



**PATIENT**

Bellee Rhee

**SPECIES**

Canine

**BREED**

Pitbull X

**SEX**

Spayed Female

**AGE**

17

**WEIGHT**

53.7 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Rachel Wiley

**HOSPITAL NAME**

Petvacx AH

**REFERRING VET**

Elda Kwong

**INVOICE**

23965

**DATE**

8/18/23

**PRESENTING CLINICAL SIGNS**

History: Chronic intermittent diarrhea, mild kidney elevations, mild ALKP elevation, elevated globulins

**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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed moderate degenerative changes with pyelectasia. Pyelectasia measured 0.6 cm. The left kidney measured 5.0 cm in length. The right kidney measured 5.0 cm.

**Adrenal Glands**

The **left adrenal gland** was 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 0.5 cm.

The region of the **right adrenal gland** was imaged and revealed no evident pathology.

**Spleen**

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are mild and consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**Liver**

The **liver** revealed coarse architecture, increased portal markings and heterogenous hyperechoic nodular changes (nondisruptive). Moderate hepatic remodeling was present. The gallbladder was mildly overdistended with a moderate amount of debris with mild striations consistent with emerging mucocele.

**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 moderate parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related



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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.

**ULTRASONOGRAPHIC FINDINGS**

**SPECIES**

Canine

- Moderate degenerative renal changes with pyelectctasia
- Hepatic remodeling
- Age-related splenic and pancreatic changes
- Unremarkable abdomen otherwise

**BREED**

Pitbull X

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend blood pressure measurements, urinalysis, culture and sensitivity, if any inflammatory sediment is present. 72hr IV fluid protocol and reassessment of the clinical status is recommended.

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Petvax AH

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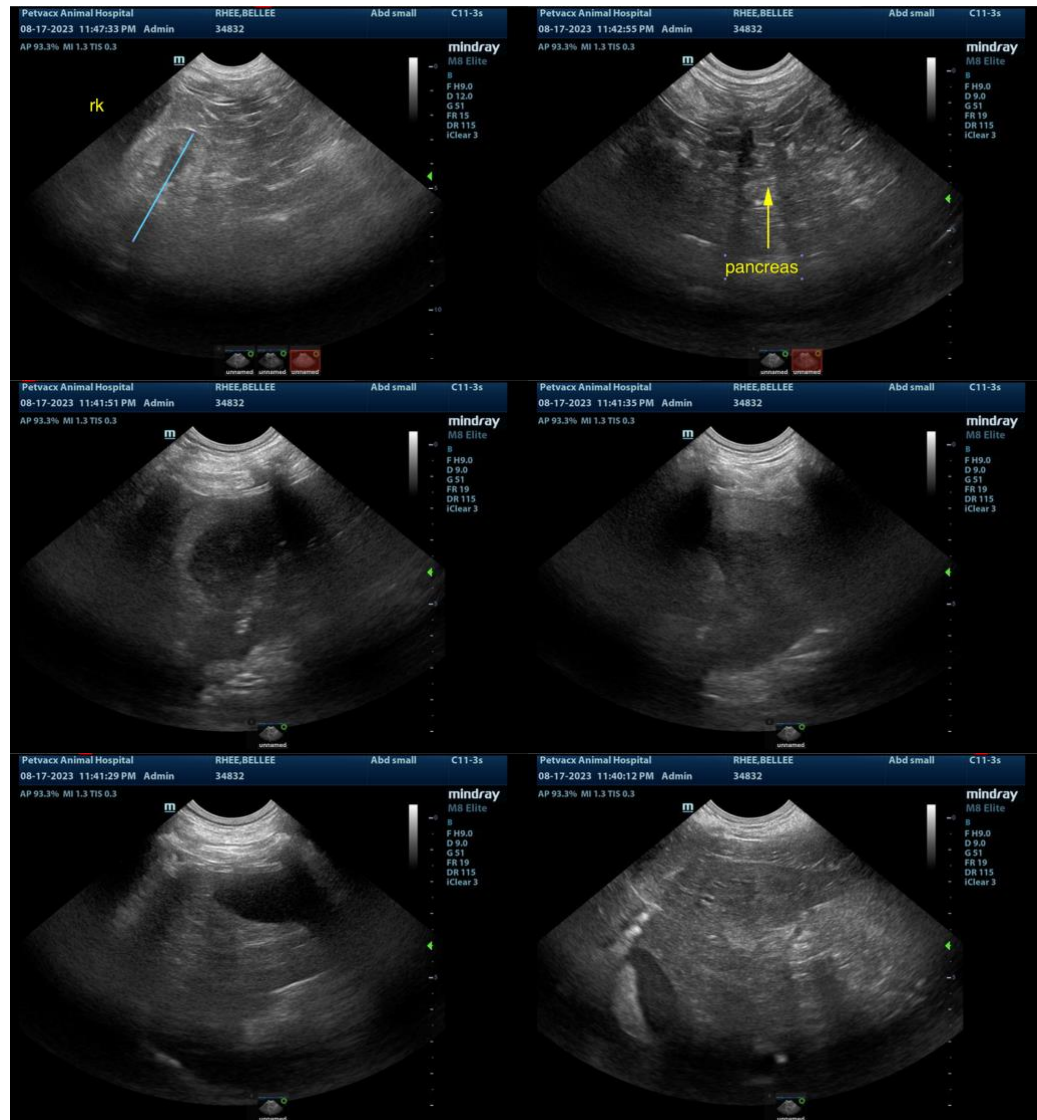
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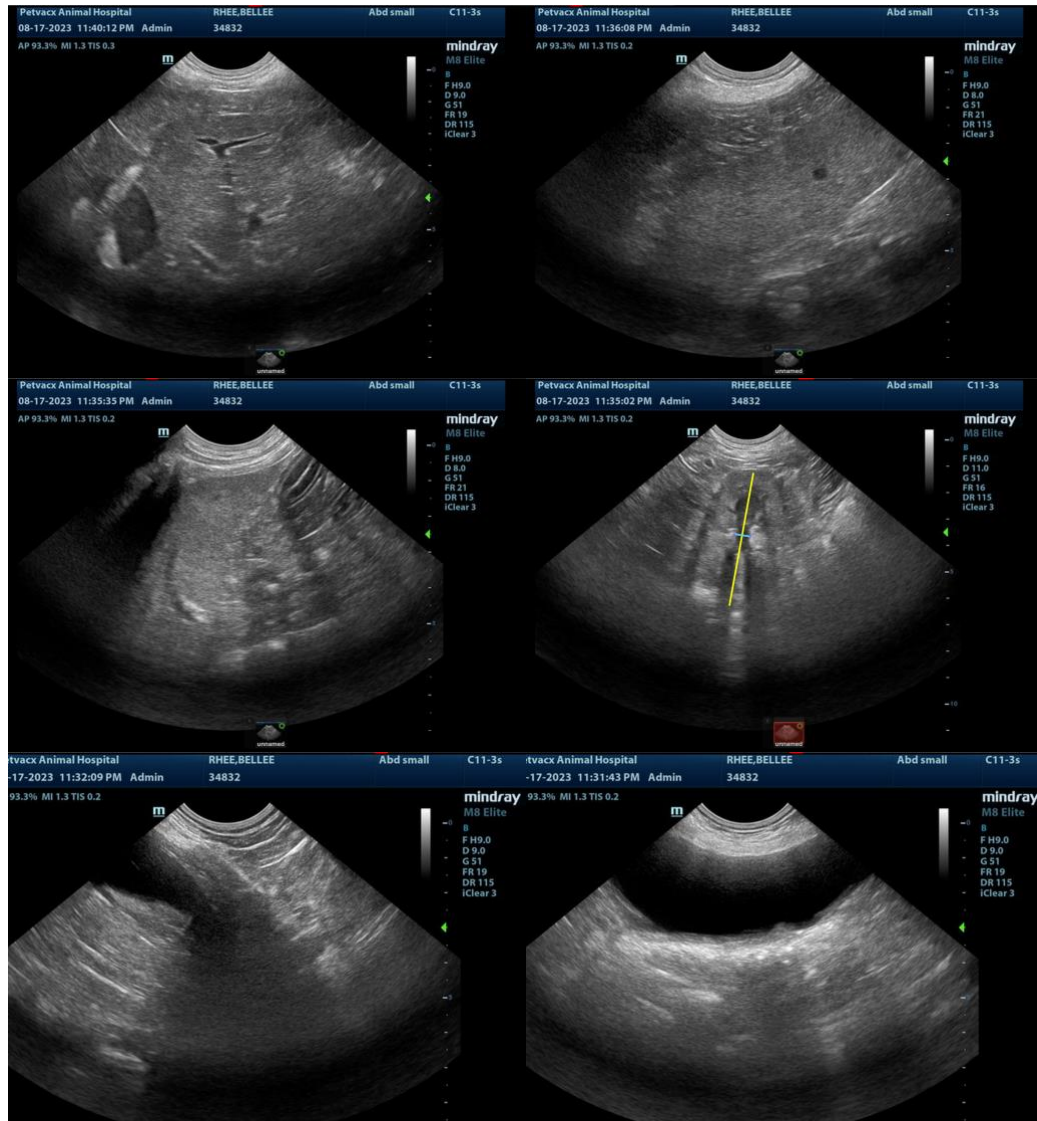
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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