



PATIENT PRESENTING CLINICAL SIGNS

Ziva Green
History: Patient presented for an annual exam and routine bloodwork was done. The results showed an elevated ALT value and elevated glucose (most likely a stress response). Next we did a bile acids test which showed an elevation 2 hours after eating. The pre sample was within normal limits. A UA was also done but came back essentially normal. Currently patient is asymptomatic.
Canine
Abnormal PE/Chem/CBC/UA Results: Attached are the bloodwork results from 5/6/22 and Bile acid results from 5/27/22 Radiographs taken on 5/27/22 are also attached

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Yorkshire Terrier

Urinary System

SEX

Female

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction. 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.

AGE

6 years

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 3.5 cm.

WEIGHT

18.8 lbs

INTERPRETED BY

**Eric Lindquist, DMV
DABVP, Cert. IVUSS**

Adrenal Glands

Both **adrenal glands** are subjectively small and isoechoic to the surrounding fat.

IMAGING PERFORMED BY

Sammy Burmeister

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.

HOSPITAL NAME

Faith AC

REFERRING VET

Dr. Faith

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.

INVOICE

30909

DATE

6/7/22



PATIENT

Gastrointestinal

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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

Canine

BREED

Yorkshire Terrier

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.

SEX

Female

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

AGE

6 years

Subjectively small adrenal glands.

WEIGHT

18.8 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for Addison's is warranted with baseline cortisol or ACTH stimulation. FNA of the liver could be considered for further definition; however, it appears structurally unremarkable.

INTERPRETED BY

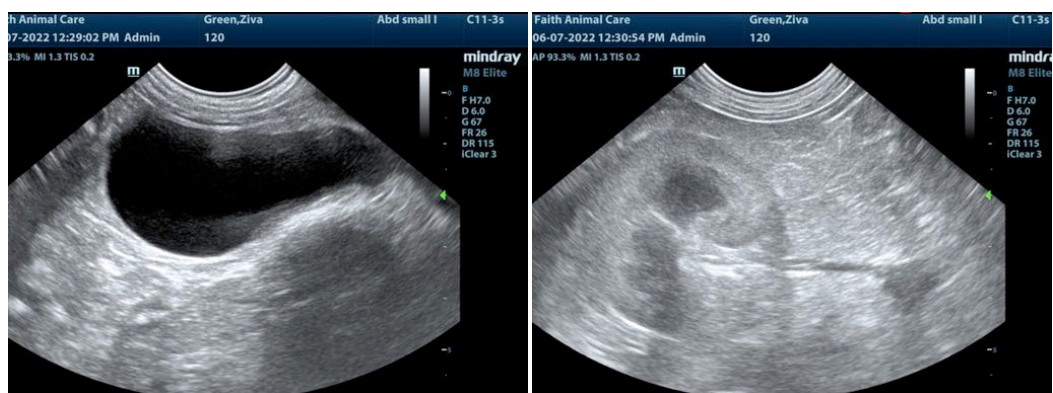
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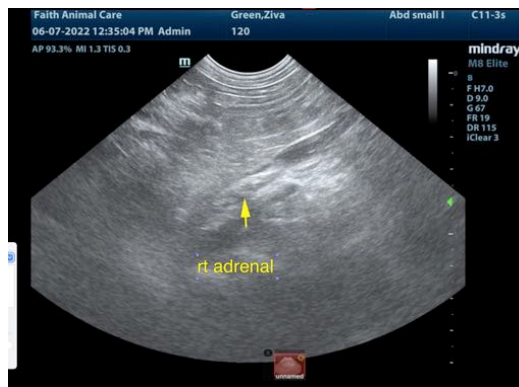
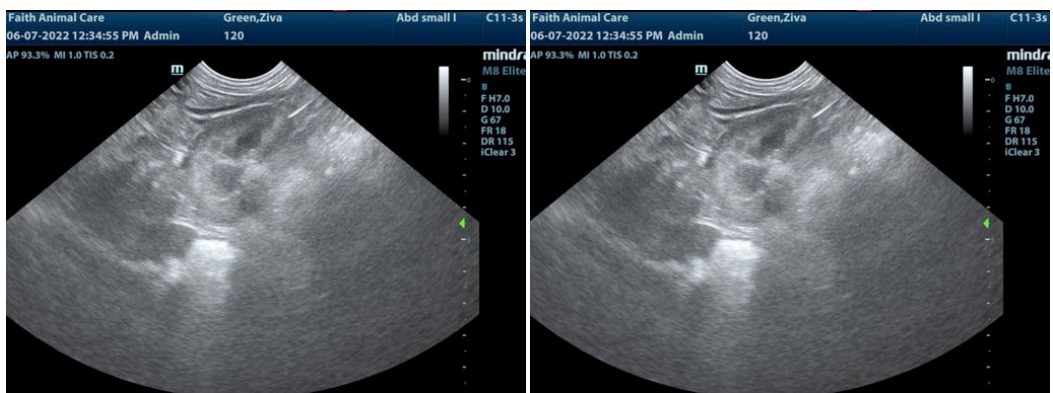
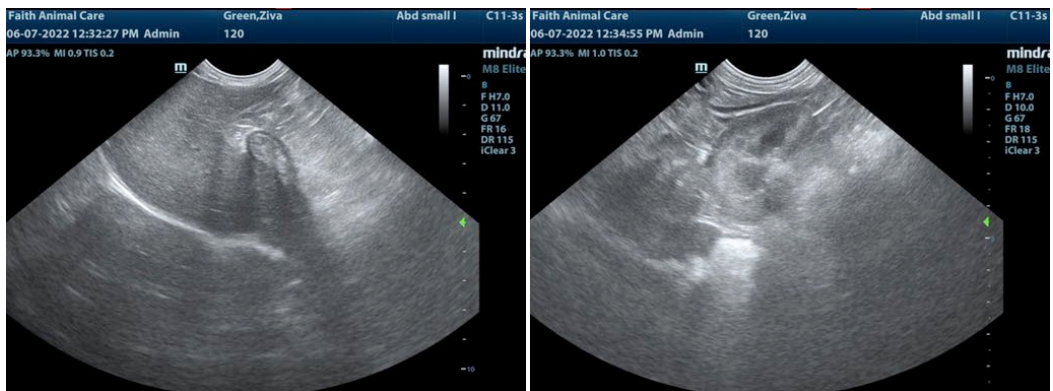
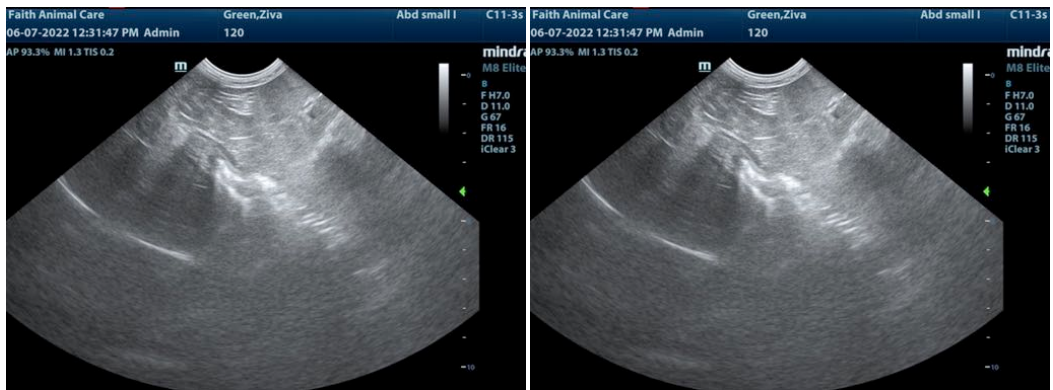
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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