



**PATIENT**

Luna Ochsner

**SPECIES**

Canine

**BREED**

Miniature Pinscher

**SEX**

Female

**AGE**

10 years

**WEIGHT**

17 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Profita

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Profita

**INVOICE**

46423

**DATE**

8/3/23

**PRESENTING CLINICAL SIGNS**

History: \_utd on vx's, rdvm-oceanlake, pt has been losing weight (lost 2lbs since vet visit 1 week ago from friday. today pt is 17.1. Per O pt was symptomatic that Mon. It has been at least 24 hrs since pt has been unable to keep food down, had thrown up their AM meal 8/2, has V+ x17 times overnight, pt clearly wants water. BM- D+ like then soft stool. No signs c, was sneezing, early this morning O suppose due to V+ episodes, some nose congestion notated, lungs sounded clear. No other prior diagnosis, they do have gabapentin presc for pt. Pt was suppose to have a follow up with their RDVM tomorrow but past 24 hrs pt has been V+, unable to keep anything down. O did share pt has been having vaginal D/C cleaning pt up freq., nausea med given by RDVM, O shared when pt is barking they want water

Abnormal PE/Chem/CBC/UA Results: CHEM10: ALB- 4.4 g/dL (H), ALP > 993 U/L (H), CL- 70 mEq/L (L), CHOL- 399 mg/dL (H), CREA- 2.1 mg/dL (H), GGT- 24 U/L (H), GLU > 600 mg/dL (H), PHOS > 15 mg/dL (H), K- 5.7 mEq/L (H), Na- 122 mEq/L (L), Na/K- 21 (L), BUN- 128 mg/dL (H) PCV- 45%, T.S. 8.3 g/dL CBC: HCT- 48.8%, UA w/ sedi: AFAST: no free fluid noted. Urinary bladder small with thickened appearing walls. CPL: > 2000 ng/mL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

The **kidneys** were normal in size and contour; however, a minor hyperechoic ring was noted at the corticomedullary junction. This is consistent with diabetic nephropathy. This is likely from glucosuria. However, assessment for proteinuria is also warranted. This is an idiopathic finding, but an expected finding in diabetic patients. The right kidney measured 4.61 cm. The left kidney measured 5.02 cm.

**Adrenal Glands**

The **left adrenal gland** was at the upper limits of normal and measured 0.76 cm at the cranial pole and 0.67 cm at the caudal pole and 2.13 cm in length. The region of the right adrenal gland was imaged with no evidence of pathology.

**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.

**Liver**

The **liver** was coarse in architecture with mild, irregular enlargement. Mildly increased portal markings were noted. Pronounced caudate process was noted in the liver. A gallbladder polyp was noted and was not pathological.



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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

Mild hepatic remodeling, benign hepatopathy.

Minor gallbladder polyps noted.

Diabetic nephropathy.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Stabilization of the diabetic state is indicated in this patient. There was no evidence of significant visceral pathology; however, UTI should be ruled out given the bladder presentation.





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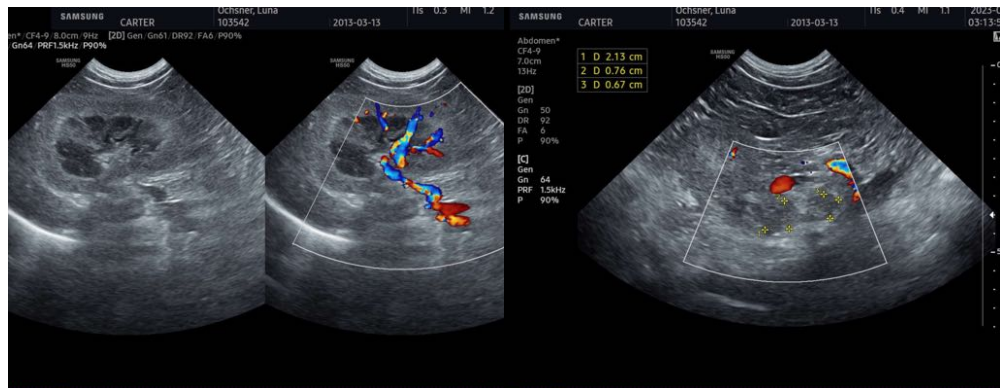
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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