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Clinical Sonography & Telecytology
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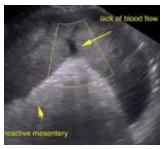

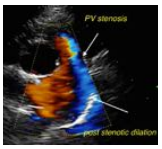

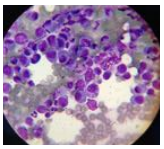
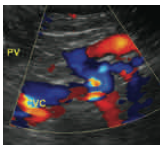

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Fifi Szekalaski

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Spayed Female

AGE
10 years

WEIGHT
5.7 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Newton VH

REFERRING VET
Dr. Kim

INVOICE
91181

DATE
8/12/21

PRESENTING CLINICAL SIGNS

History: Grade II/VI left systolic murmur. Vomiting, diarrhea, anorexia, hyperglobulinemia, mildly elevated liver enzymes. Current meds: Metronidazole, Cerenia
TP 9.8(H), Glob 5.8(H), A/G ratio 0.7(L), ALT 123 (118 H), ALP 176 (131 H)

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization was noted in the kidneys. The left kidney measured 3.17 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 1.1 x 0.74 cm at the cranial pole and 0.41 cm at the caudal pole. The left adrenal gland measured 1.34 x 0.32 cm at the cranial pole and 0.33 cm at the caudal 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 was noted.

Liver

The **liver** was moderately subnormal in size with coarse architecture. The gallbladder and common bile duct were unremarkable.

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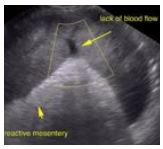
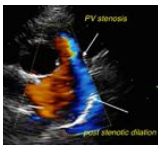
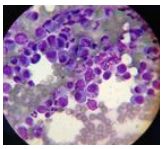
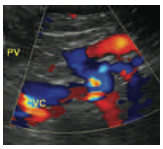

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Transit of chyme into the small intestine was present. The small intestine was over distended with fluid and chyme. The small intestine was also spastic. The colon was empty.

Pancreas

The **pancreas** revealed mild, heterogenous parenchymal changes, yet there was no evidence of significant disease.

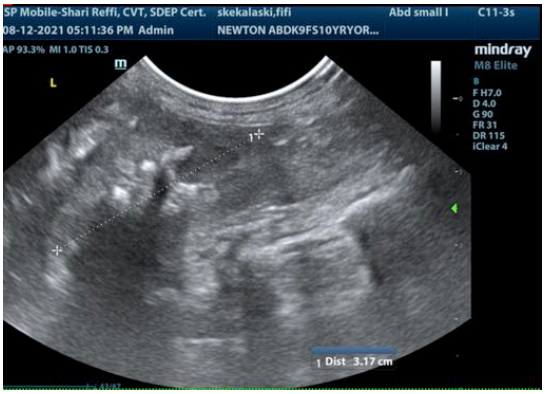
ULTRASONOGRAPHIC FINDINGS

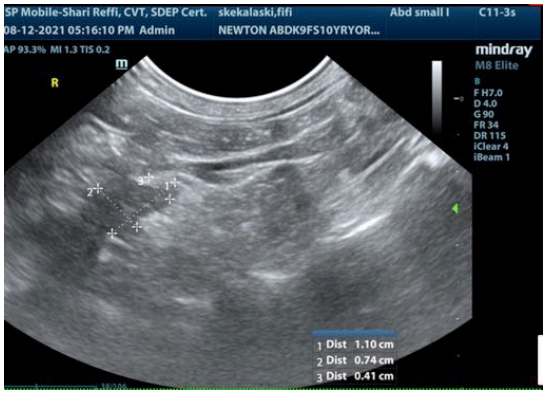
Delayed outflow gastric pattern.

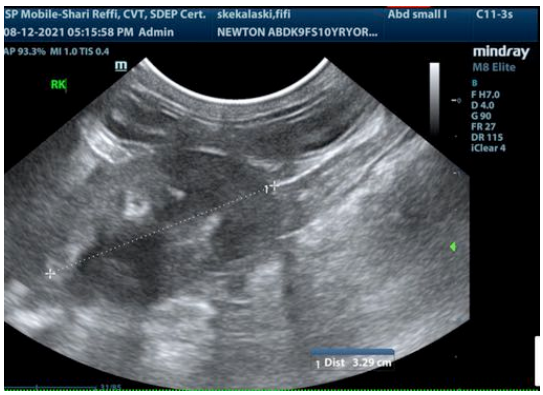
Minor microhepatica.

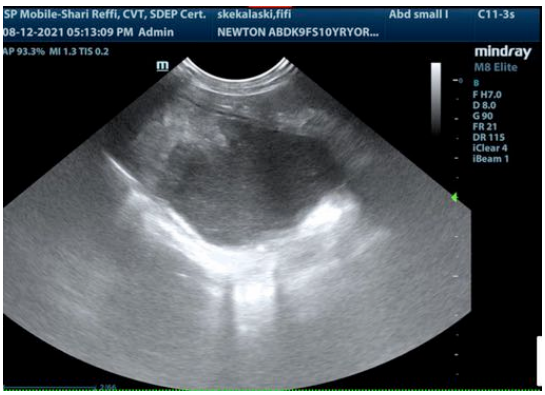
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend 24 hour n.p.o. with IV fluid support and treatment for gastrointestinal insult. If the patient remains clinical a recheck sonogram is warranted. There was no obvious foreign body noted. However, gastric delayed outflow was evident.









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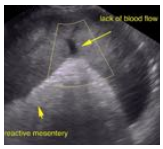
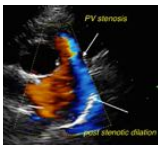
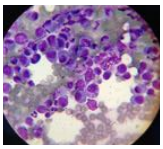
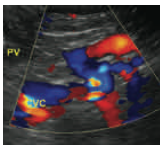

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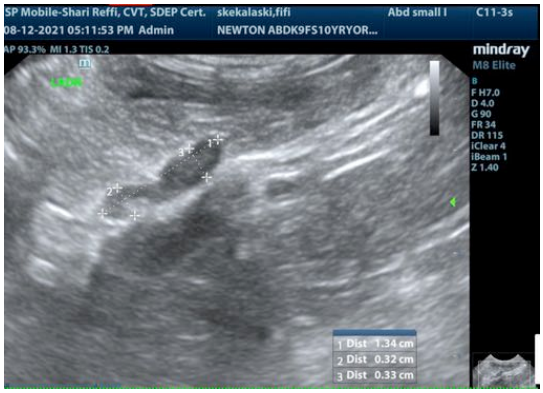

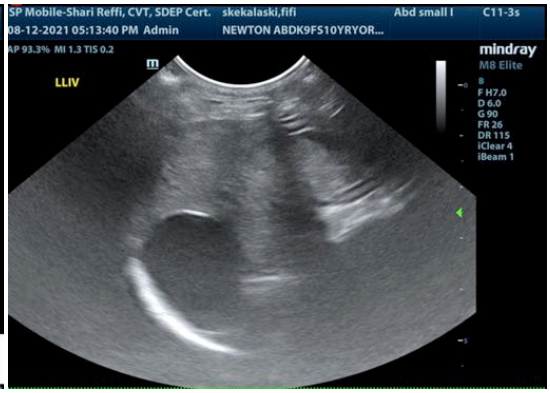

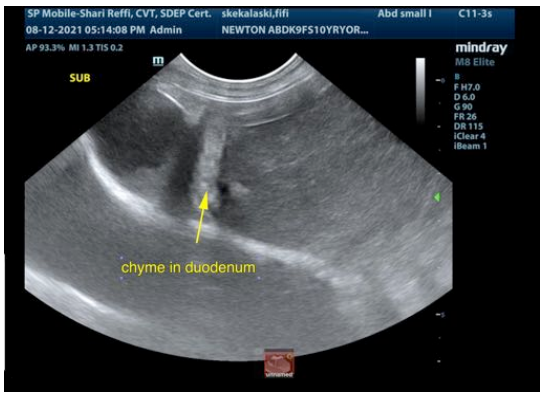

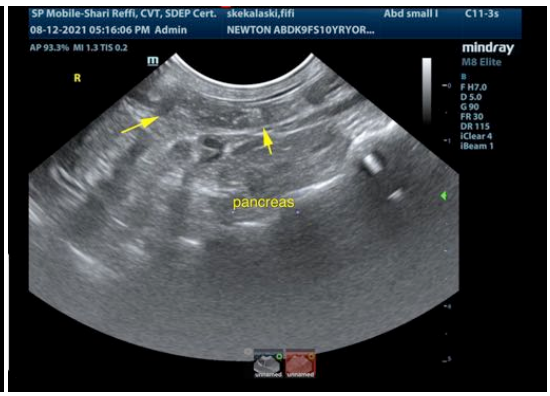

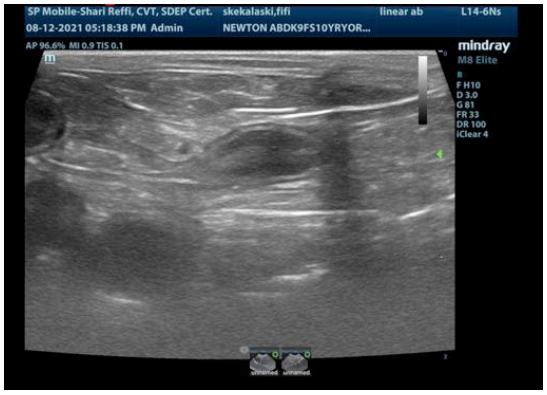

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Info@SonoPath.com