



PATIENT

Mika Kras

SPECIES

Canine

BREED

Poodle

SEX

Spayed Female

AGE

10 Years

WEIGHT

18.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gudrun Gunther

HOSPITAL NAME

New Frontier AMC

REFERRING VET

Dr. Gudrun Gunther

INVOICE

38334

DATE

6/2/22

PRESENTING CLINICAL SIGNS

This is a recheck ultrasound - last ultrasound submitted to Sonopath 5/6/22. Patient is clinically stable, liver enzymes significantly improved. Patient has urinary incontinence. O have surgical consult scheduled at end of month

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 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. 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. Mineralization noted in both kidneys. The right kidney measured 4.81 cm. The left kidney measured 4.35 cm. Similar to prior sonogram.

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 left adrenal gland measured 0.50 cm. The right adrenal gland measured 0.65 cm at the caudal pole and 1.2 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** revealed slight increased portal markings, yet fairly uniform parenchyma. The liver appears stable. The gallbladder was overdistended and presented persistent echogenic wall, potentially less echogenic than the prior sonogram and gallbladder calculi. Biliary calculi and striating bile present. Fibrosis pattern. Largely unchanged if not slightly improved gallbladder presentation.

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 demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

Minor **pancreatic** remodeling noted, appears somewhat more defined than on the prior sonogram.



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ULTRASONOGRAPHIC FINDINGS

- Persistent chronic cholangitis gallbladder pattern
- Pancreatic remodeling

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Preventative cholecystectomy likely in this patient's best interest. Concerns are of potential calculus movement and obstruction as well as lack of integrity of the gallbladder wall. Continuation of supportive care and coverage for underlying infection with Enrofloxacin/Metronidazole warranted until cholecystectomy can be performed.

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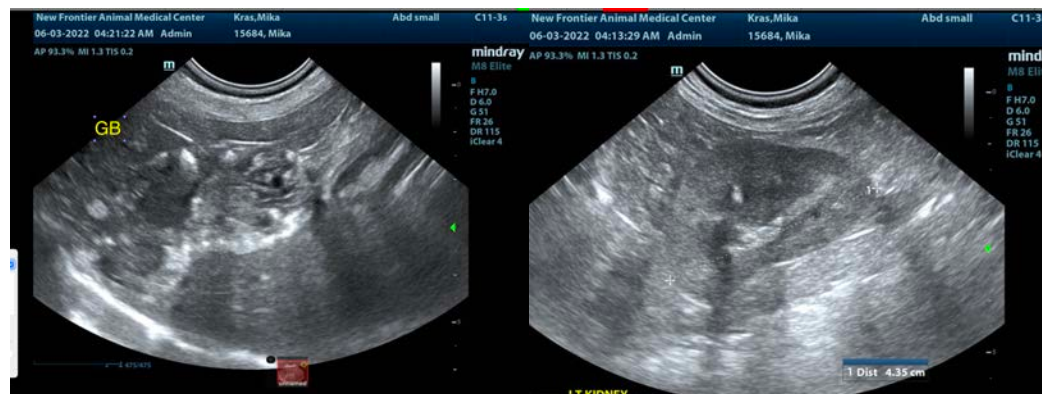
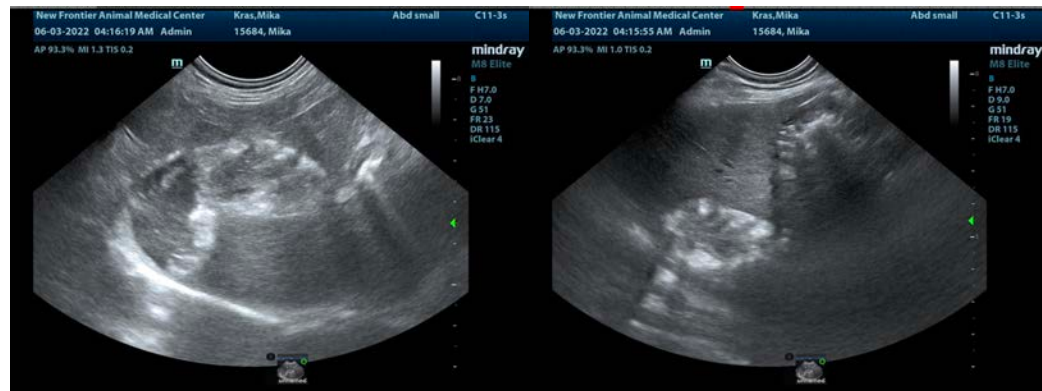
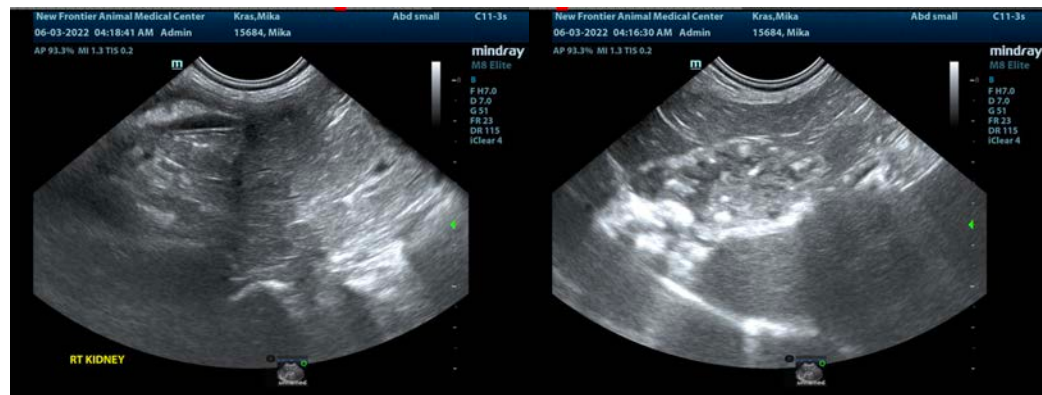
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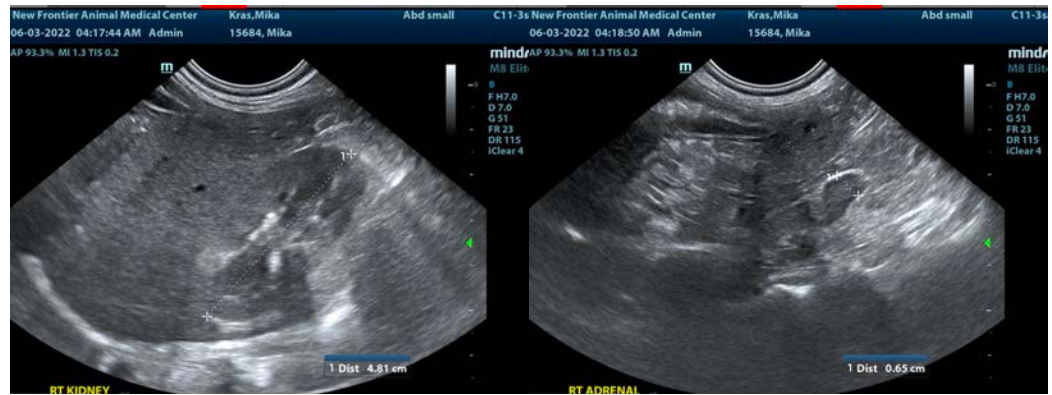
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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