



PATIENT

Cinnamon Girl Bussel

SPECIES

Canine

BREED

Toy Poodle

SEX

Spayed Female

AGE

11 years

WEIGHT

PRESENTING CLINICAL SIGNS

History: Recheck from Aug for cbd. Current meds: Cobalequin, Denamarin, clopidoquel, Ursodiol, Enrofloxacin, metro
Abnormal PE/Chem/CBC/UA Results: 8/7/21 pot decreased, SDMA increased Chem WNL UA: UPCO .3 proteinuric SG: 1.033

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization was noted in both kidneys. The right kidney measured 3.78 cm. The left kidney measured 3.55 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 left adrenal gland measured 1.24 x 0.32 cm at the caudal pole and 0.38 cm at the cranial pole. The right adrenal gland measured 1.14 x 0.29 cm at the caudal pole and 0.28 cm at the cranial 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** revealed mild, coarse hepatic architecture. The gallbladder has significantly improved compared to the prior sonogram. Minor, dependent debris was noted with polypoid changes. Some striating bile is persistent. The common bile duct is normal.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Long Valley AH

REFERRING VET

Dr. Earl

INVOICE

92009

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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. 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

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

AGE

11 years

ULTRASONOGRAPHIC FINDINGS

Minor, excessive gallbladder debris. Emerging mucocele, improved compared to the prior sonogram.

Variable pancreatic remodeling. History of pancreatitis is likely, yet cannot rule out low-grade inflammation.

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

I recommend continuation of Ursodiol therapy. However, the gallbladder and liver presentation appears fairly stable. There was no evidence of inflammatory disease noted. Gallbladder motility study would be ideal for long term assessment and management in this patient. Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected.

IMAGING PERFORMED BY

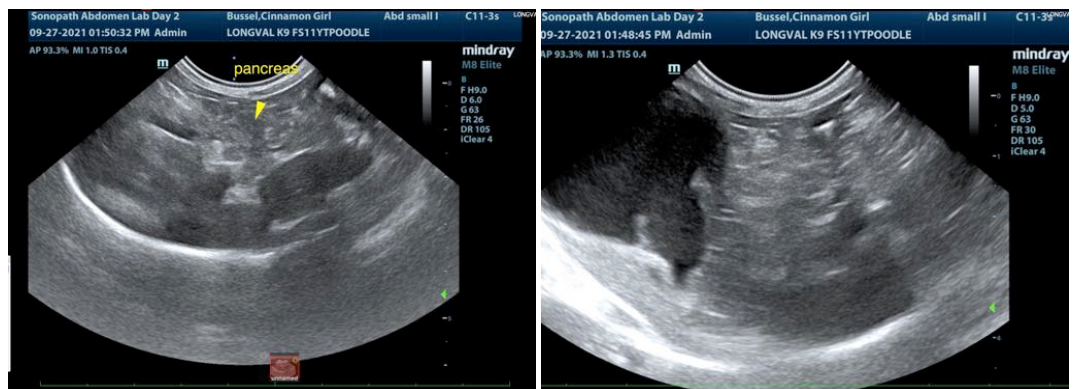
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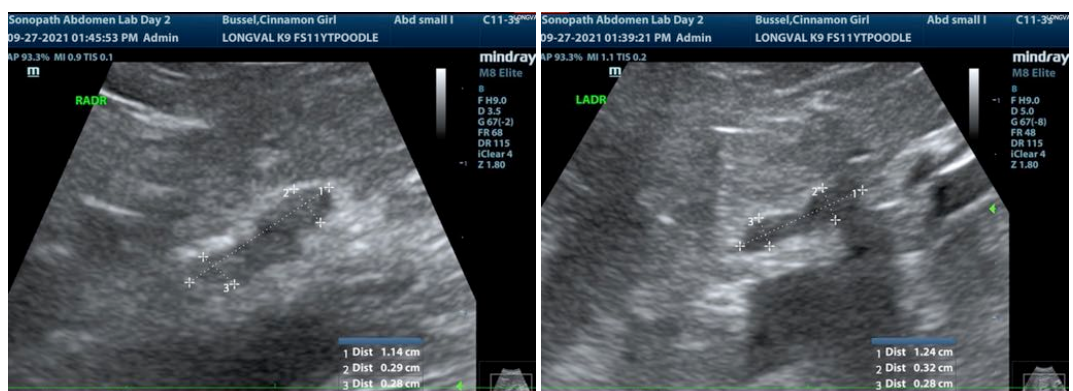
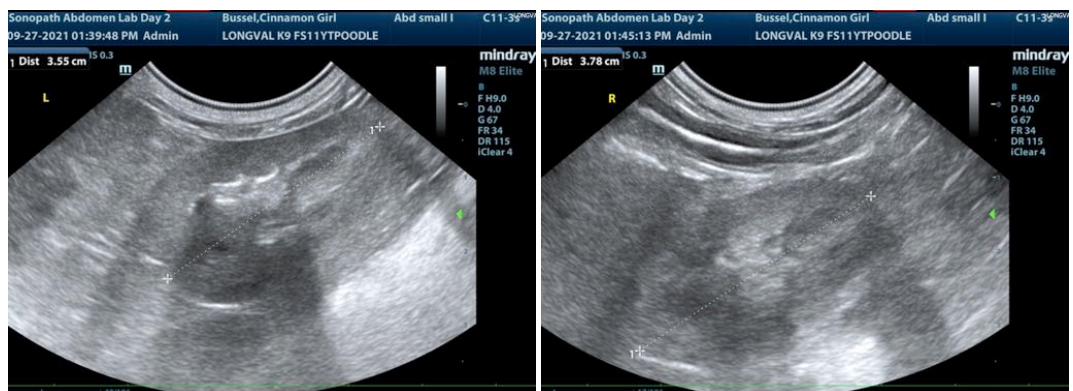
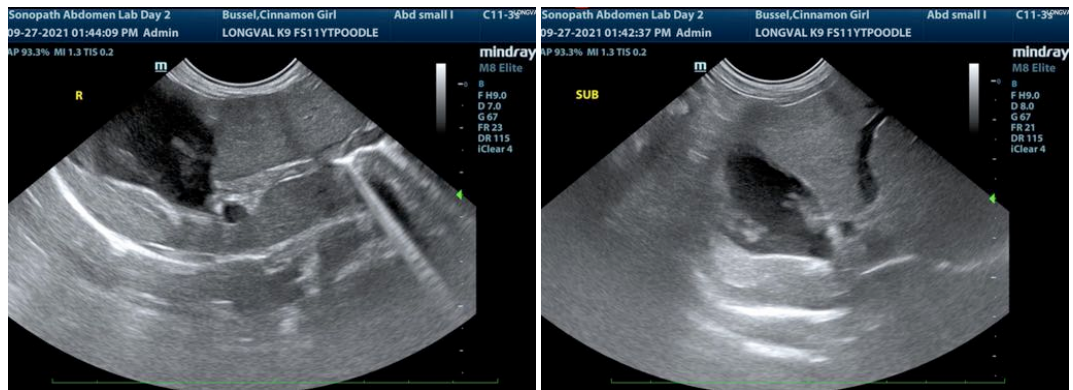
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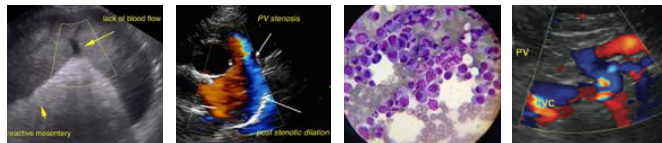
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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