

PATIENT

Simba Ortiz

PRESENTING CLINICAL SIGNS

History: Eating less, increased Alk P. Severe pain on palpation of TL Vertebra. Labs, Rads w/report.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A caudal dorsal bladder polyp was noted in this patient at the level of the ureteral papillae and measured 0.64 cm. This may represent a polypoid ureteral papillae possibly owing to stone passage; however, emerging carcinoma cannot be ruled out.

BREED

Chihuahua

SEX

Neutered male

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. Slight cortical infarcts and remodeling were noted. The right kidney measured 4.66 cm. The left kidney measured 4.55 cm.

AGE

11 years

WEIGHT

20.5 lbs

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 1.81 x 0.53 cm at the caudal pole and 0.59 cm at the cranial pole. The left adrenal gland measured 1.8 x 0.61 cm at the caudal pole and 0.48 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

Spleen

The **spleen** revealed minor, heterogenous parenchymal changes with hypoechoic, non-disruptive nodule that measured 0.3 cm and a separate nodule that measured 0.38 cm.

HOSPITAL NAME

Ideal Pet VC

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. Kolta

INVOICE

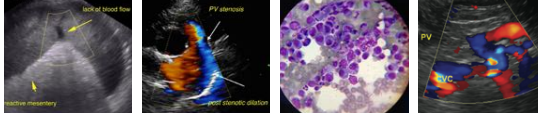
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Gastrointestinal

DATE

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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



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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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SPECIES

Pancreas

Canine

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.

BREED

Chihuahua

ULTRASONOGRAPHIC FINDINGS

SEX

Bladder polyp or pronounced ureteral papillae. This should be monitored. Structure appears to be mucosal to submucosal. The muscularis and serosa appeared to be intact.

Neutered male

Excessive gallbladder debris.

AGE

11 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Proactive Ursodiol therapy would be ideal. There is no obvious evidence of visceral disease that would be responsible for hyporexia in this patient. Other causes of hyporexia such as orthopedic pain, thoracic or CNS disease should be considered.

WEIGHT

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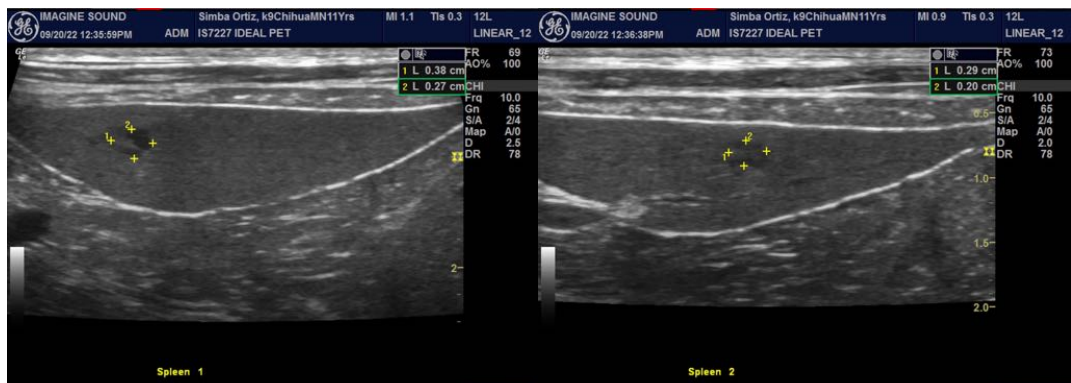
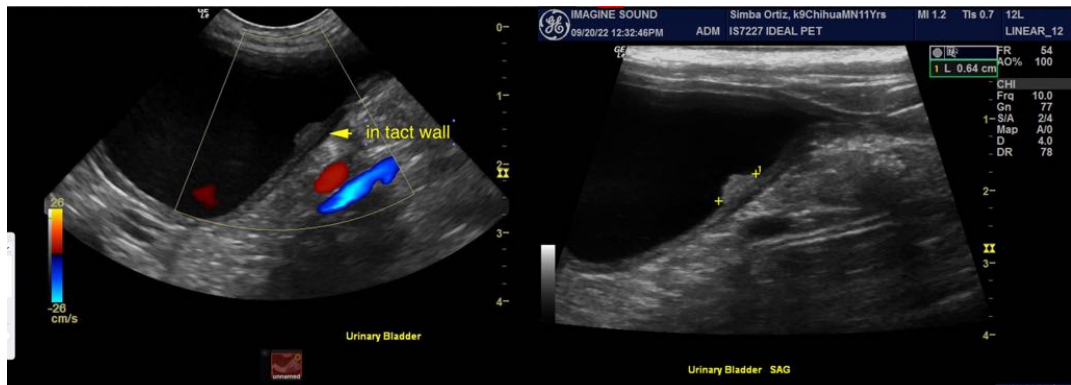
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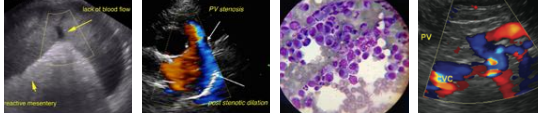
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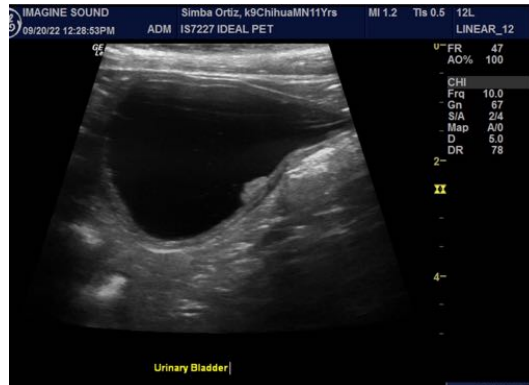
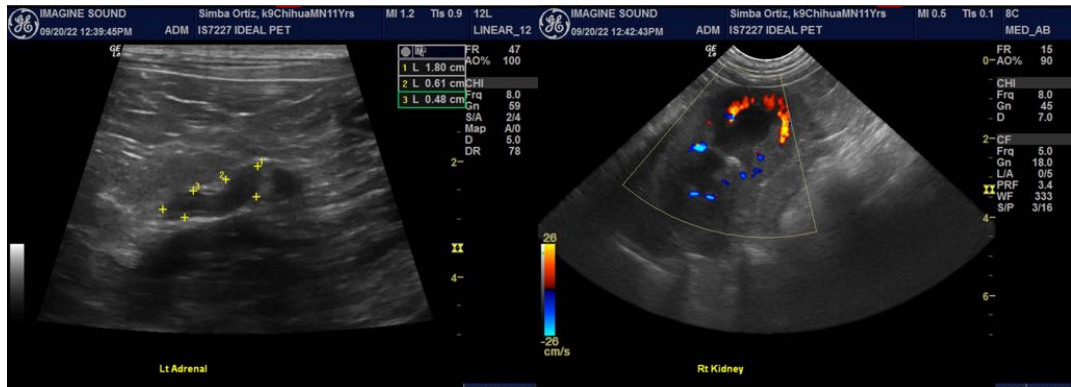
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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