



**PATIENT PRESENTING CLINICAL SIGNS**

Chica Gu shaking not eating, lethargic

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Canine Urinary System**

**BREED**

Yorkie

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.

**SEX**

Spayed Female

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 3.97 cm. The left kidney measured 4.1 cm.

**AGE**

9 Years

**Adrenal Glands**

**WEIGHT**

12.8 Pounds

The **left adrenal gland** was subnormal in size, measuring 1.0 cm x 0.20 cm at the caudal pole and 0.19 cm at the cranial pole.

The **right adrenal gland** was also subnormal in size, measuring 0.30 cm.

**Spleen**

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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.

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**REFERRING VET**

Dr. Maniar

**Gastrointestinal**

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The **stomach** presented mild mucosal hypertrophy without loss of mural detail. Anechoic fluid filled lumen noted, most consistent with gastritis or non-specific GI upset. The small intestine and colon were unremarkable with normal uniform curvilinear patterns. No loss of mural detail and unremarkable lumen.

**DATE**

7/11/22



**PATIENT**

**Pancreas**

Chica Gu

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.

**SPECIES**

Canine

**PRIMARY FINDINGS**

- Subnormal adrenal size
- Minor gastritis pattern

**BREED**

Yorkie

**SECONDARY FINDINGS**

- Age related renal and hepatic changes

**SEX**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Spayed Female

Screening for Addison's warranted. GI protectants indicated. ACTH stimulation recommended to assess for Addison's.

**AGE**

9 Years

**WEIGHT**

12.8 Pounds

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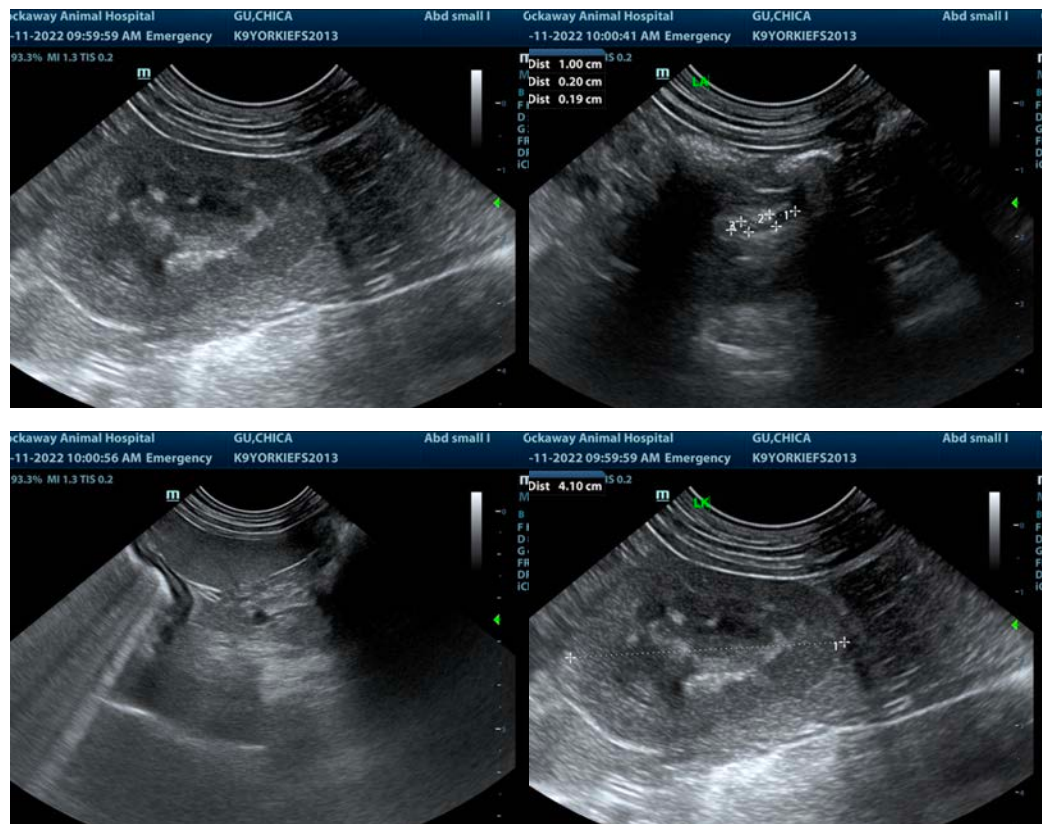
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**PATIENT**

Chica Gu

**SPECIES**

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Spayed Female

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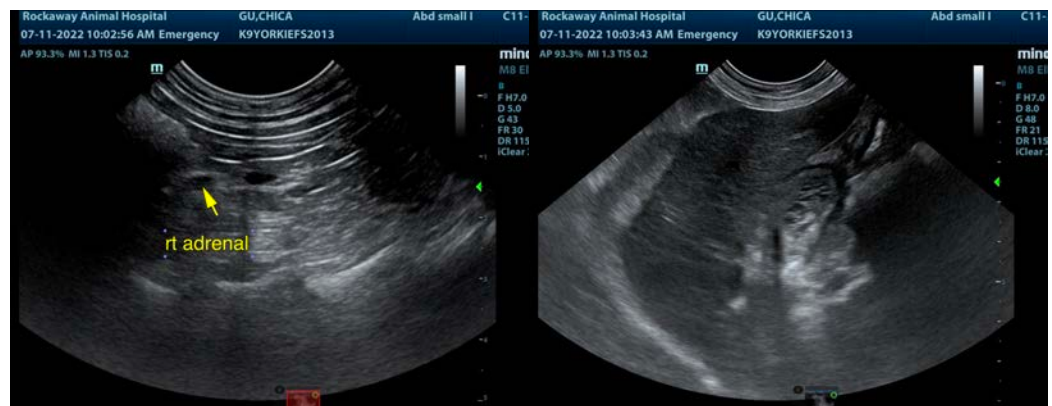
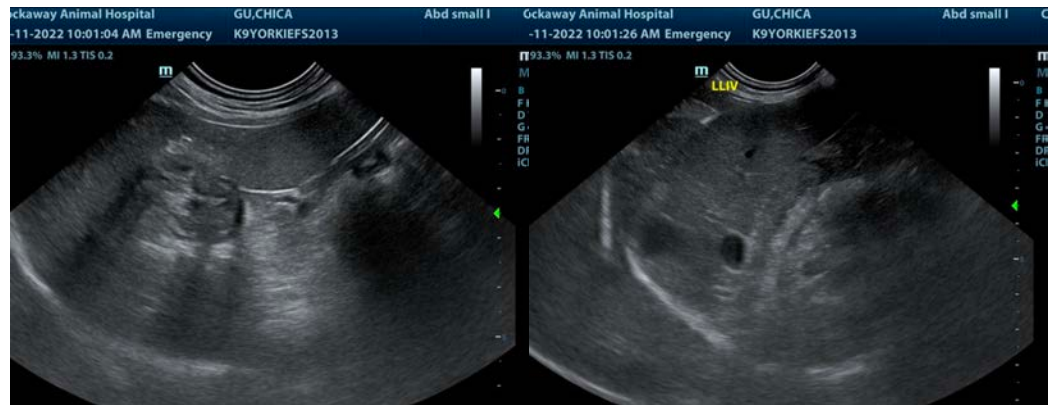
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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