



PATIENT PRESENTING CLINICAL SIGNS

Lucy Perez

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed female

AGE

12 years

WEIGHT

16.4 lbs

History: Doing well overall and acting herself. Ultrasound was determined based off blood work findings of consistent Increased WBC and retic and NRBC in bloodwork. Liver values have been improving since being off of prednisone since April of 2022 for IVDD. Went on a zeniquin on May 25 2022 for elevated WBC and no improvement. Currently on Galliprant 20mg SID for arthritis in HL
Abnormal PE/Chem/CBC/UA Results: Overweight, Reticulocytes 190 (10 - 110 K/ μ L) Neutrophils 14.359(2.94 - 12.67 K/ μ L) Bands 173 (0 - 170 /uL) Nucleated RBC 9 (0 - 2 per 100 WBC) Polychromasia SLIGHT Anisocytosis SLIGHT Potassium 3.9 (4.0 - 5.4 mmol/L) AST 15 (16 - 55 U/L) ALP 480 (5 - 160 U/L) Lipase 256 (0 - 250 U/L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed mild bladder wall thickening with micropolypoid changes. A large amount of sand was noted. Grouping of which measured 3.0 cm. 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left and right kidney measured 5.0 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The left adrenal gland measured 0.9 cm with a swollen caudal pole. The right adrenal was also mildly enlarged and measured 1.2 cm at the cranial pole and 0.6 cm at the caudal pole.

IMAGING PERFORMED BY

Dr. Gramazio

Spleen

The **spleen** revealed a focal, hypoechoic nodule that measured 1.5 cm with mild disruption of architecture.

HOSPITAL NAME

Shohola VH

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. Gramazio

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PATIENT

Gastrointestinal

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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.

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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.

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Spayed female

ULTRASONOGRAPHIC FINDINGS

AGE

12 years

Benign hepatopathy.

Bilateral adrenal hypertrophy.

Bladder sand, chronic cystitis pattern.

WEIGHT

16.4 lbs

Moderate degenerative renal changes and cortical cysts.

Splenic nodule. Differentials include emerging round cell neoplasia, hemangiosarcoma, benign hyperplasia, and abscessation.

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystotomy, bladder lavage and sand analysis are warranted. If the urine specific gravity is less than 1.020 persistently and the patient appears Cushingoid then work-up for PDH is indicated. FNA of the splenic nodule is warranted. Inspection of the spleen at the time of cystotomy should be considered. If splenectomy is not performed then recheck sonogram is recommended in a month after medical management for bladder sand and possible UTI.

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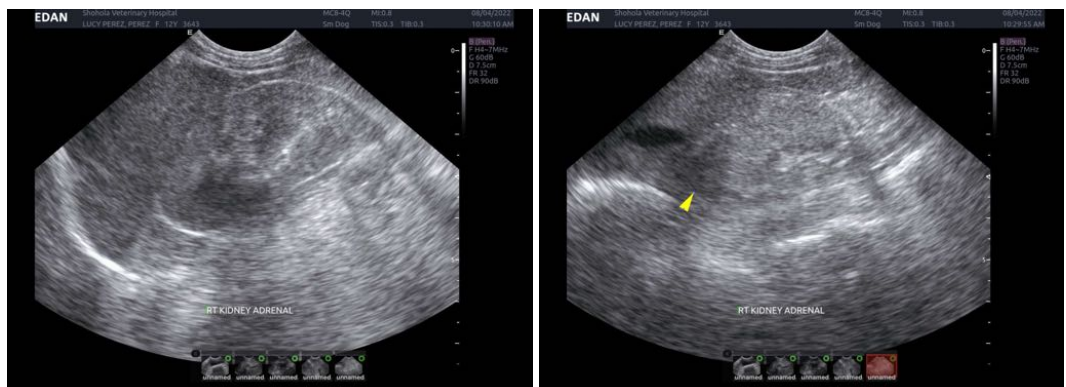
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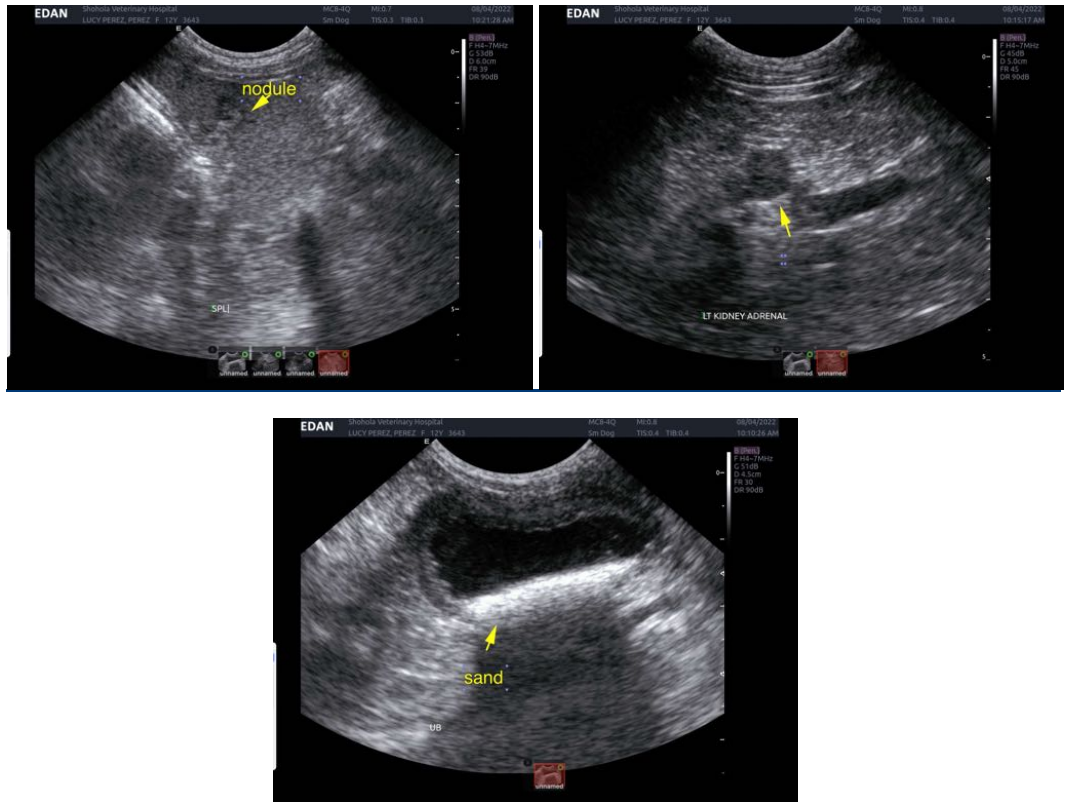
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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