

PATIENT PRESENTING CLINICAL SIGNS

Ruby Monaco Anorectic, elevated BUN/CREAT, elevated BP

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine *Urinary System*

The urinary bladder, trigone, and pelvic urethra presented normal thicknesses and normal tone to a depth of 2 cm. The ureters were not visible which is normal. Sand accumulation measuring 2+ cm noted within the bladder lumen. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

BREED Maltipoo
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.

SEX FS

AGE The left kidney measured 4.68 cm in length. The right kidney measured 4.77 cm in length.

2009 *Adrenal Glands*

INTERPRETED BY Eric Lindquist, DMV DABVP, Cert. IVUSS
The adrenal glands appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 2.74 cm length x 1.12 cm width. The right adrenal gland measured 2.37 cm in length x 1.21 cm in width.

IMAGING PERFORMED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

Spleen

HOSPITAL NAME Franklin Lakes Animal Hospital
The spleen presented a homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. Mineralization was noted within the spleen. 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.

REFERRING VET

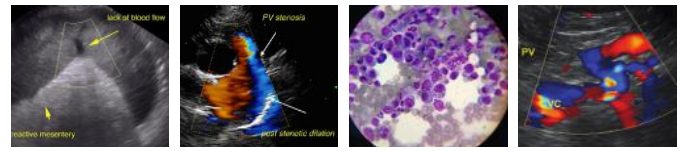
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Liver

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Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

DATE

06/06/2022



PATIENT

Gastrointestinal

Ruby Monaco

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.

SPECIES

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Maltipoo

Pancreas

The right limb of the pancreas contained hypoechoic changes and was heterogenous to the surrounding omental fat. The patient was painful upon imaging consistent with minor pancreatitis. The remainder of the pancreas revealed minor remodeling yet no evidence of significant disease.

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ULTRASONOGRAPHIC FINDINGS

AGE

2009

- Bilateral adrenal hypertrophy consistent with PDH
- Age related renal changes with nonobstructive mineralization
- Urinary bladder sand and small calculi (2+ cm), this patient is likely passing calculi from the kidneys to the bladder periodically
- Secondary splenic mineralization owing to endocrinopathy
- Benign hepatopathy with remodeling
- Minor pancreatitis-right limb

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Treatment for pancreatitis is warranted including possible dietary change given the renal calculi-likely oxalate. Other causes of anorexia such as pain related spinal disease should be considered. Anti-hypertensives are warranted to reach a systolic BP of <160.

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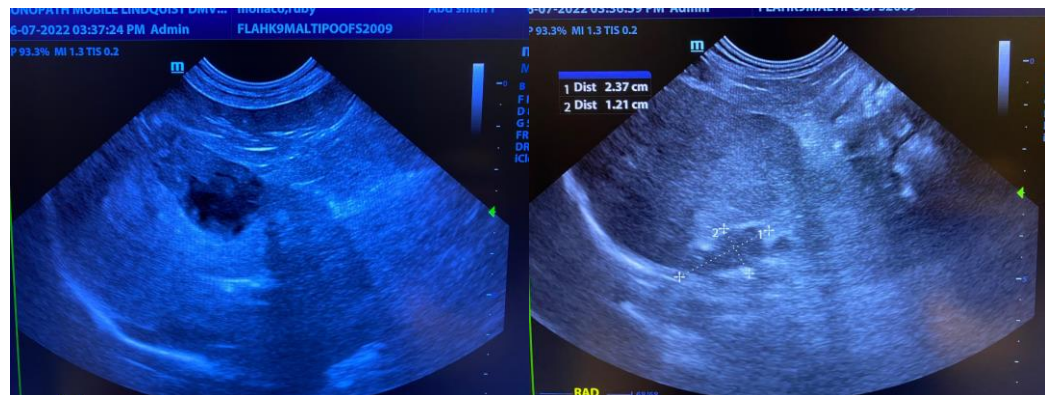
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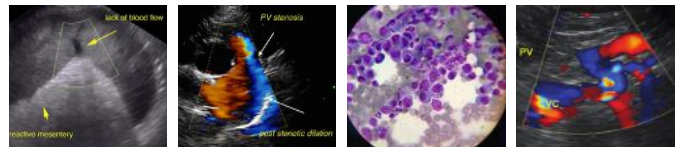
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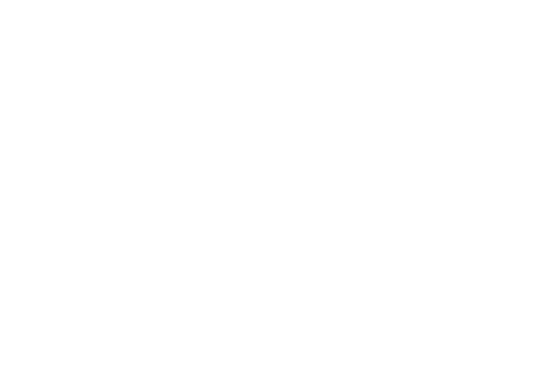
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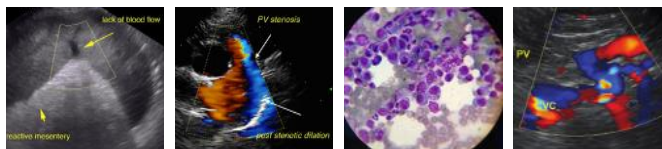
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

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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.

SPECIES

Canine

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