



**PATIENT**

Lola Cicato

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Spayed female

**AGE**

2 years

**WEIGHT**

3 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Krawitz

**HOSPITAL NAME**

Calusa VC

**REFERRING VET**

Dr. Krawitz

**INVOICE**

46607

**DATE**

8/14/23

**PRESENTING CLINICAL SIGNS**

History: Owner had given a lot of treats over the weekend. On Saturday night she started with diarrhea which went on for 2 days. Watery diarrhea and going very often. No vomiting. No appetite. Then she came in to the hospital. On examination was quite dehydrated, weak, and nauseous. BW showed Bionote CPL of 609 (<200), WBC 4.82 with mainly neutrophils. Alk phos 490, Total bili 1.8. Alb 2.3 and TP 5.4. Ht 56.7%, RBC 9.29, BUN 80, SDMA 38 and Creat 1.2. most likely from dehydration. Treated symptomatically, however overnight developed bloody watery stool, marked weakness and lethargy, with wanting to lie down. On examination MM are still pink and CRT 2 seconds. Still dehydrated but less. Has been drinking a little but still no appetite.

Abnormal PE/Chem/CBC/UA Results: New BW run today showed: Alk phos 348, Alb 1.9, TP 5.4, Amylase 2415, Lipase 2751, Glucose 71, Total bili now 2.9, Ht 51%, Sodium low at 124, and Chloride low at 89, Potassium at 4.8. BUN now 58, Creat 0.7 and SDMA 20.

**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. Pinpoint mineralization was noted in the kidneys, yet was non-obstructive. The left kidney measured 2.9 cm. The right kidney measured 3.23 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 left adrenal gland measured 1.46 x 0.38 cm at the caudal pole and 0.38 cm at the cranial pole. The right adrenal gland measured 1.76 x 0.53 cm at the caudal pole and 0.59 cm at the cranial pole.

**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.

**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



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primarily anechoic content. The cystic and common bile ducts were normal. The common bile duct measured 0.2 cm. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Canine

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. Soft stool was noted in the colon.

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**Pancreas**

The **pancreas** revealed variable, hypoechoic parenchymal changes with enhanced surrounding mesentery. This is suggestive for pancreatitis.

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**Free Abdomen**

Some enhanced mesentery was noted throughout the abdomen associated with the small intestine. This is likely secondary to enteritis.

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**ULTRASONOGRAPHIC FINDINGS**

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Gastroenteritis pattern.

Structurally normal liver.

Minor pancreatitis.

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Mil renal calculi.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

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If bilirubin elevation is a persistent issue then FNA is indicated. Leptospirosis titers are indicated. I recommend GI protectant protocol. Consideration for parasites and enterotoxins. Plasma expanders are indicated as well as broad spectrum antibiotics to treat for enterotoxins. There was no evidence of foreign bodies.

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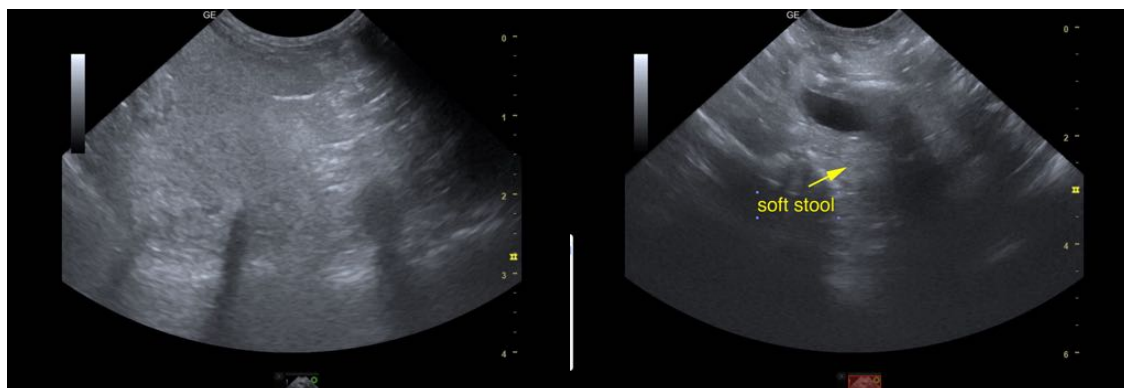
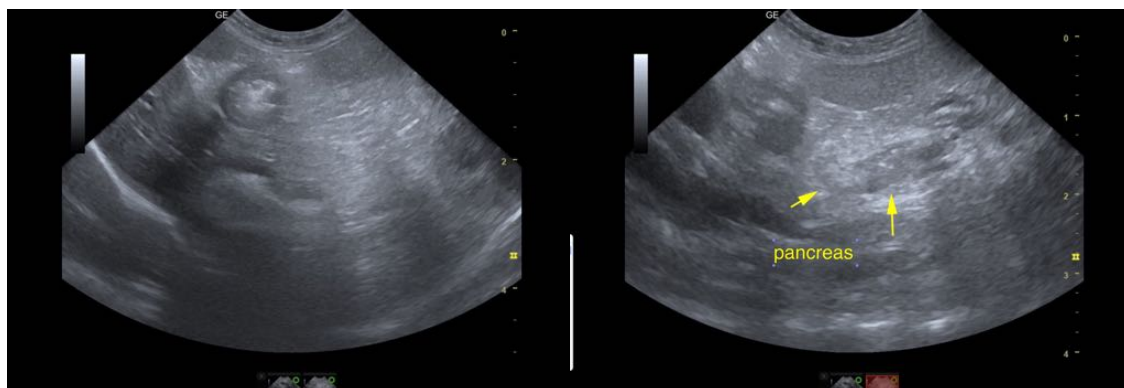
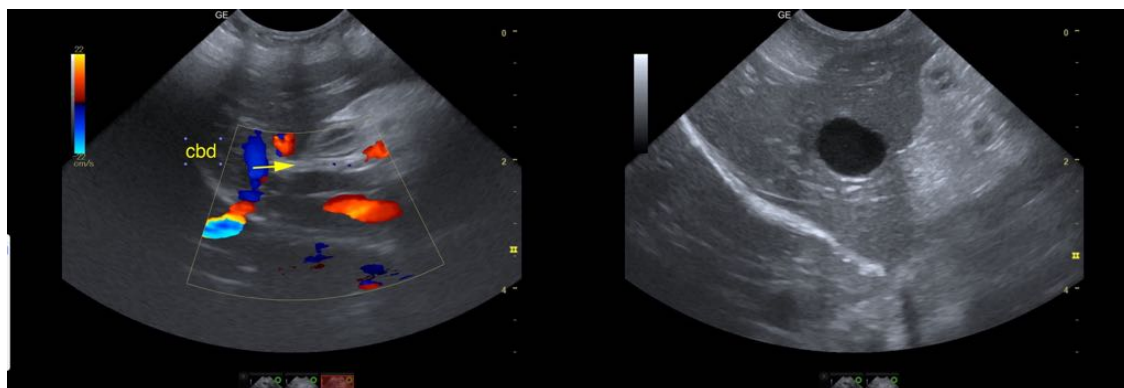
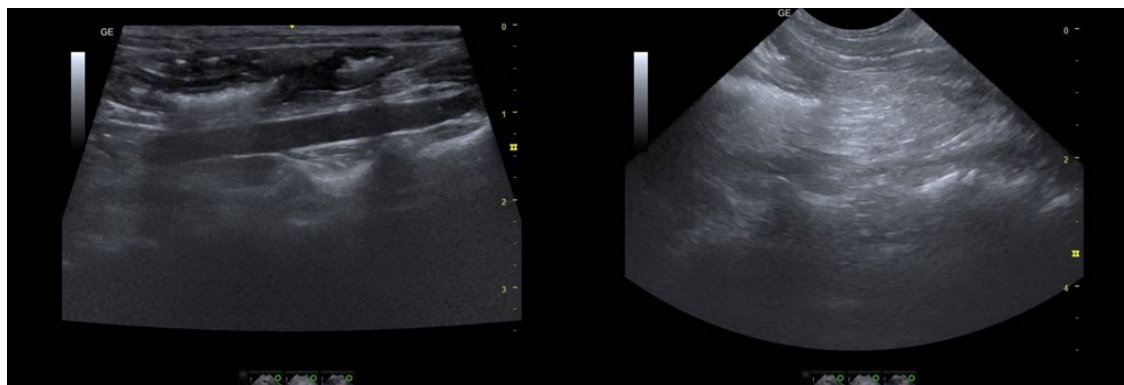
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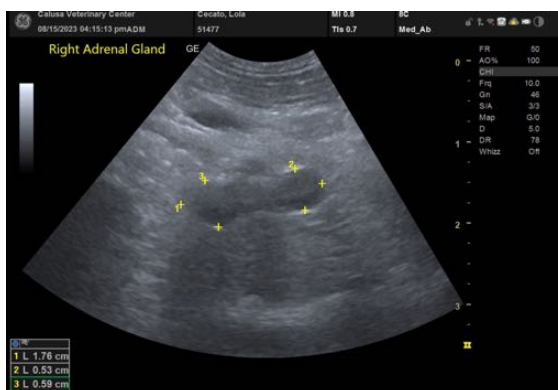
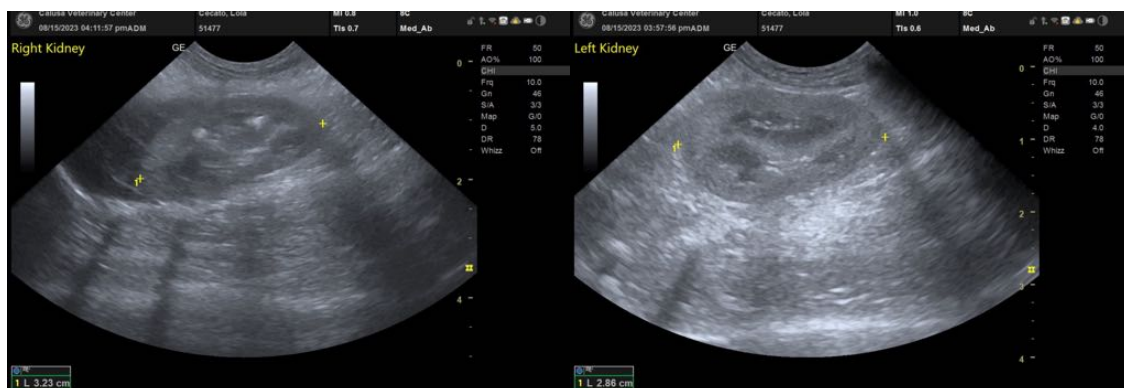
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
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