



## PATIENT

Ava Ferguson

## SPECIES

Canine

## BREED

Yorkie Mix

## SEX

Spayed female

## AGE

13 years

## WEIGHT

4.4 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Bartus

## HOSPITAL NAME

Valley Veterinary  
Service

## REFERRING VET

Dr. Bartus

## INVOICE

76370

## DATE

8/1/23

## PRESENTING CLINICAL SIGNS

**History:** Hematuria treated with antibiotics by my colleague. At recheck, urine was found to be abnormal. No abnormalities on PE other than scaly skin.

**Abnormal PE/Chem/CBC/UA Results:** SDMA 17 (0-14), BUN 38 (7-27) with normal creat (1.4) U/A: (cysto) Sp. Gr. 1.032 Pro 30 Bld 250 RBC >50 WBC 14/hpf No bacteria. Hyaline and Non-hyaline casts considered abnormal per Sedivue report, possible tubular injury or glomerular disease.

## 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 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. The right kidney measured 2.5 cm. The left kidney measured 2.63 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 right adrenal gland measured 0.6 cm at the cranial pole and 0.42 cm at the caudal pole.

### Spleen

The **spleen** revealed a mixed, echogenic parenchymal mass that measured 1.8 cm. The mass derived from the mid caudal body.

### Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.



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**Gastrointestinal**

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. Areas of mucosal speckling was noted. No obvious neoplastic patterns were noted and luminal content as unremarkable.

**Pancreas**

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.

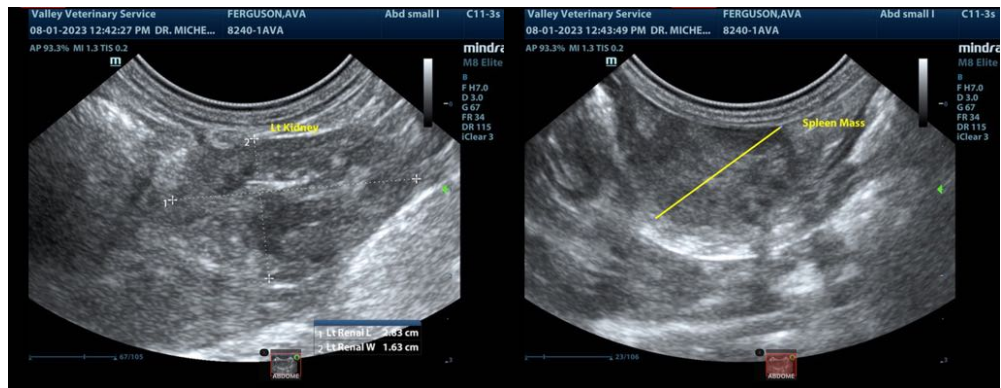
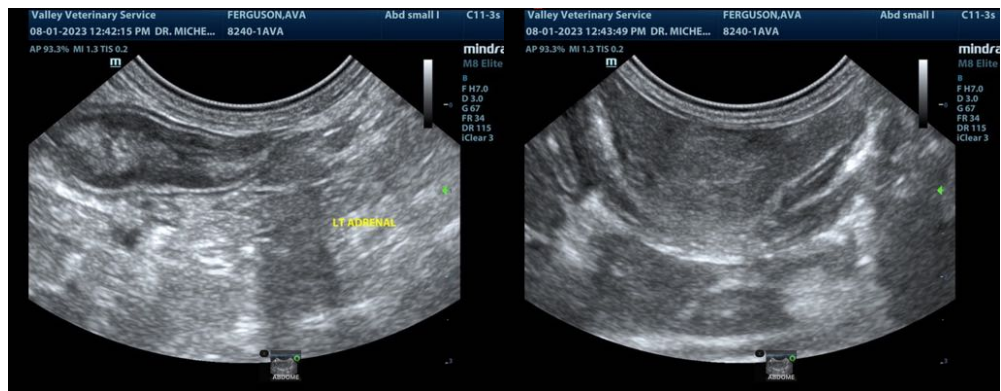
**ULTRASONOGRAPHIC FINDINGS**

Splenic mass.

Otherwise, geriatric abdomen with areas of intestinal mucosal speckling.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend an echocardiogram and splenectomy in this patient. Despite the negative bacteria, given the pyuria 2-3 week antibiotic therapy may prove effective. Differentials on the spleen include hemangiosarcoma, hematoma, hyperplasia or less likely round cell neoplasia.





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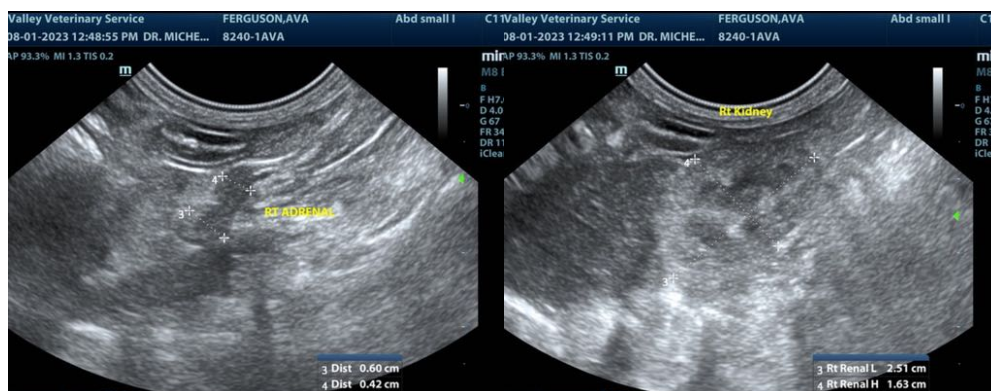
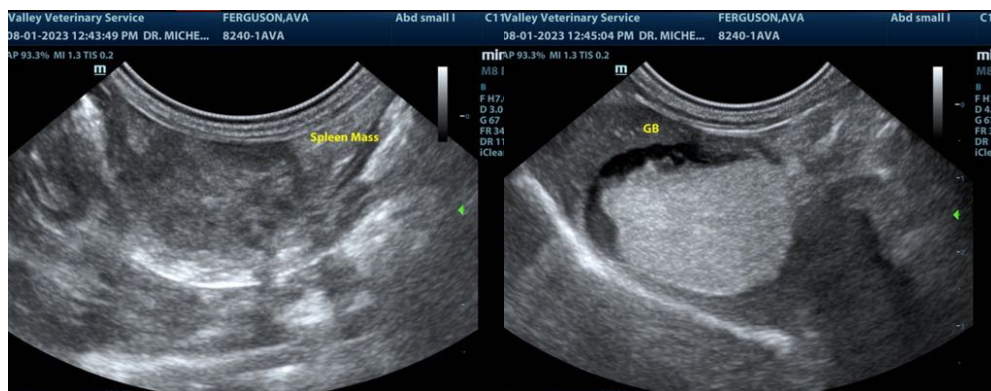
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com