



PATIENT

Lainey Mella

SPECIES

Canine

BREED

Multipoo

SEX

Spayed Female

AGE

10 Years

WEIGHT

14 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kim

HOSPITAL NAME

Ridgefield Park AH

REFERRING VET

Dr. Kim

INVOICE

39556

DATE

7/15/22

PRESENTING CLINICAL SIGNS

Patient presented to the hospital due to watery diarrhea that started 2 days prior presentation. Patient stopped eating the night before, owner offered food but patient rejected it and also, diarrhea stopped but abdomen was very tense and painful at palpation. Patient has history of eating from floor or others. Patient is lethargic at presentation. Tense and enlarged abdomen. Tachy MM.

Abnormal PE/Chem/CBC/UA Results: BUN: 56mg/dL Phos: 7.5 mg/dL Gluc: 179 mg/dL AlkP: 726IU/L CBC: Neutr: 12963 U/L T4: 0.5 UG/dL

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 4.63 cm. The left kidney measured 5.0 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 right adrenal gland measured 0.56 cm. The left adrenal gland measured 0.79 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** 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. Hypoechoic, non-disruptive nodule noted in the left liver measuring 1.02 cm. 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.

Gastrointestinal

Mild **pyloric** thickening present without loss of detail. The small intestine was unremarkable. Fluid filled colon noted.



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Pancreas

Lainey Mella

The right limb of the **pancreas** was hypoechoic and enlarged and 2.1 cm. Dilated duct noted.

SPECIES

Free Abdomen

Canine

Slight areas of free fluid noted between the liver lobes.

BREED

Maltipoo

PRIMARY FINDINGS

- Gastroenteritis
- Concurrent pancreatitis
- Slight free fluid of unknown origin

SEX

Spayed Female

SECONDARY FINDINGS

- Age related renal and hepatic changes

AGE

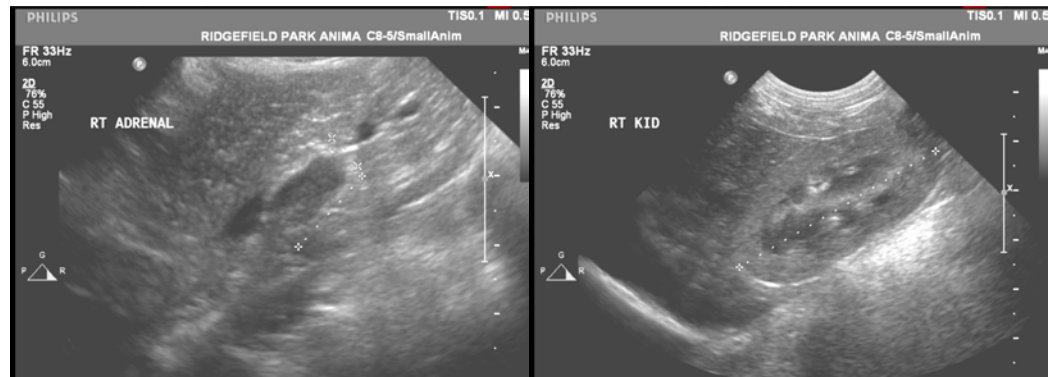
10 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI protectant protocol, IV fluid support, broad-spectrum antibiotics, plasma expanders all indicated. Recheck sonogram in 48 hours, earlier if abdominal fluid increases.

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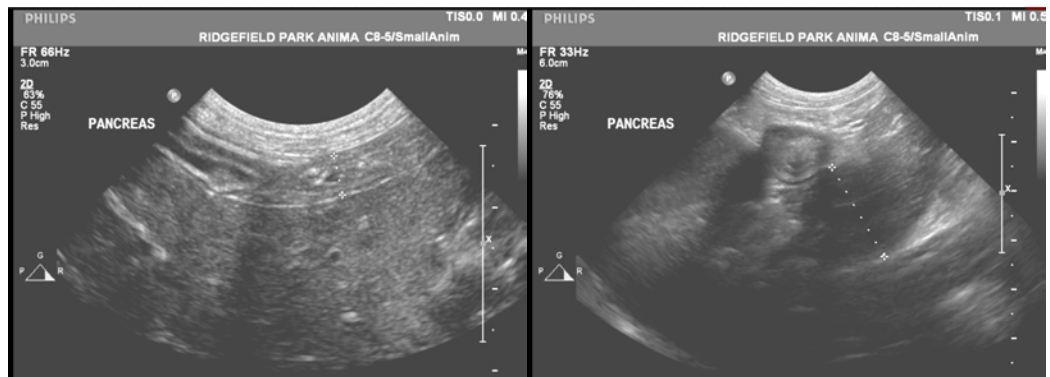
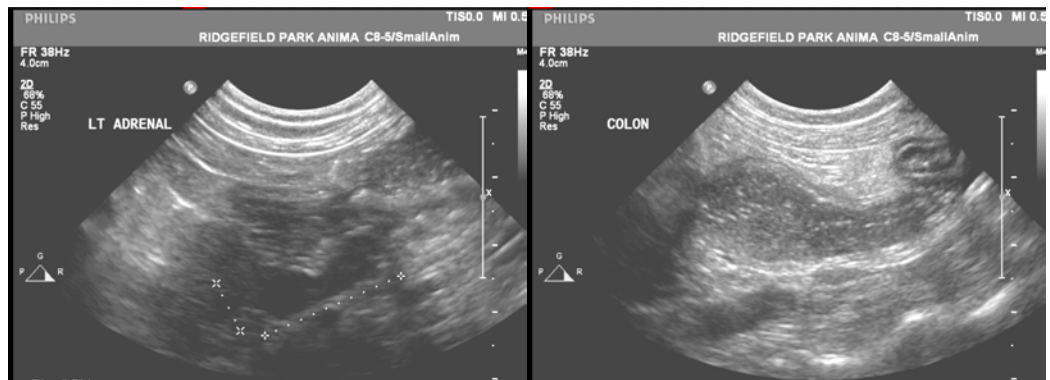
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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