



PATIENT

Hobo Toranzo

SPECIES

Canine

BREED

Yorkiepoo

SEX

Neutered Male

AGE

12 Years

WEIGHT

6.43 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Frank Antonopoulos

HOSPITAL NAME

Vet Emergency Group
- Nanuet

REFERRING VET

Dr. Frank Antonopoulos

INVOICE

41752

DATE

9/29/22

PRESENTING CLINICAL SIGNS

1 month ago was diagnosed with proteinuria and mild Diagnostics were all normal Temilsartin 0.5 mg sid began about 2 weeks ago last few days P was spacey and weak diarrhea 2 days ago dec. appetite for about 4 days ago legs are giving out today and P appears out of it.

Abnormal PE/Chem/CBC/UA Results: Pale MM, laterally recumbent, dull mentation hypotensive Radiologist report; left-sided bronchopneumonia, dilated intestines CBC; moderate anemia, moderate leukopenia, mild thrombocytopenia Chem; hypoglycemia, mildly elevated BUN (normal Cre, SDMA, phos), mild hyperglobulinemia, low normal albumin

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 were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.5 cm with minor pyelectasia. The right kidney measured 4.5 cm.

Adrenal Glands

The **left adrenal gland** was visualized obliquely with a swollen caudal pole at 7.0 mm, cranial pole measured 4.0 mm.

The **right adrenal gland** was not visualized.

Spleen

The **spleen** was uniform. No overt pathology.

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 wall was slightly echogenic.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

Pancreas

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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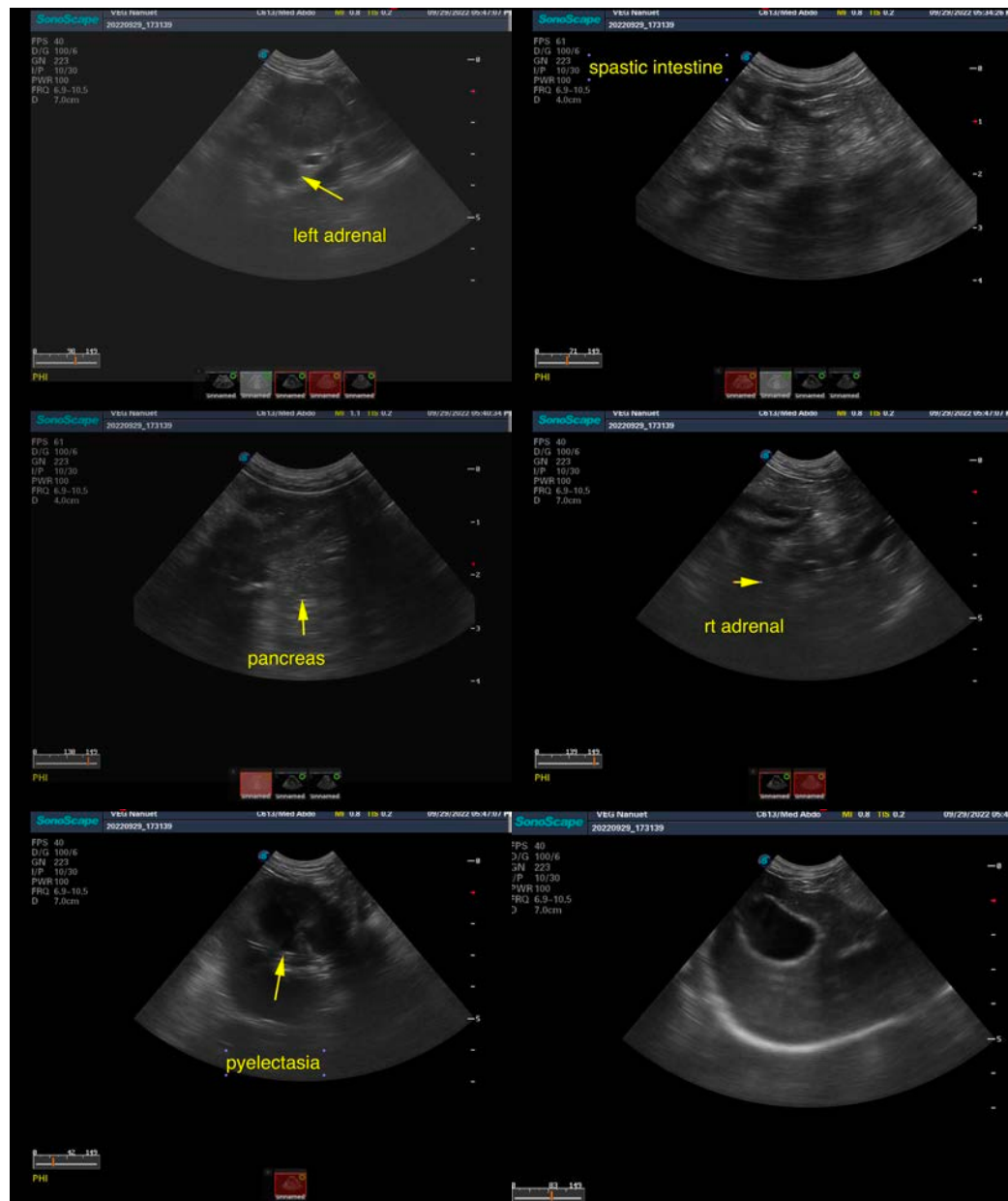
9/29/22

ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis presentation
- Likely history of cholangitis, yet not active edema present
- Swollen caudal pole left adrenal gland

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Enterotoxin or similar insult suspected. Urinary workup warranted if not already performed, given the pyelectasia, to assess for UTI. Plasma expanders, treatment for enterotoxins indicated. No evidence of abdominal hemorrhage. However, GI hemorrhage cannot be completely ruled out. HGE may be the underlying issue.





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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.

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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

info@SonoPath.com

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