



PATIENT

Sophie Belle Smith

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

11 Years

WEIGHT

6.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Harold Mike Beard

HOSPITAL NAME

Animal Care
Veterinary Center

REFERRING VET

Dr. Harold Mike Beard

INVOICE

39692

DATE

7/20/22

PRESENTING CLINICAL SIGNS

Chronic intermittent vomiting. In an older patient that has a grade 3 heart murmur and a history of OA in stifles, not presently on any medication. Evaluated one week ago and radiographs of the abdomen revealed a bit of a thickened stomach wall that appeared to be an ulcer. Treated with Sucralfate, Amoxicillin and Cerenia.

Abnormal PE/Chem/CBC/UA Results: Severe periodontal dz, grade 3 systolic murmur. CBC and Chemistry normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a minimal amount of urine. The bladder wall was unremarkable. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 left kidney measured 3.0 cm. The right kidney measured 4.0 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 left adrenal gland measured 0.50 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. 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

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.



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Pancreas

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The **pancreas** presented mixed echogenic changes, consistent with remodeling and low-grade pancreatitis.

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PRIMARY FINDINGS

- Pancreatic fibrosis and remodeling
- Gastroenteritis pattern

BREED

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SECONDARY FINDINGS

- Age related renal and hepatic changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of foreign body or neoplasia. Supportive GI care should prove effective. 24-hour NPO, plasma expanders, GI protectants all indicated.

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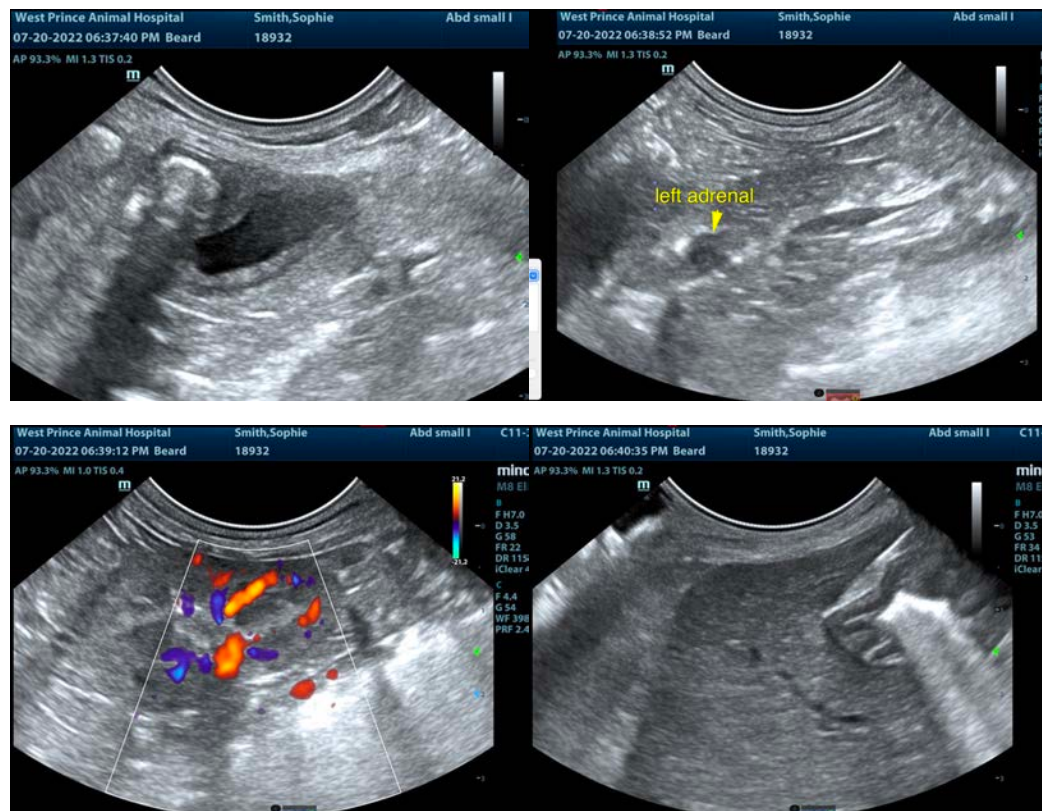
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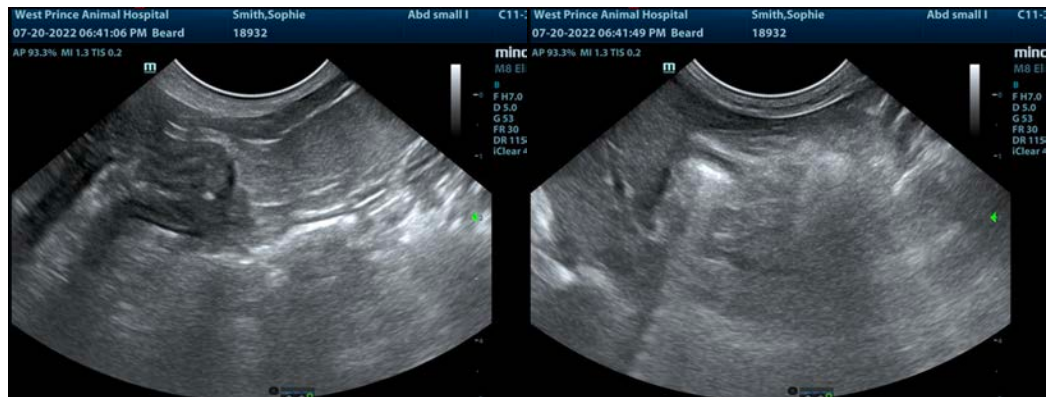
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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