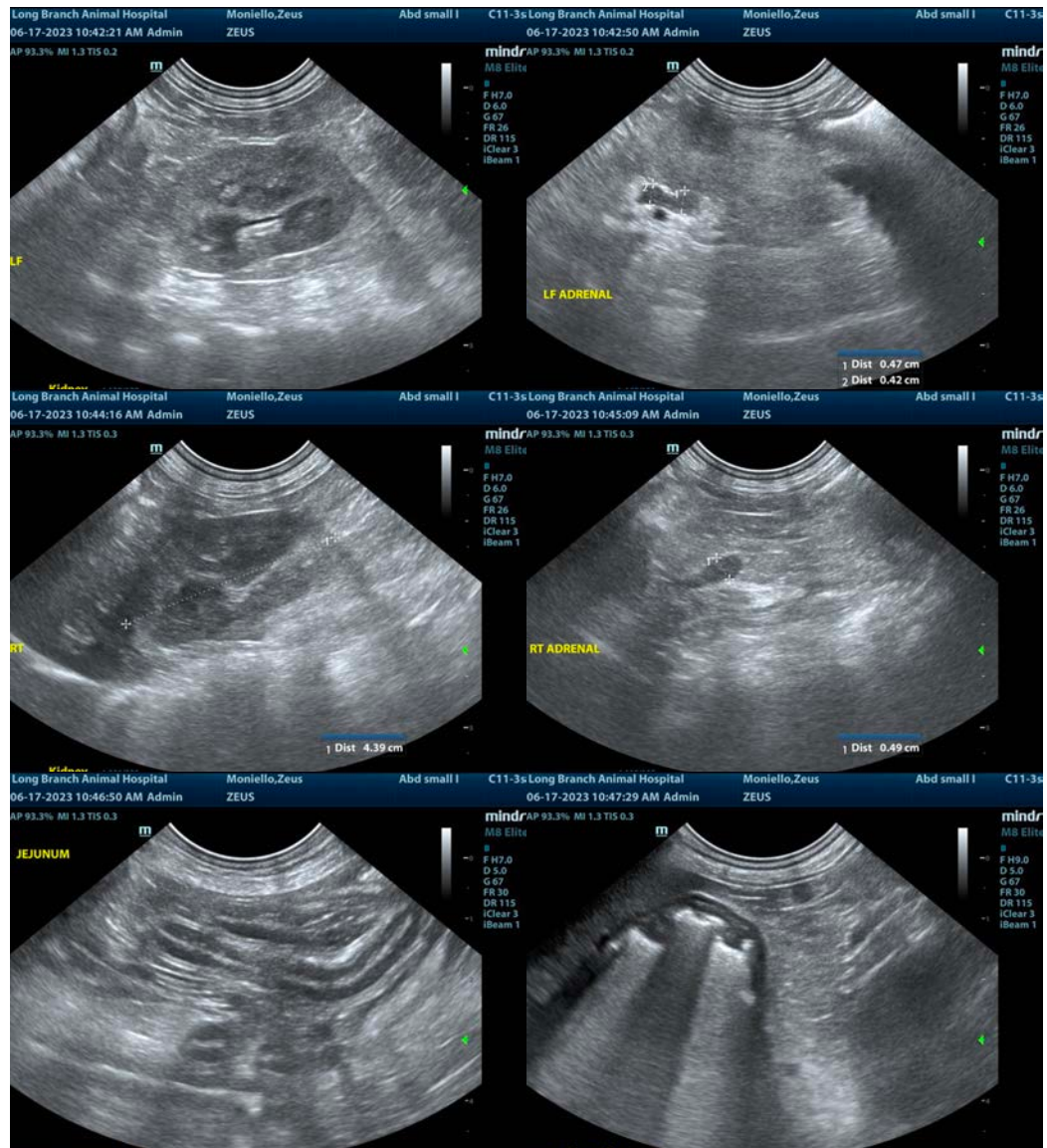
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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