



PATIENT

Zoe Protomastro

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

10 Years

WEIGHT

17.6 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

38492

DATE

6/8/22

PRESENTING CLINICAL SIGNS

Patient presented for a swollen vulva-possible allergic reaction from over the weekend. Patient went to the ER was given Benadryl and dexamethasone. Owner report she's not acting like herself. Her abdomen felt tense and uncomfortable on palpation. History of UTI-recently treated based on MIC History of PLN-treated with telmisartan, plavix History heart murmur Stage B1 valvular disease. Mitral insufficiency is trivial. History of urinary incontinence on incurin,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra 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. The right kidney measured 5.16 cm. The left kidney measured 4.65 cm.

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 0.49 cm at the caudal pole and 0.51 cm at the cranial pole. The right adrenal gland measured 0.60 cm.

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** was uniformly swollen, consistent with benign hepatopathy. The gallbladder was overdistended with dependent and suspended debris noted. Teardrop appearance of the gallbladder appears to be persistently present.

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.



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Pancreas

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The **pancreas** was mildly heterogeneous in the right limb. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas

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ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy and minor excessive gallbladder debris, not to the level of mucocele formation
- Chronic cystitis bladder pattern
- Minor heterogeneous right pancreatic limb, possible minor pancreatitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder is likely not the clinical issue. Assessment for UTI indicated if not already performed. Ursodiol therapy recommended as preventative. However, mucocele criteria is not present. Manual palpation of the right pancreas recommended. No evidence of neoplasia.

AGE

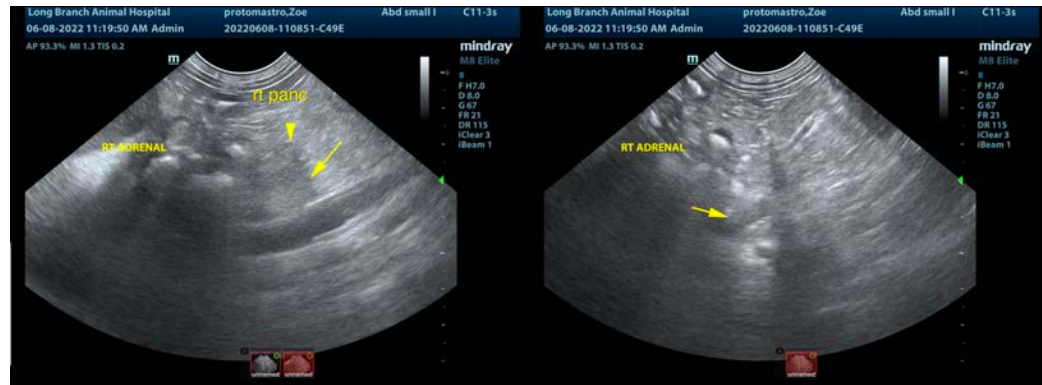
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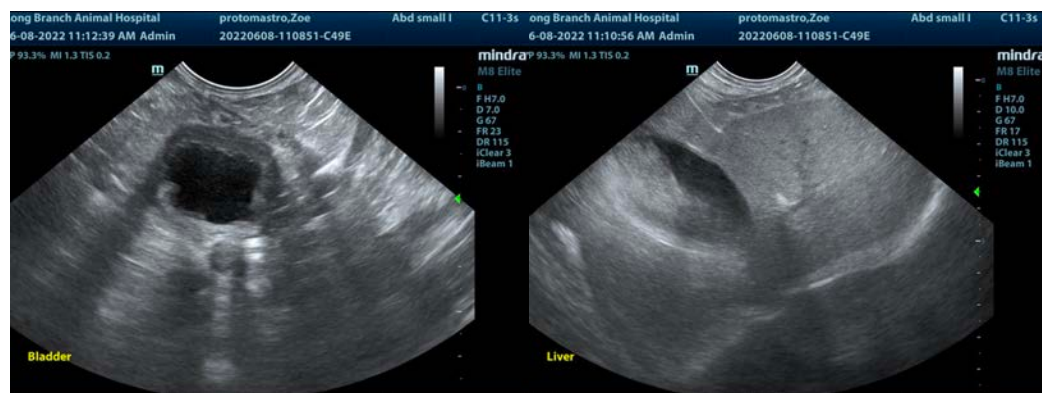
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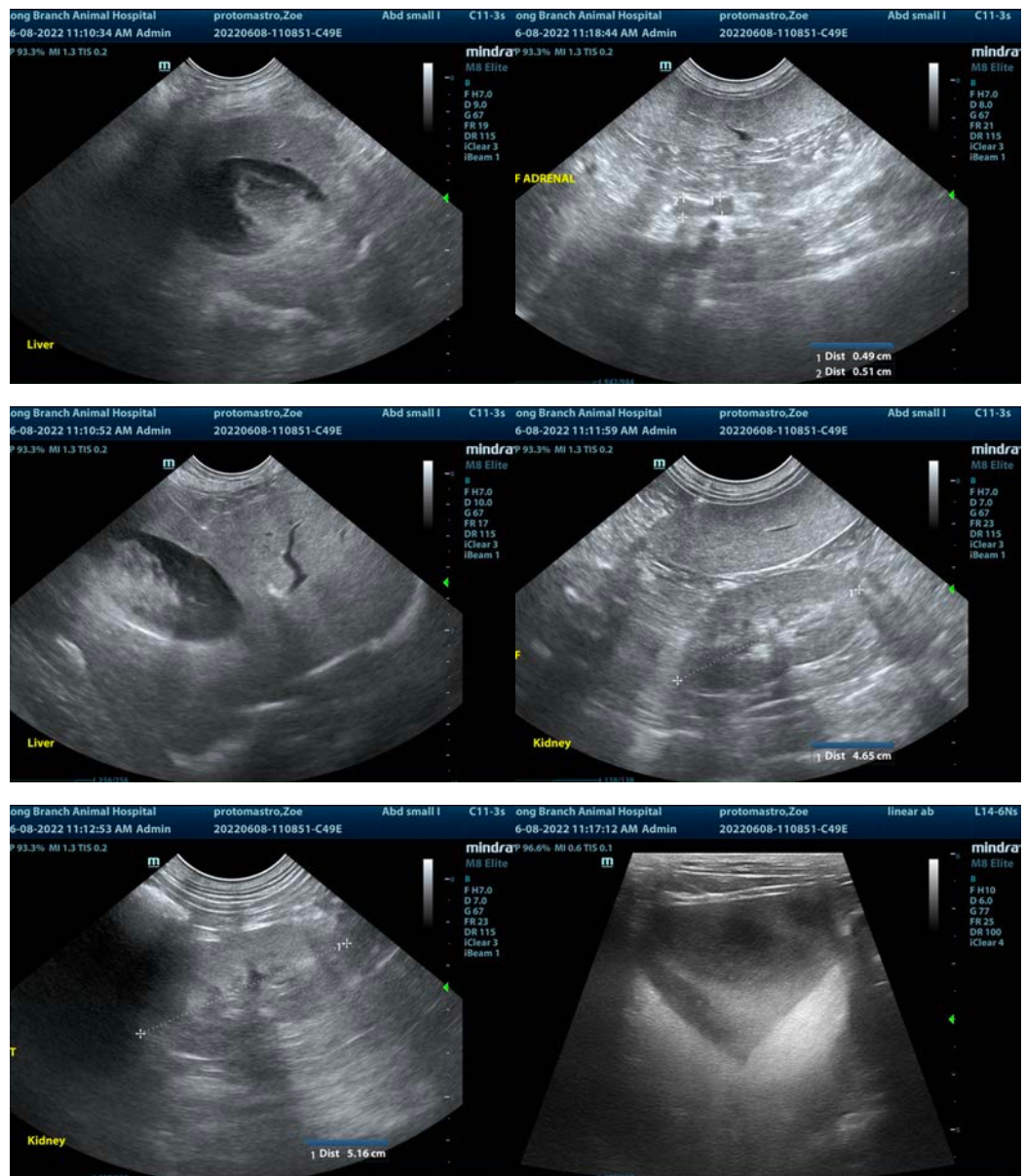
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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