



PATIENT

Cillian Hirschberg

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Spayed Female

AGE

6 years

WEIGHT

102 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Harasimowicz

HOSPITAL NAME

Waterbury VH

REFERRING VET

Dr. Harasimowicz

INVOICE

31519

DATE

7/7/22

PRESENTING CLINICAL SIGNS

History: Chronic history of elevated SDMA and mild liver enzyme elevation (ALP - 355 and ALT- 168 in 6/2021). P on k/d diet. Static mild PUPD noted at home. Otherwise is feeling great. Noted progressively elevated ALP and static SDMA elevation on wellness labwork. P does live in NJ for part of the year.

Abnormal PE/Chem/CBC/UA Results: Physical exam unremarkable aside from p being mildly overweight and having mild dental tartar. Most recent lab work was 6/29/21: CBC WNL Chem: SDMA - 15, Crea - 1.2, BUN - 13, ALT - 124, ALP - 913, Amylase - 1654 and lipase - 282. All else WNL UA: USG - 1.010, pH of 7.0, no protein, quiet sediment Anaplasma+ on 4Dx (asymptomatic)

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** were normal in size and contour with slight loss of corticomedullary definition, yet the changes are minor. The left kidney revealed an irregular renal pelvis and dilation. The left kidney measured 6.8 cm. The right kidney measured 6.5 cm with minor pyelectasia and slight irregular contour.

Adrenal Glands

The left **adrenal gland** was uniform and measured 0.4 cm. The right adrenal gland appears flattened and isoechoic measuring approximately 0.4 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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. 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.



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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

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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ULTRASONOGRAPHIC FINDINGS

AGE

Subjectively small adrenal glands.

6 years

Slight irregular renal pelvises.

WEIGHT

102 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying Addison's should be ruled out in this patient with baseline cortisol or ACTH stimulation if not already performed. Some level of primary renal dysplasia may be playing a role. Occult UTI is a potential with washout effect. Otherwise, the kidneys appear structurally unremarkable.

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For an additional charge an internal medicine consult can be utilized through [Sonopath.com](http://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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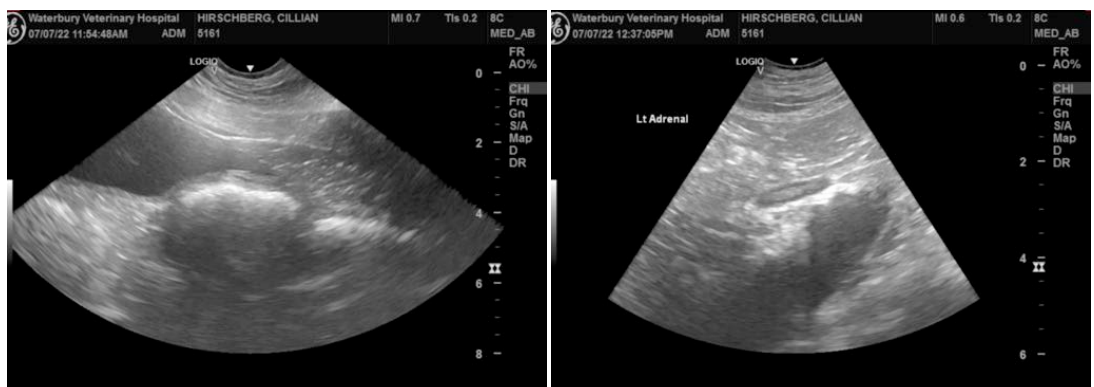
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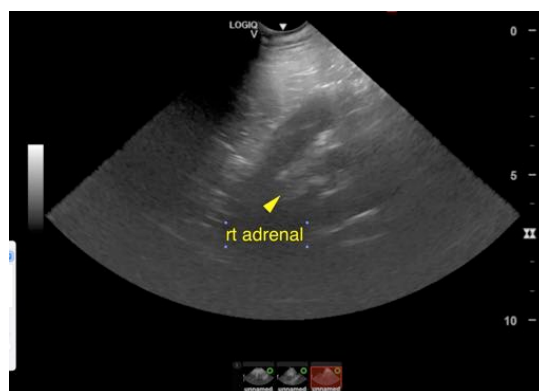
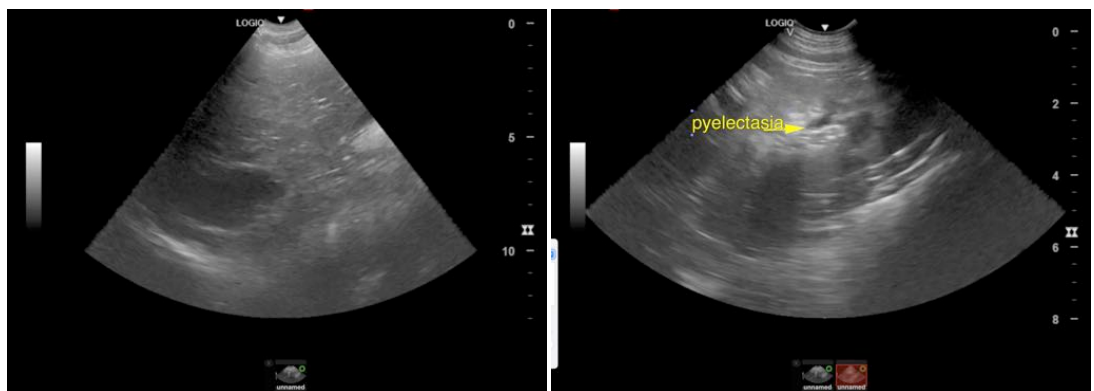
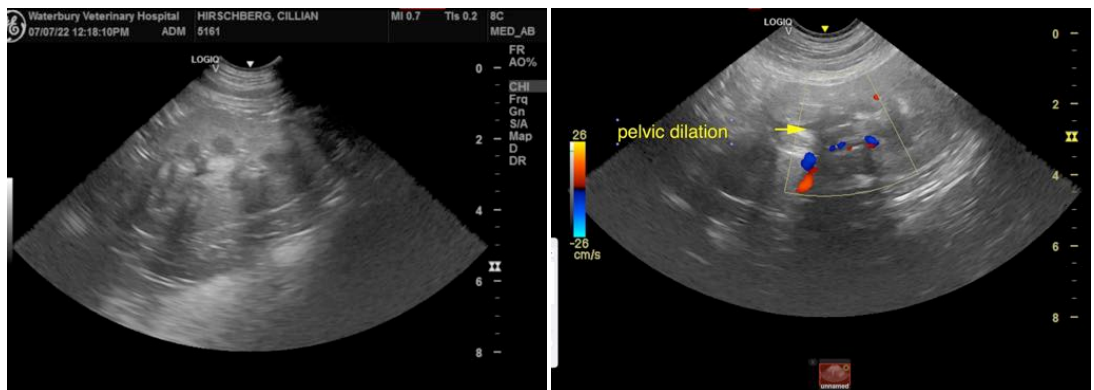
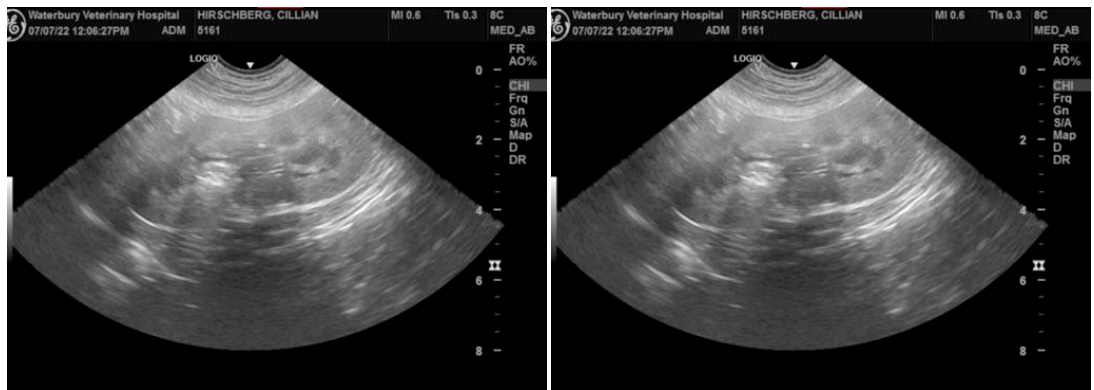
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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