



PATIENT **PRESENTING CLINICAL SIGNS**

Cookie Chernaya

History: Long term history of being down in her front and hind limbs. As well as long term resistant UTI. Diagnosed with severe arthritis of hips and elbows. Initially responded to NSAIDs but the neurologist changed her to Prednisolone, and she has been on that a long time. Recently she went down again and presented to our ER. She was found to have a pancreatitis on her BW (Raised Amylase 2715/Lipase 3093 and Bionote CPL 1658. Also Ht 30%). Treated for pancreatitis but still not really ambulatory and is Hyperpneaic.

SPECIES

Canine

BREED

Labrador Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed female

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

AGE

14 years

WEIGHT

88 lbs

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. Mild to moderate mineralization was noted. The left kidney measured 7.62 cm. The right kidney measured 7.6 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

IMAGING PERFORMED BY

Dr. Krawitz

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 3.17 x 0.65 cm at the caudal pole and 0.54 cm at the cranial pole. The right adrenal gland measured 2.77 x 0.41 cm at the caudal pole and 0.45 cm at the cranial pole.

HOSPITAL NAME

Calusa VC

Spleen

REFERRING VET

Dr. Krane

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

INVOICE

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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. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. Pleural effusion was noted through the diaphragm with areas of tissue and lung consolidation.

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** was hypoechoic and irregular with enhanced surrounding mesentery. This is suggestive for pancreatitis. There were slight areas of free fluid noted.

ULTRASONOGRAPHIC FINDINGS

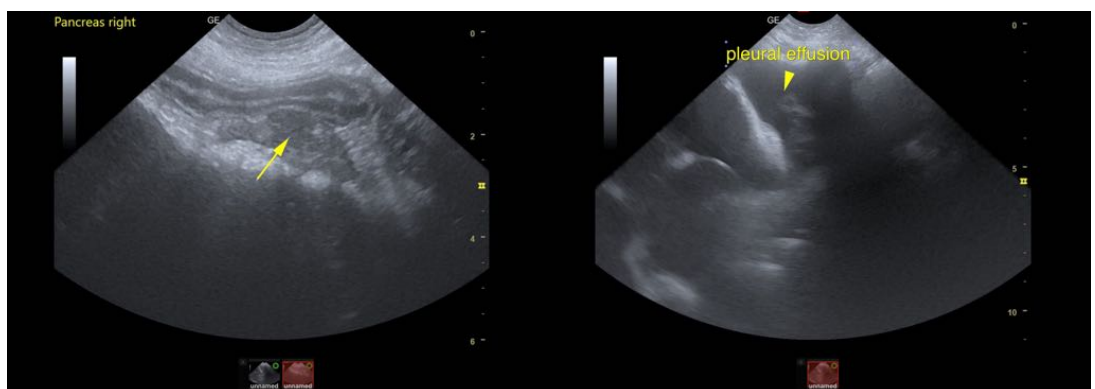
Pleural effusion with lung consolidation, strong concern for thoracic neoplasia.

Age related abdominal changes with right limb pancreatitis.

Chronic cystitis bladder pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thoracic presentation should take priority. Pleurocentesis and chest CT are indicated. The prognosis is very guarded depending upon radiographic/CT findings of the chest as well as pleurocentesis. Cytospin of the free fluid is indicated to assess for neoplastic cells in the pleural effusion.





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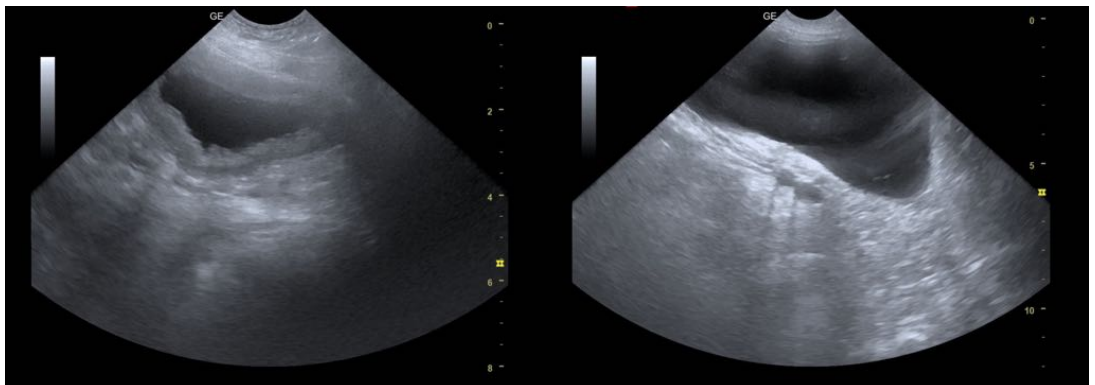
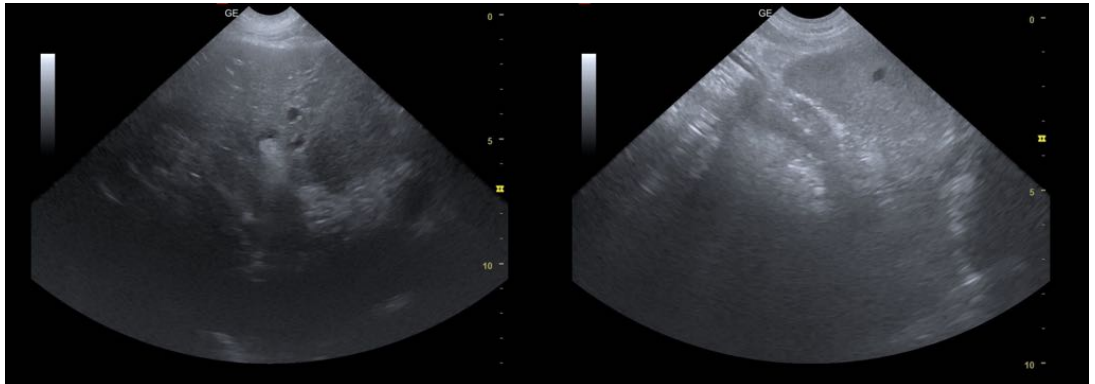
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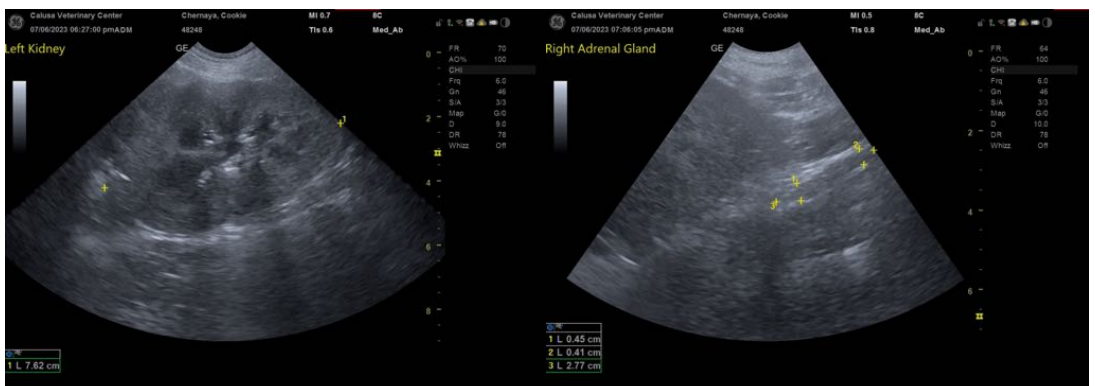


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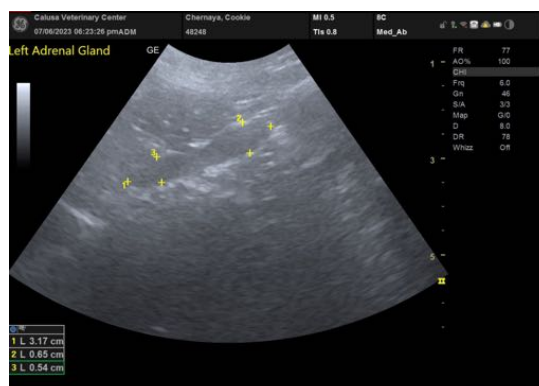
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Labrador Retriever

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info@SonoPath.com

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