



PATIENT

Sprinkles Guajardo

SPECIES

Canine

BREED

Beagle Mix

SEX

Spayed Female

AGE

12 years

WEIGHT

14.8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDMS

HOSPITAL NAME

Sanctuary VH

REFERRING VET

Dr. Guajardo

INVOICE

91909

DATE

9/17/21

PRESENTING CLINICAL SIGNS

History: Increased ALT. Anemic. Increase lipase. Low albumin. Low normal T4. Possible abd mass. Cardiac- Grade 4/6 murmur. Being treated for CHF. No syncope.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

55 still images and 4 videos were submitted

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. Minor mineralization was noted in the kidneys. The right kidney measured 6.18 cm. The left kidney measured 5.94 cm.

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 right adrenal gland measured 0.53 cm. The left adrenal gland measured 0.54 cm.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease. The splenic width measured 1.72 cm.

Liver

The **liver** was uniformly swollen. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. Occasional, hyperechoic nodule was noted. This is consistent with lipogranuloma and is not overtly pathological. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. The gallbladder was over distended with dependent, suspended debris and a thickened wall. This is consistent with emerging mucocele. Suspended calculi was also noted.



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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. There was some retention of ingesta noted in the stomach. 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

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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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ULTRASONOGRAPHIC FINDINGS

AGE

Geriatric abdomen with folded spleen.

12 years

Emerging gallbladder mucocele.

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

14.8 kg

Gallbladder motility study would be warranted and/or empirical Ursodiol over the next 6-8 weeks. A recheck sonogram is recommended at that time. There is no evidence of neoplasia. Lipogranulomatous hepatic nodular changes were noted. FNA of the liver can be considered for further definition of the ALT elevation. Assessment for proteinuria is warranted given the low albumin. If no significant proteinuria is present then protein losing enteropathy may be an issue even though structurally the gastrointestinal tract appears unremarkable. CBC path review is warranted to assess for cause of anemia as it is not evident from visceral evaluation of the abdomen.

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RDCS

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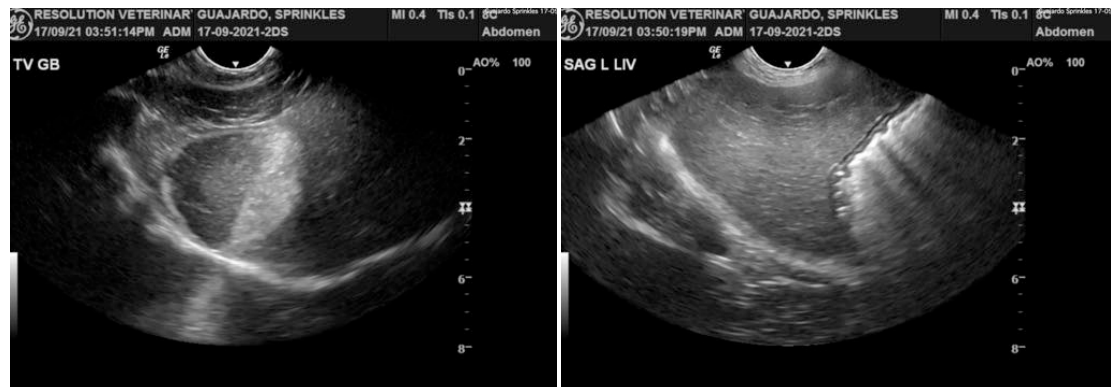
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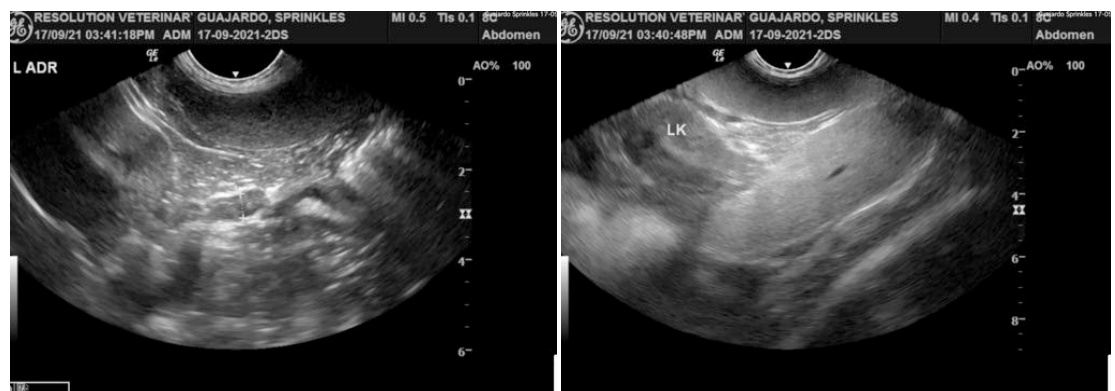
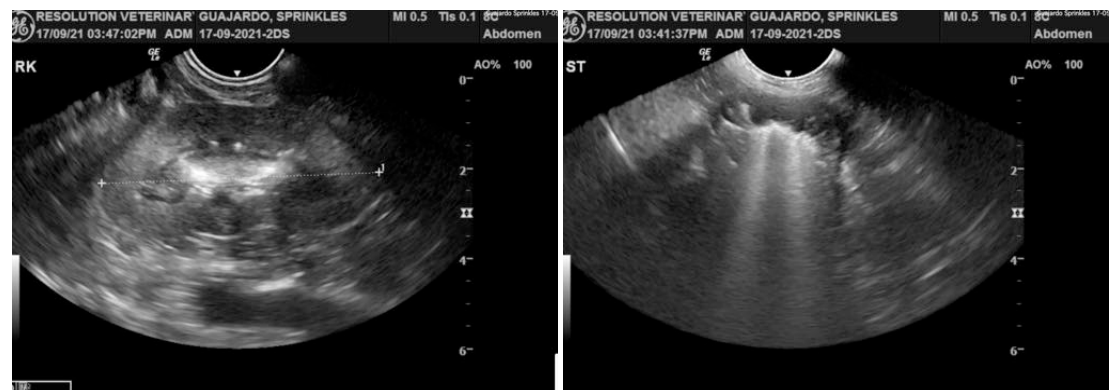
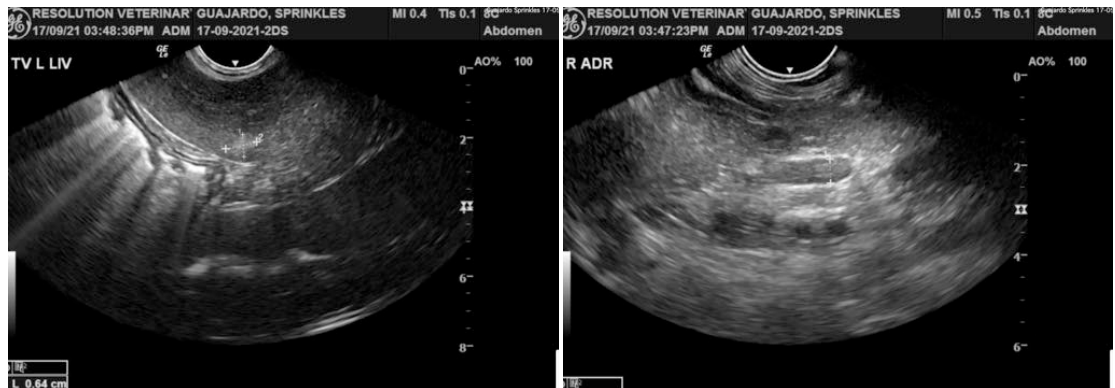
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The information and recommendations provided are based on the images presented by the referring



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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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info@SonoPath.com

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