



**PATIENT PRESENTING CLINICAL SIGNS**

Lulu Soto History: cPL abnormal hosp with pancreatitis, d/c 8/23 vomiting started 8/24 R/O co-morbidity dz vs pancreatitis Current meds Vetsulin 8 units BID Vetoryl 40mg BID Abnormal PE/Chem/CBC/UA Results: ALP 1600 Cpl abnormal

**SPECIES**

Canine

**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.

**BREED**

Chihuahua Mix

**SEX**

Spayed Female

**AGE**

14 years

The **kidneys** revealed moderate degenerative changes with increased cortical echogenicity and cortical thinning. Pelvic and corticomedullary mineralization were noted. Both kidneys appear subjectively near end stage from a structural standpoint. The right kidney measured 4.5 cm. The left kidney measured 4.0 cm. Power Doppler assessment was slightly subnormal regarding renal vascularity.

**WEIGHT**

12 lbs

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 1.91 x 0.69 cm at the caudal pole and 0.74 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenn

**Spleen**

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

**HOSPITAL NAME**

Rockaway AH

**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 presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**REFERRING VET**

Dr. Gannon

**INVOICE**

91454

**DATE**

8/24/21



**PATIENT**

**Gastrointestinal**

Lulu Soto

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.

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**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.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

Chronic degenerative renal changes.

**AGE**

14 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

12 lbs

There is concern for emerging renal failure. The renal values should be monitored carefully. The lipase elevation is likely secondary to emerging renal dysfunction. Otherwise, the abdomen was unremarkable. If the BUN, creatinine and urine specific gravity are normal I would move to a geriatric diet. If the renal values are elevated then treatment for emerging renal failure would be warranted.

**INTERPRETED BY**

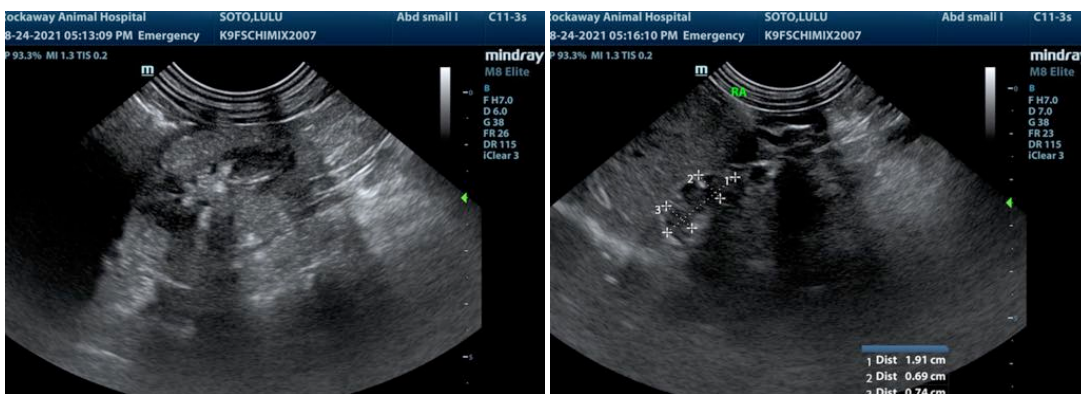
Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH



**REFERRING VET**

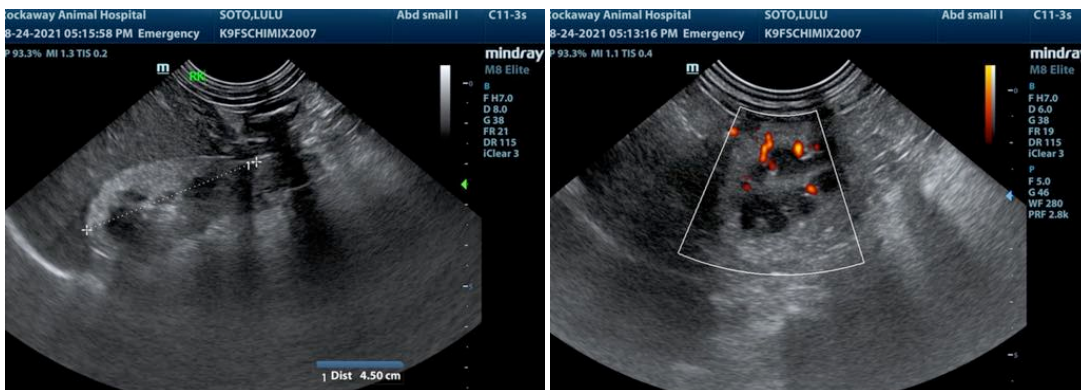
Dr. Gannon

**INVOICE**

91454

**DATE**

8/24/21





**PATIENT**

Lulu Soto

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Spayed Female

**AGE**

14 years

**WEIGHT**

12 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

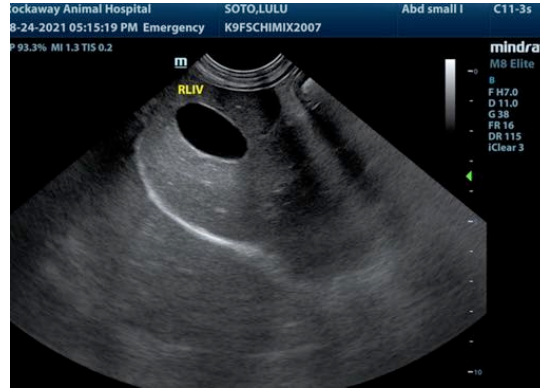
Dr. Gannon

**INVOICE**

91454

**DATE**

8/24/21



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