

**PATIENT**

Jeannie Nelson

SPECIES

Canine

BREED

Yorkie

SEX

Spayed female

AGE

8 years

WEIGHT

11.4 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Family Pet Practice

INVOICE

31943

DATE

7/26/22

PRESENTING CLINICAL SIGNS

History: Current Medications: Natural vet hemp joint supplement. Patient History: 1. BAR-presented for mild lethargy noted yesterday, Hx of chronic cough for past couple of years, No audible murmur today. O is housesitting her daughter's dog- Jeannie doesn't like when other dog gets in her face- discussed possible stressor may contribute to behavioral change with Jeannie, Recommend dividing living space in home for each dog using baby gates.

Abnormal PE/Chem/CBC/UA Results: 5. Mild tartar, GR 208 6/7. Hx of chronic cough for past couple of years, No audible murmur today, lungs clear, no cough elicited on tracheal palpation 9/10. Soft abdomen, no palpable masses 12. MLP R>L- O giving OTC glucosamine/hemp supplement. consider nsaid pending bloodwork 13. Overweight- reviewed recommendations for weight loss- O gives table food, recommend eliminating extras, feed kibble diet only Radiographs- Subjectively large cardiac silhouette measures high end of normal range VHS 10.5. No visible collapsing of trachea on rads today. Small round soft tissue density caudal cervical spine- rule-out esophageal contents vs mass vs incidental finding- recheck if cough worsens. Liver appears large rounded. Mineralized area summing over mid caudal thorax and cranial abdomen- rule-out pulmonary infiltrate vs hepatic disease. Consider AUS for further evaluation- plan to review blood work once available prior to scheduling additional diagnostics CHP- submitted to ANT Recommend echocardiogram/bp to further evaluate heart/cough. **BP today 136/90, 128/88

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.96 cm. The right kidney measured 4.46 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 0.57 cm at the caudal pole and 0.43 cm at the cranial pole. The right adrenal gland measured 0.54 cm.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

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Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Lobar biliary mineralization was noted and non-obstructive. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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.

Pancreas

The right limb of the **pancreas** revealed a minor amount of remodeling, yet there was no evidence of active inflammation.

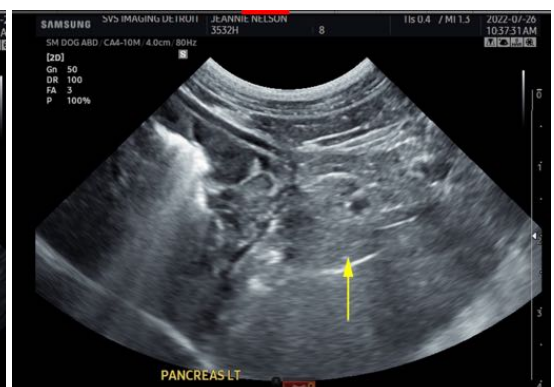
ULTRASONOGRAPHIC FINDINGS

Lobar biliary mineralization.

Otherwise, unremarkable liver.

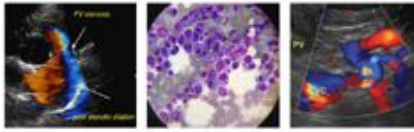
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy can be considered as a preventative, yet is highly variable from patient to patient. Recheck sonogram is recommended after 6 weeks of treatment. There is no evidence of significant abdominal pathology.



IMAGING PERFORMED BY

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Clinical Sonography & Telecytology

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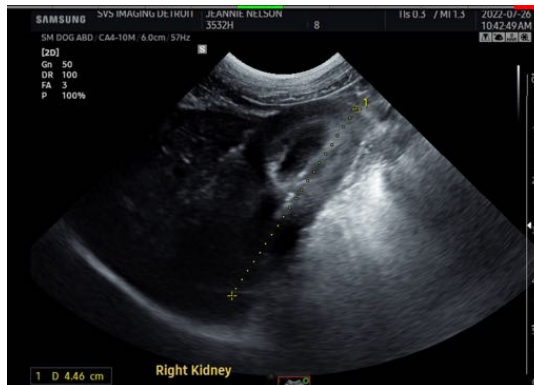
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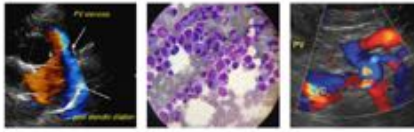
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com