



PATIENT PRESENTING CLINICAL SIGNS

Mittens Mexico

History: Was seen 2 weeks ago for mammary gland enlargement and suspect pyometra. Was seen at ER clinic. Was stabilized on IV fluid therapy and placed on Enrofloxacin and clindamycin.

SPECIES

Abnormal PE/Chem/CBC/UA Results: R mammary chain severely enlarged with ulceration TPR - WNL periodontal disease CBC - inflammatory leukogram with neutrophilia (bands present), monocytosis, lymphocytosis. Chem - unremarkable at this time

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Chihuahua

Urinary System

SEX

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.

Female

AGE

The uterus was mildly thickened with mild mucosal remodeling and measured up to 1.0 cm. However, the lumen was empty. There was no evidence of pyometra noted. If vaginal discharge is present then open metritis/pyometra is possible, yet I would expect more fluid accumulation. The ovaries were not visualized.

13 years

WEIGHT

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. Occasional cortical cyst was noted. The left kidney measured 3.0 cm. The right kidney revealed pyelectasia. The right kidney measured 3.0 cm.

10.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

IMAGING PERFORMED BY

The right **adrenal gland** was mildly heterogenous, slightly enlarged and slightly irregular. The right adrenal gland measured 1.0 cm at maximum width. The left adrenal gland revealed a hypoechoic and enlarged structure measuring 1.5 cm in the region of the left adrenal gland. I cannot definitively say that this is left adrenal gland, but it is suspicious for a large left adrenal gland.

Dr. Waffle

HOSPITAL NAME

Torch Lake VC

Spleen

REFERRING VET

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.

Dr. Waffle

INVOICE

91860

Liver

DATE

The **liver** was uniformly swollen. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

9/15/21



PATIENT

The gallbladder was over distended and rounded with mild, pericapsular inflammatory pattern. Striating bile was noted. This is consistent with a gallbladder mucocele.

Mittens Mexico

SPECIES

Gastrointestinal

Canine

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. The mesenteric lymph node was reactive and measured 1.5 x 0.5 cm.

BREED

Chihuahua

SEX

Female

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.

AGE

13 years

ULTRASONOGRAPHIC FINDINGS

Gallbladder mucocele, likely the cause of clinical signs.

WEIGHT

10.2 lbs

Tissue thickening in the region of the left adrenal gland.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Depending upon liver enzyme elevations cholecystectomy is likely necessary in this patient +/- left adrenalectomy. Serial blood pressure measurements are warranted. If the patient appears Cushingoid then work-up for adrenal dependent Cushing's would be indicated. A clinical trial of Ursodiol therapy and continuation of Enrofloxacin and Metronidazole could be considered. Recheck sonogram is recommended in 5-7 days or earlier if liver enzymes are progressively elevating or the patient is not responding to therapy. If the patient is hypertensive then urine catecholamines are warranted as a potential for left pheochromocytoma.

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SPECIES

Canine

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Female

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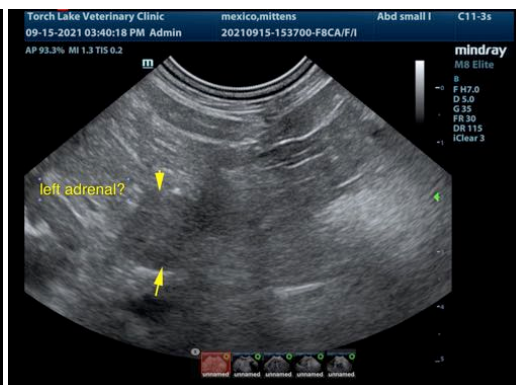
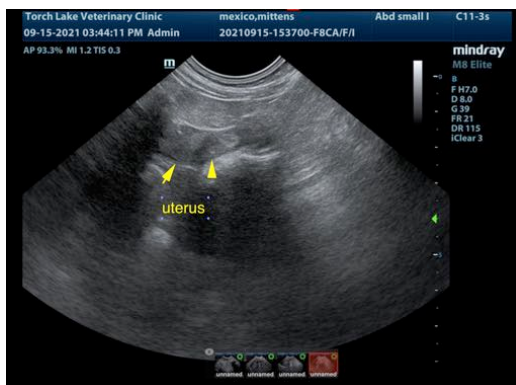
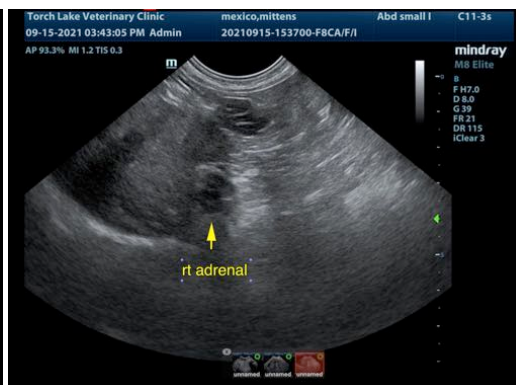
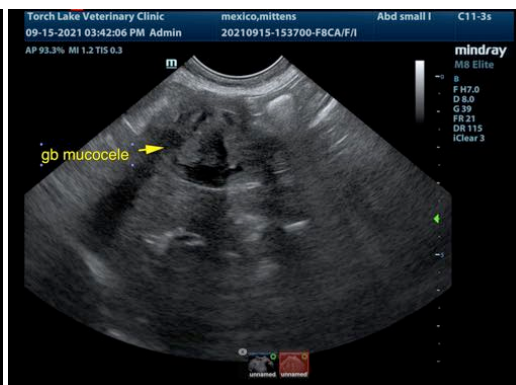
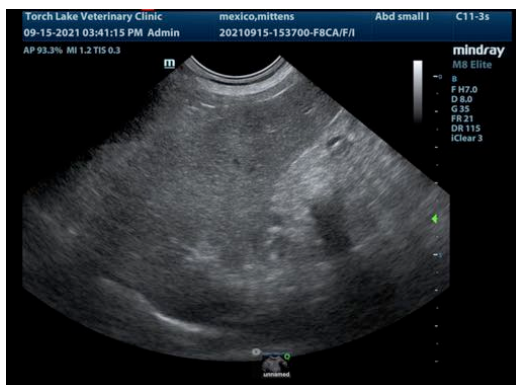
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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