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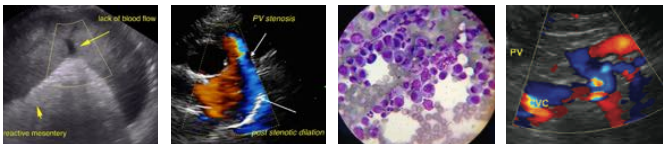

PATIENT

Chloe Villada

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

11 years

WEIGHT

2.8 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Salas

HOSPITAL NAME

Tenafly VC

REFERRING VET

Dr. Salas

INVOICE

91538

DATE

8/26/21

PRESENTING CLINICAL SIGNS

History: 11 yr old Yorkie. has lost 50% of her body weight in the last 4-6 weeks- anorexic, no v/d. seems painful. on gaba and cbd and meloxicam. had labwork 2 weeks ago and all was normal (CBC/chem/UA). today came here for a second opinion and dog is cachectic +/- abd pain R cranial? owner declined repeat labs. Rads show a mineral density in the area of the gall bladder and renal. Patient was not as cooperative for u/s as I would have liked- wiggly/painful and hard to hold still- but i was concerned to sedate her today. Main abnormality was the GB distended and a mass appeared to be arising from the wall- cauliflower like- I could not appreciate calcifications though. R kidney also hard to get a good image of. pet seemed uncomfortable in the R quadrant. I set owner up for a repeat ultrasound with sedation if needed- limited finances at this time. dog is not icteric today.

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. The left kidney measured 2.9 cm. The right kidney measured 2.54 cm with corticomedullary mineralization.

Adrenal Glands

The **adrenal glands** were not visualized.

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** revealed coarse architecture with increased portal markings. A gallbladder polyp was noted. This is likely hyperplasia with a potential for carcinoma. The polyp measured approximately 1.0 cm at the maximum width.

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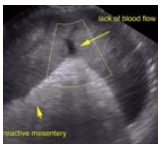
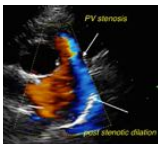
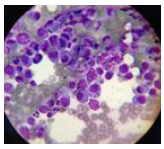
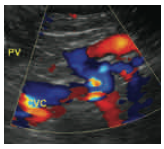

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Gastrointestinal

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. 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.

ULTRASONOGRAPHIC FINDINGS

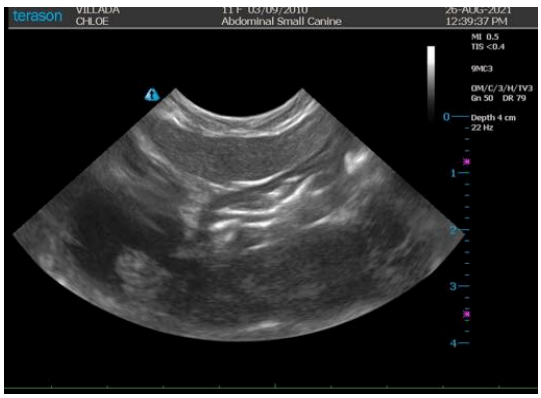
Gallbladder polyp.

Moderate, hepatic remodeling.

Age related renal changes with mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of weight loss is unclear. Bile acid profile is warranted. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.



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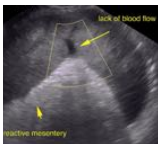
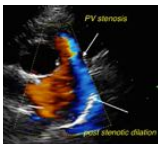
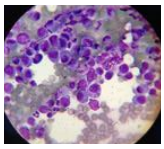
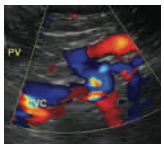

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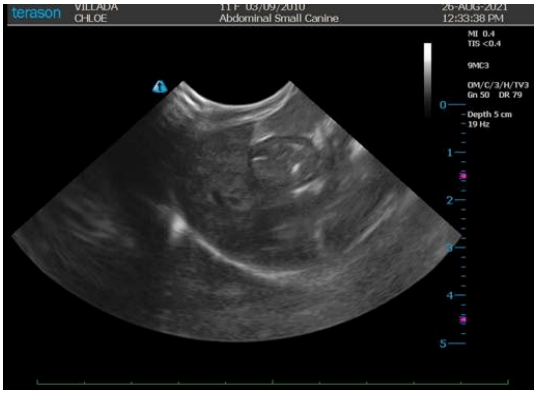

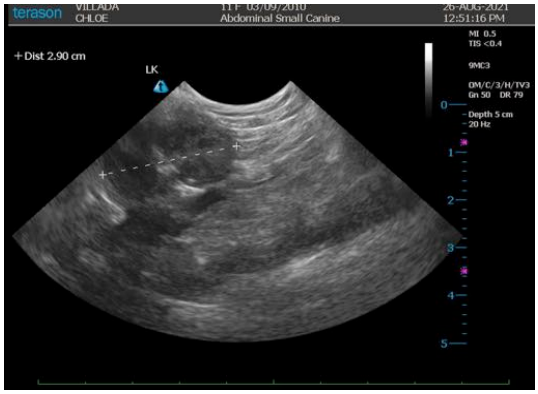

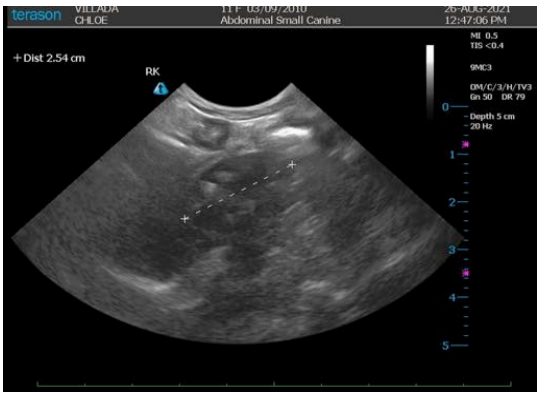

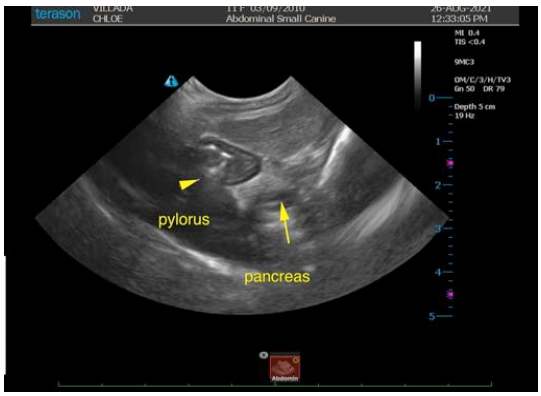

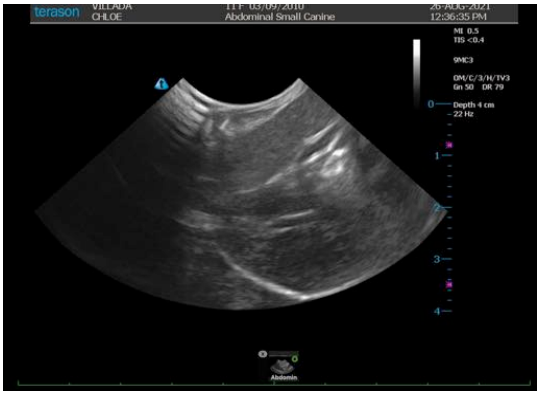

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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