



PATIENT

Maggie Collier

SPECIES

Canine

BREED

Yorkshire Terrier
Poodle

SEX

Spayed female

AGE

12 years

WEIGHT

15.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Dr. Mack

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Mack

INVOICE

39532

DATE

9/20/22

PRESENTING CLINICAL SIGNS

History: Patient presented for annual vaccines with no concerns.
Abnormal PE/Chem/CBC/UA Results: PE: potbelly appearance, cough on tracheal palpation.
CBC/CHEM/SDMA/TT4: SDMA 36, BUN 39, ALKP 18, TBIL 1.3, LIPA 1867, TT4 0.9. XRAYs: Enlarged liver. Mineralization and soft tissue opacity caudal to the hyphoid apparatus. Narrowed cervical trachea. Mild bronchial pattern in lungs. Mild spondylosis in the cranial lumbar vertebrae. r/o thickened small intestines. Patient had an endotracheal tube for ultrasound - no foreign material noted in trachea. Plan to perform LDDs T in 10-14 days due to steroid injection given today.

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. 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 his age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia was noted with echogenic debris.

Adrenal Glands

The left **adrenal gland** was mildly heterogenous, yet normal in size with slight, irregular contour. The left adrenal gland measured 0.7 cm in width. The right adrenal gland was uniform and measured 0.6 cm.

Spleen

The **spleen** was uniform and folded upon itself caudally with minor, heterogenous parenchymal changes.

Liver

The **liver** revealed mild uniform enlargement and coarse architecture. The gallbladder and common bile duct were unremarkable with minor dependent gallbladder debris. This is physiological.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and



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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

The **pancreas** revealed hyperechoic changes that are consistent with remodeling.

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ULTRASONOGRAPHIC FINDINGS

Non-specific hepatopathy.

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Low-grade pancreatitis is possible.

Bilateral renal pyelectasia with mild to moderate degenerative changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of significant structural disease. Echogenic debris within the renal pelvises would suggest possible pyelonephritis. Full urinary culture and sensitivity is indicated if any inflammatory sediment is present. If evidence of urinary tract infection is present then 4 week treatment is indicated. I recommend reassessing the bilirubin value. Given the lipase elevation there is likely some level of pancreatitis. Given the azotemia and SDMA elevation underlying nephritis is likely, likely pyelonephritis depending on urinalysis results. If the bilirubin is persistently elevated FNA of the liver is indicated, yet structurally appears stable.

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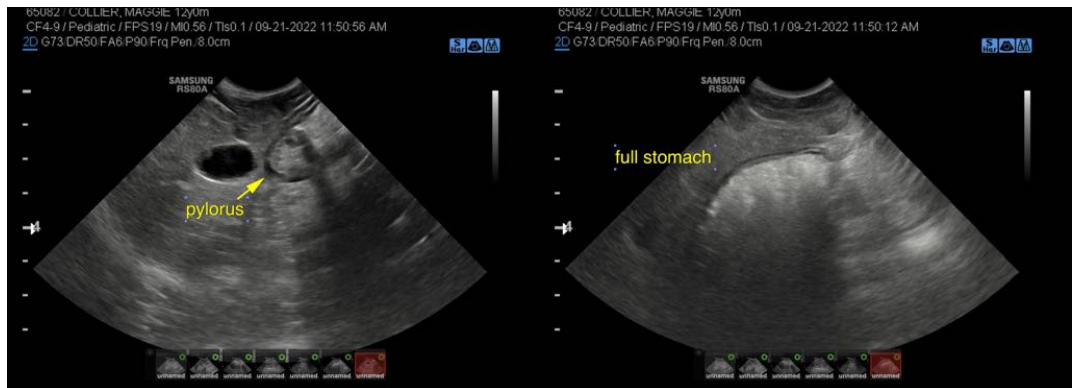
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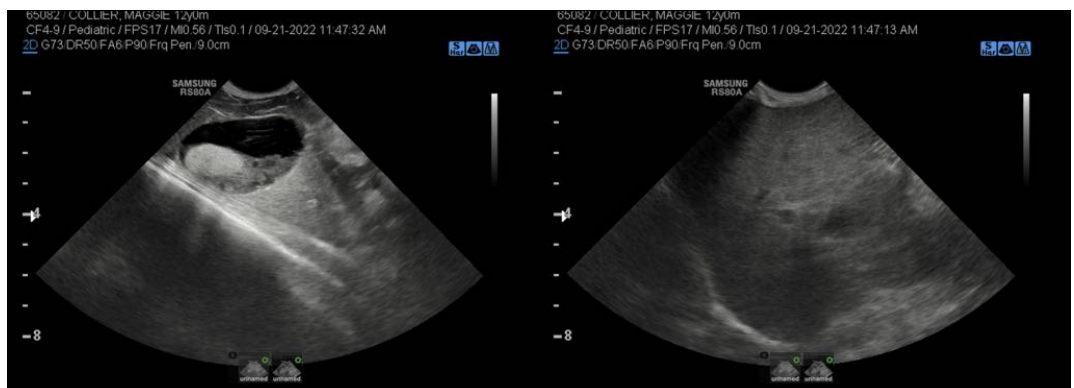
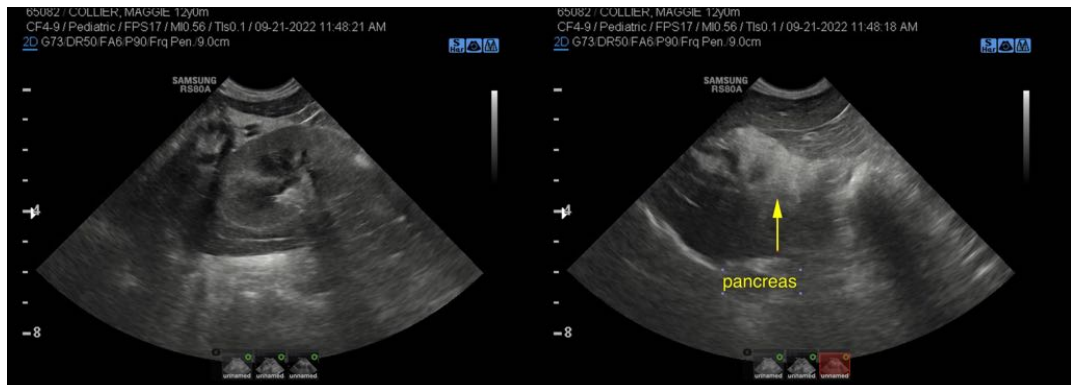
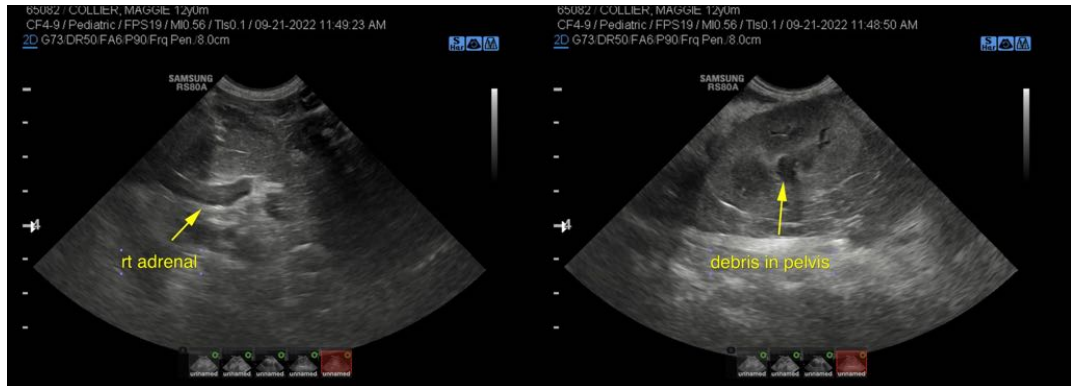
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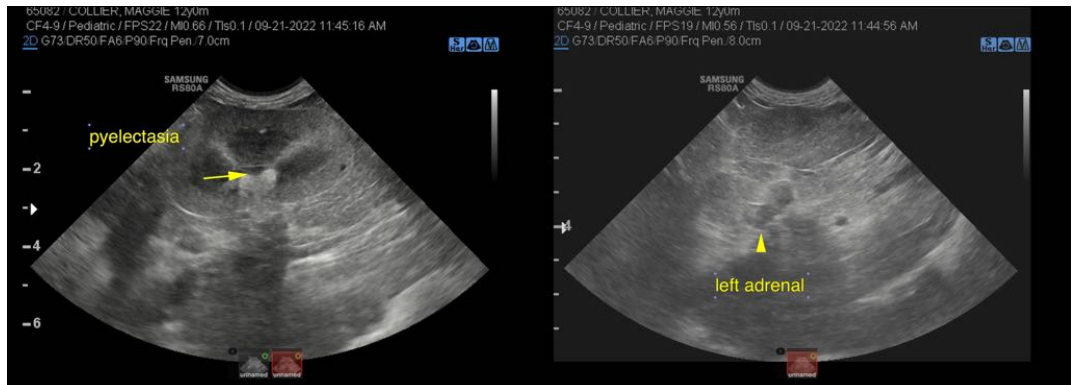
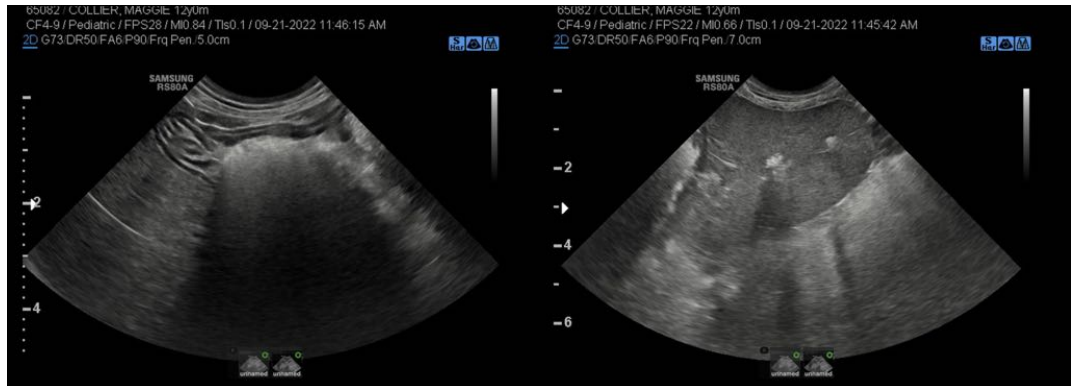
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com