



PATIENT

Brodie DeStefano

SPECIES

Canine

BREED

Maltese

SEX

Neutered male

AGE

14 years

WEIGHT

5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ammeraal

HOSPITAL NAME

Sova AH

REFERRING VET

Dr. Sova

INVOICE

91877

DATE

9/16/21

PRESENTING CLINICAL SIGNS

History: Had a case of HGE, possible pancreatitis, Vomiting x 3 days and anorexia, treated with Carprofen, may have caused the exacerbation of renal values.

BUN 157 mg/dL, BUN was 45mg/dL Crea 3.0 mg/dL Phos 15.0 mg/dL MG 2.9 MEq/L Amylase 1650 U/L, Precision PSL 657 U/L CBC Normal, Neutrophils/uL Monocytes 1136/uL T4 .8ug/dL

ULTRASONOGRAPHIC EXAMINATION OF THE

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. The left kidney measured 3.08 cm. The right kidney measured 3.32 cm with trace pyelectasia.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.09 x 0.34 cm at the cranial pole and 0.35 cm at the caudal pole. The right adrenal gland measured 1.26 x 0.39 cm at the cranial pole and 0.4 cm at the caudal pole.

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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.



PATIENT *Gastrointestinal*

Brodie DeStefano The **gastrointestinal tract** revealed minor mural thickening and minor excessive gas. The colon was unremarkable.

SPECIES

Canine *Pancreas*

The **pancreas** revealed minor heterogenous parenchymal changes. Subtle, heterogenous parenchymal changes were noted. This is consistent with resolving pancreatitis.

BREED

Maltese

ULTRASONOGRAPHIC FINDINGS

SEX

Minor intestinal thickening.

Neutered male

Resolving gastroenteritis/pancreatitis pattern.

AGE

14 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes are minor. Supportive care should prove effective. Dietary indiscretion, food intolerance/indiscretion, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. I recommend a fresh fecal smear and fecal floatation analysis.

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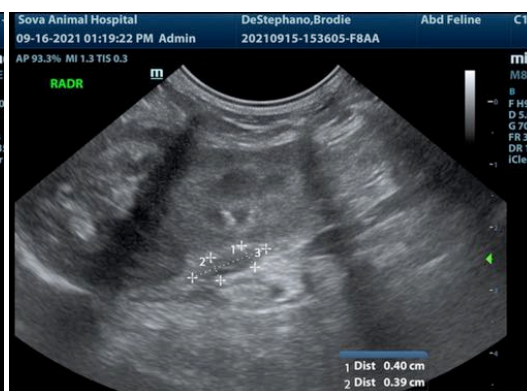
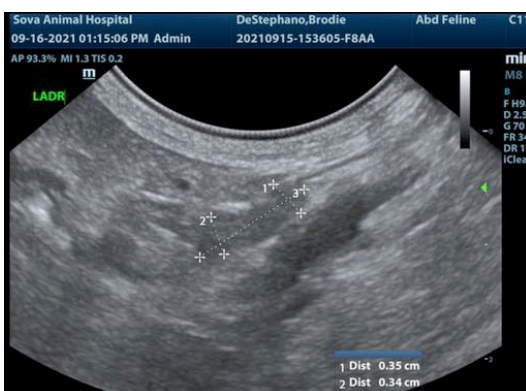
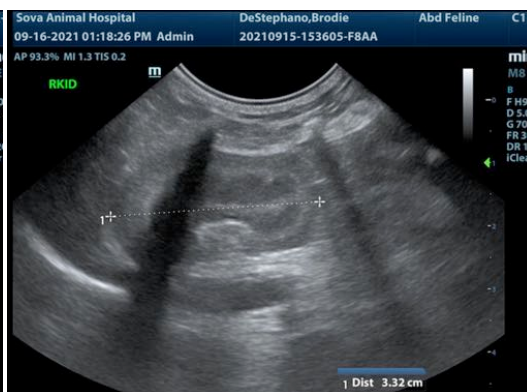
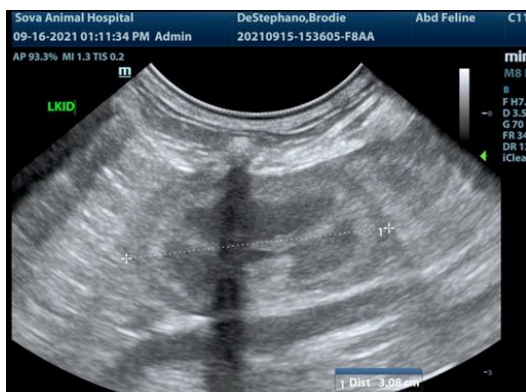
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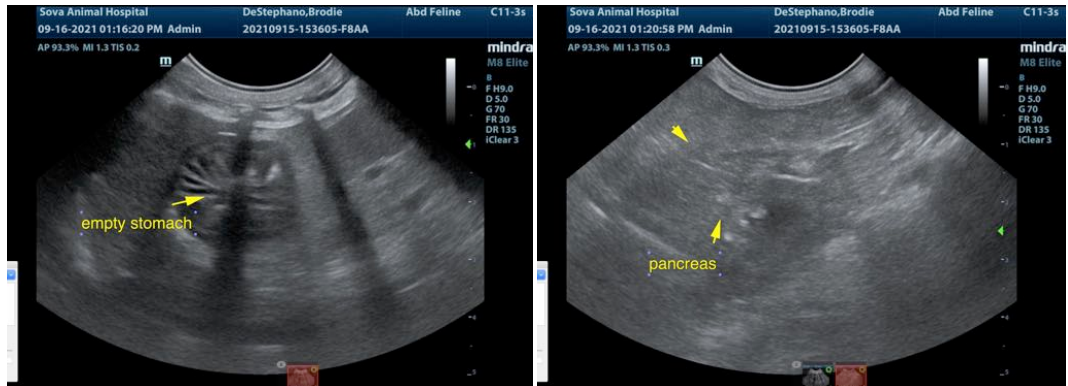
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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