



PATIENT

Lulu Diamond

SPECIES

Canine

BREED

Yorkie

SEX

Spayed female

AGE

13 years

WEIGHT

11.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Griffin

INVOICE

31872

DATE

7/21/22

PRESENTING CLINICAL SIGNS

History: Presented for not eating well and lethargic
Abnormal PE/Chem/CBC/UA Results: PE: Pot belly appearance, no heart murmur on auscultation
Rads: Enlarged heart, Enlarged liver CBC: RETIC-HGB 21.7, EOS 0.05, PCT 0.47 -CHEM: BUN 35 -
SDMA: 18 -TT4: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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.

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. Slight microcystic changes were noted in the right kidney.

Adrenal Glands

Both **adrenal glands** were slightly swollen, yet technically within normal limits. The left adrenal gland 0.5 cm. The right adrenal gland 0.6 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 was noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. Occasional, hypoechoic, non-disruptive nodule was noted. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. Comet tail lung pattern was noted through the diaphragm.



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Gastrointestinal

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There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxiphoid palpation reveals pain response. No overt masses were noted.

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ULTRASONOGRAPHIC FINDINGS

Non-specific, moderate degenerative renal changes with cortical cysts.

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Hepatic remodeling.

Benign hepatopathy.

Full stomach.

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Technically normal adrenal size, yet subjectively swollen. Potential emerging PDH if all parameters are present.

Pancreatic remodeling.

Comet tail lung pattern.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Chest radiographs are warranted to assess for alveolar disease. Subxiphoid palpation is recommended to assess if the pancreas is playing a role in this patient with discomfort. I am assuming that the patient was post prandial given the full stomach; however, if not then soft foreign matter is a potential. There is no evidence or suspicion of neoplasia.

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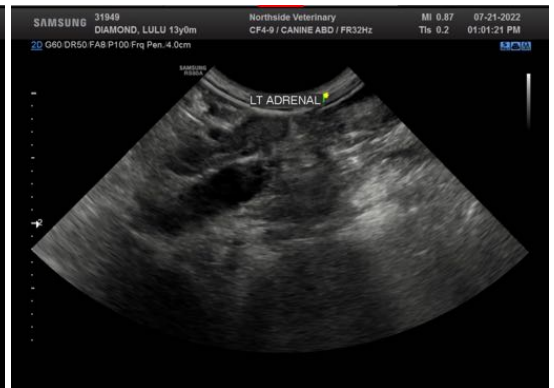
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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