



**PATIENT PRESENTING CLINICAL SIGNS**

Jill Valentine

History: Ultrasound for neighbouring clinic. Hx of seizures, on phenobarb, have been severe with clustering and needing valium at home. Last one was July.

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: Bloodwork Sept 8th: Significant findings: AST 69, ALT 414, AlkP 338, GGT 19, Creat mildly low at 34 (44-144), BUN normal. Chol 12.79 (2.38-10), WBC 18.1, neut 16.29 (2.06-10.6), mildly low lymph. USG 1.025 Was then treated with 14d metro, clavamox, as well as indefinite zentonil

Canine

**BREED**

Yorkie

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

Spayed Female

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.

**Urinary System**

**AGE**

9 years

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. Pinpoint mineralization was noted in the kidneys. The kidneys measured approximately 5.0 cm.

**WEIGHT**

4.1 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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 0.5 cm. The right adrenal gland measured 1.2 cm.

**IMAGING PERFORMED BY**

Dr. Biederbeck

**Spleen**

**HOSPITAL NAME**

Lomsnes VH

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.

**REFERRING VET**

Dr. Biederbeck

**Liver**

The **liver** was mildly subnormal in size. A moderate amount of hepatic remodeling was noted with increased portal markings. 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.

**INVOICE**

92088

**DATE**

9/29/21

**Gastrointestinal**

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.

**SPECIES**

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**Pancreas**

**BREED**

Yorkie

Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxiphoid palpation reveals pain response. No overt masses were noted.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

Pancreatic remodeling.

**AGE**

9 years

Hepatic remodeling.

Minor dependent and mildly suspended gallbladder debris.

**WEIGHT**

4.1 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no evidence of mucocele formation. Low-grade active inflammation may be present in the pancreas, yet the majority of the pattern suggests fibrosis and remodeling from prior episodes of pancreatitis.

**INTERPRETED BY**

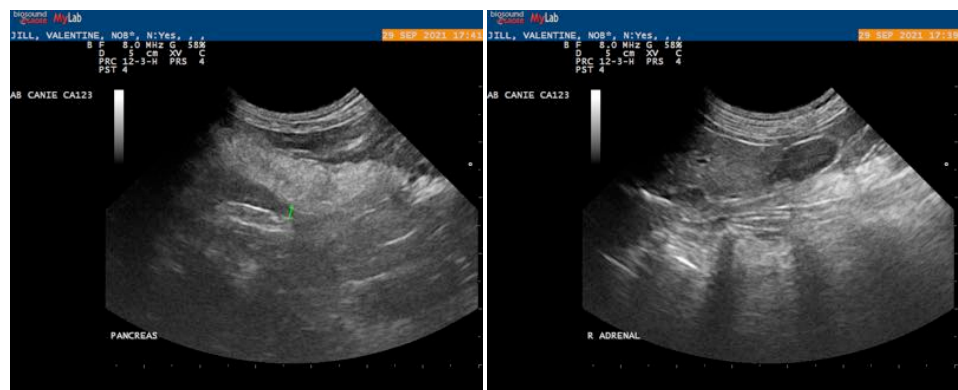
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**HOSPITAL NAME**

Lomsnes VH



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**SPECIES**

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**SEX**

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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.

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