



PATIENT

Alyse Bumgardner

SPECIES

Canine

BREED

Shorkie

SEX

Spayed Female

AGE

10 years

WEIGHT

13 lbs

PRESENTING CLINICAL SIGNS

Alyse is a ten year old, FS, Shorkie with a history of proteinuria. She is currently being treated with telmisartan. Last UPC on 6/11/22 was 1.2 Alyse was presented on 5/2/22 for anorexia and recent vomiting. In-house snap cPL was very abnormal. CBC showed increased WBC, mild anemia. Increased liver enzymes were present. Abdominal ultrasound was advised due to pancreas/liver elevations and proteinuria.

Abnormal PE/Chem/CBC/UA Results: 4/29/22: ALT=141, ALP=606, chol=379, amyl>2500, lipase=4929, WBC=20.69, neuts=18.5, HCT=36.8% 6/10/22 cPL=278

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 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 4.45 cm. The right kidney measured 4.4 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Todd

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 1.7 x 0.48 cm at the caudal pole and 0.37 cm at the cranial pole. The right adrenal gland measured 1.7 x 0.8 cm at the cranial pole and 0.5 cm at the caudal pole.

HOSPITAL NAME

Lambs Gap AH

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.

REFERRING VET

Dr. Kinney

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.

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Gastrointestinal

Alyse Bumgardner

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.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

Benign hepatopathy.

Minor age related abdominal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes are largely expected for this age and breed. FNA of the liver could be considered for further definition. No specific pancreatic inflammatory patterns were noted in this patient. However, this cannot be completely ruled out. Cross reactivity with intestinal lipase may be playing role. Hydrolyzed geriatric diet with 7 days of Enrofloxacin and Metronidazole is recommended to address infectious agents. Anti-parasitic protocol is ideal with reassessment of the clinical status.

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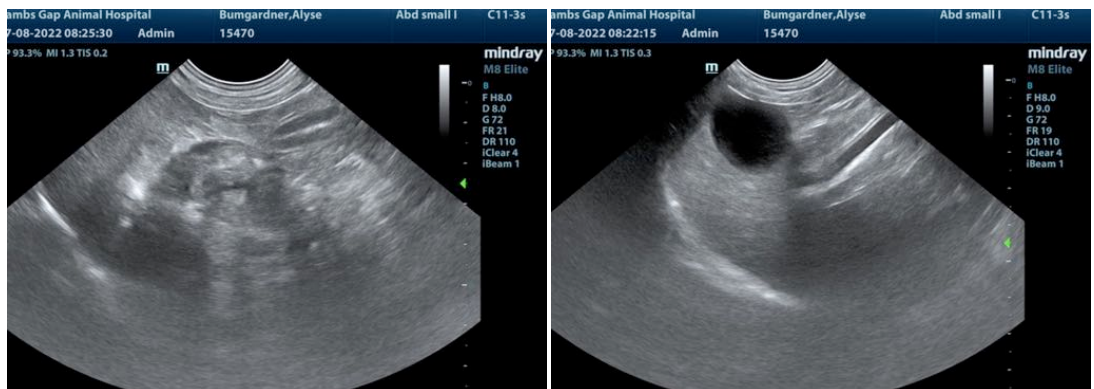
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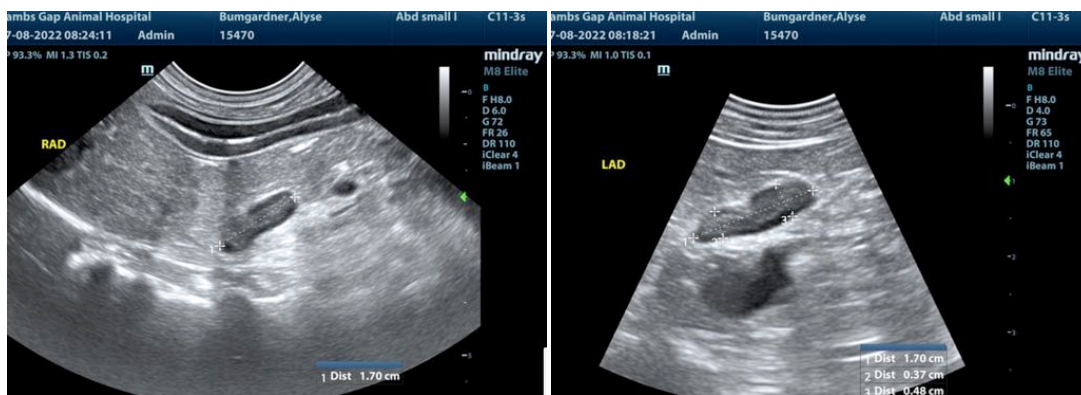
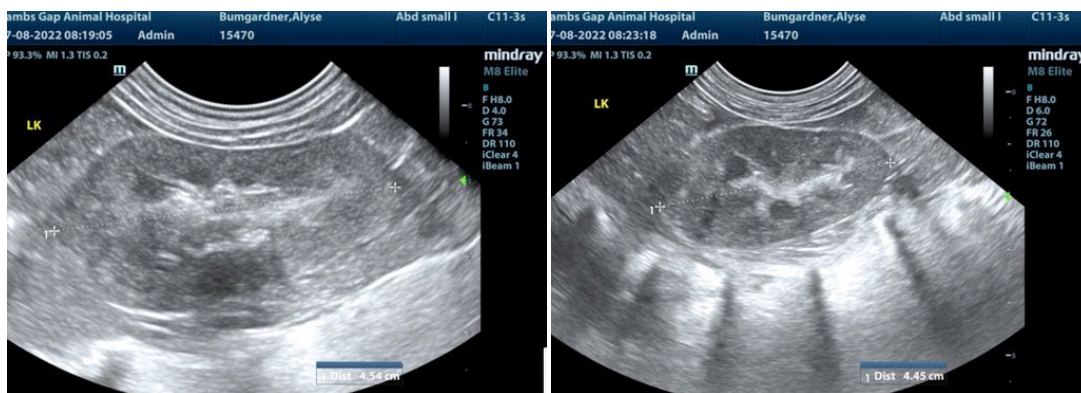
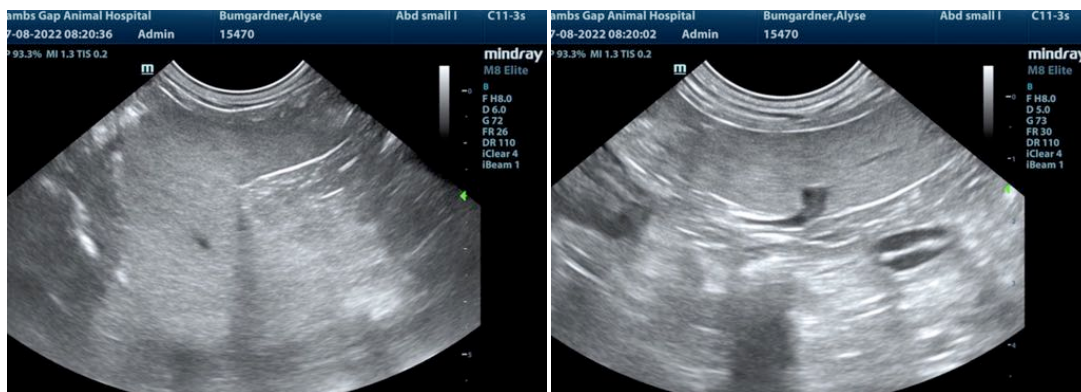
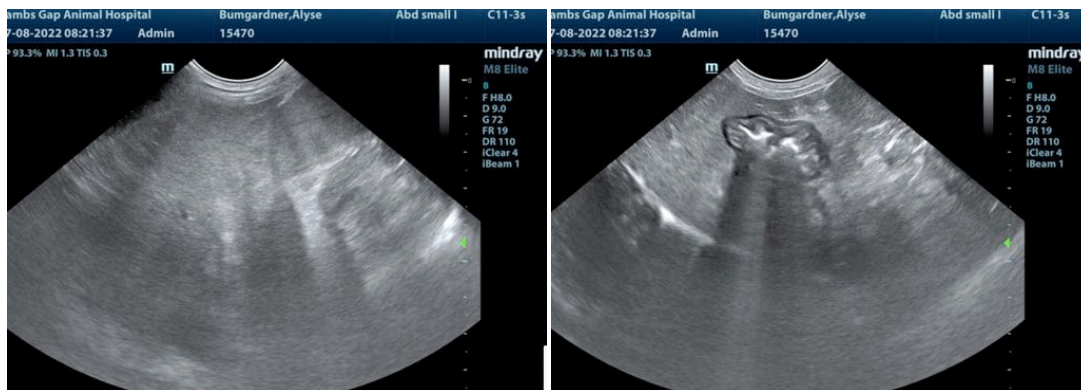
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

BREED

Shorkie

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.

SEX

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