



PATIENT

Sabrina Moore

SPECIES

Canine

BREED

Maltese X

SEX

Female

AGE

11 Years

WEIGHT

Not Provided

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Englewood VC

REFERRING VET

Dr. Ezik

INVOICE

24534

DATE

8/11/21

PRESENTING CLINICAL SIGNS

Hx of Renal enzyme elevation
Abnormal PE/Chem/CBC/UA Results: BUN 45, CRE 0.8 In 2015 BUN/CRE/SDMA were all elevated
UA: 2+ protein. SG 1.030

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was unremarkable with a minor amount of debris present.

The **kidneys** presented a chronic renal fibrosis pattern with loss of corticomedullary definition. The kidneys appear approximately 50% compromised. The left kidney measured 4.03 cm with pyelectasia of 1.0 cm x 0.3 cm. The right kidney measured 4.1 cm with pyelectasia. Blood flow to the kidneys appeared to be adequate on power doppler assessment.

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 2.07 cm x 0.68 cm at the caudal pole and 0.67 cm at the cranial pole. The right adrenal gland measured 1.29 cm x 0.55 cm at the caudal pole and 0.4 cm at the cranial pole.

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 were 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.

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 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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.



PATIENT

Free Abdomen

Sabrina Moore

The uterus was dilated up to 2.0 cm in this patient with echogenic debris, most consistent with pyometra.

SPECIES

ULTRASONOGRAPHIC FINDINGS

Canine

- Moderate degenerative renal changes with pyometra pattern and minor bladder debris

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Maltese X

Ovariohysterectomy recommended after IV fluid support and stabilization of the azotemia. No evidence of neoplasia.

SEX

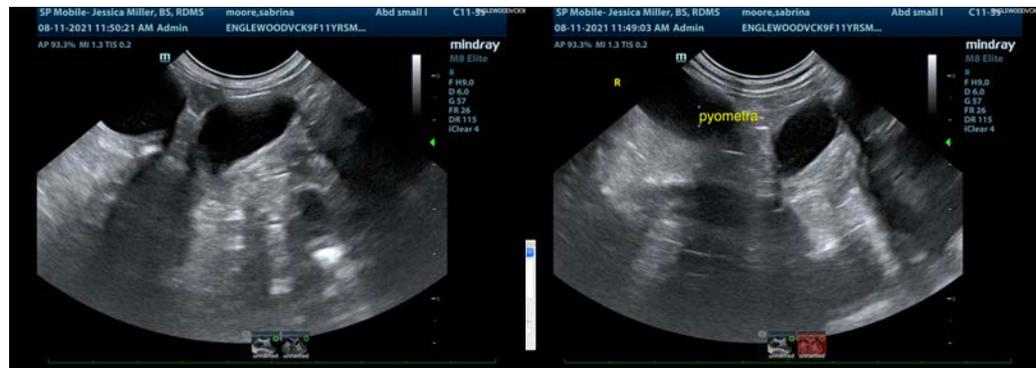
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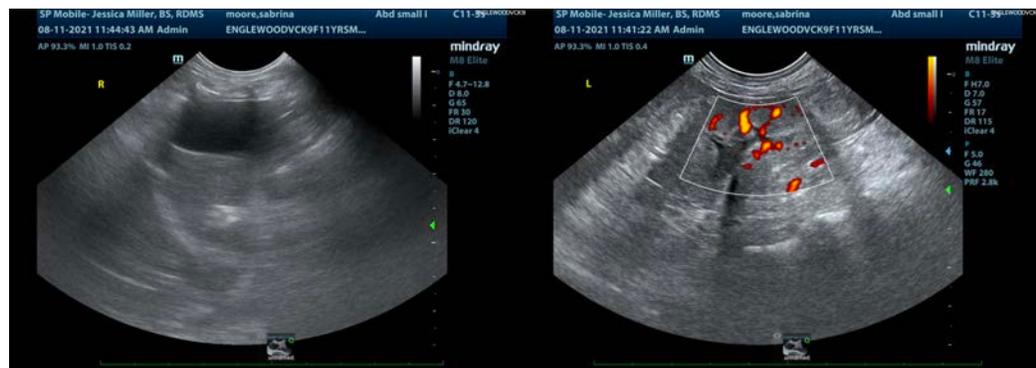
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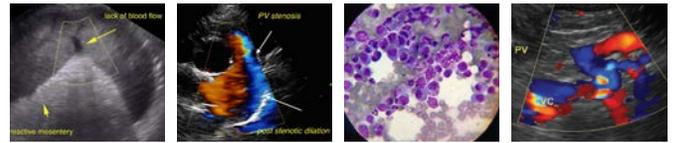
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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