



PATIENT

Lily Moelk

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed Female

AGE

2016

WEIGHT

11.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert IVUSS

**IMAGING
PERFORMED BY**

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Farview AC

REFERRING VET

Dr. Mosaad

INVOICE

92123

DATE

09/30/21

PRESENTING CLINICAL SIGNS

History: Not eating. Icteric

Labs and Radiographs attached

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 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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.41 cm. The left kidney measured 3.84 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 right adrenal gland measured 1.54 x 0.43 cm at the caudal pole and 0.28 cm at the cranial pole. The left adrenal gland measured 2.17 x 0.57 cm at the caudal pole and 0.34 cm at the cranial pole.

Spleen

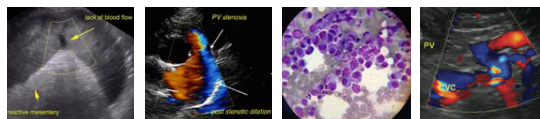
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed minor swelling. Slightly increased portal markings were noted. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder was over distended with suspended debris. Short axis gallbladder measured 4.06 cm. The cystic duct was dilated.

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.

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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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ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

Emerging to complete gallbladder mucocele without evident inflammation. Acute hepatic insult is suspected. Otherwise, unremarkable abdomen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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I am not convinced that the common bile duct and gallbladder are the primary issues in this patient. However, surgical removal of the gallbladder may be necessary regardless. I recommend ultrasound-guided FNA of the liver, Leptospirosis titers and assessment for other acute hepatic insult. Ursodiol therapy is warranted. Ampicillin and Metronidazole combination is suggested with IV fluid support. Depending upon response to therapy a recheck sonogram is recommended in 48-72 hours. Gallbladder motility study is strongly recommended in this patient.

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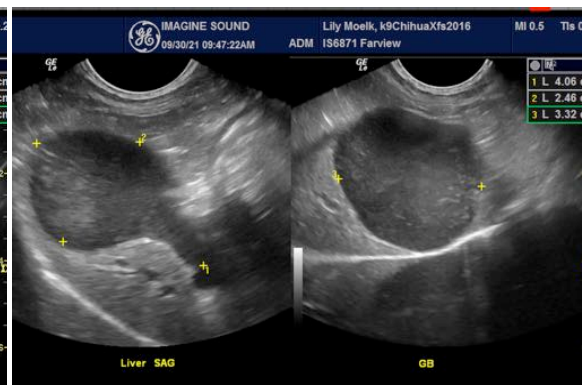
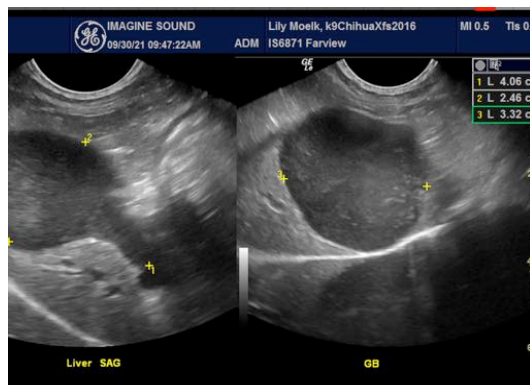
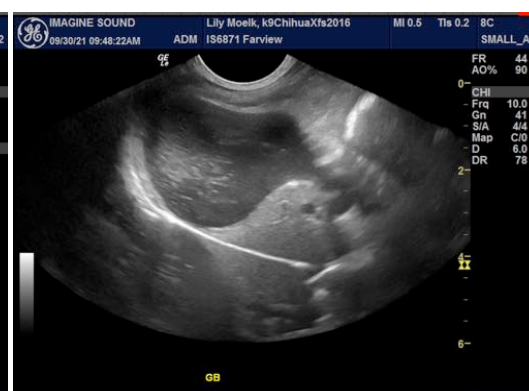
Dr. Mosaad

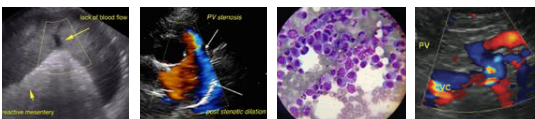
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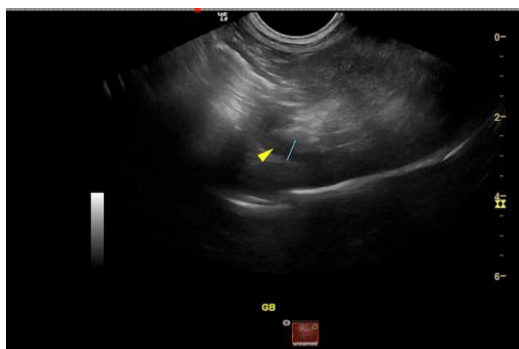
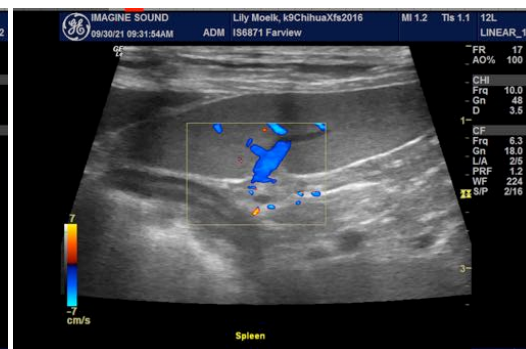
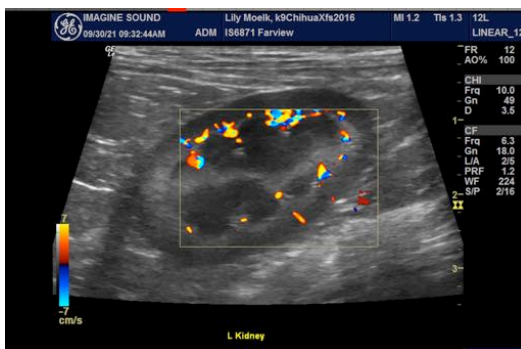
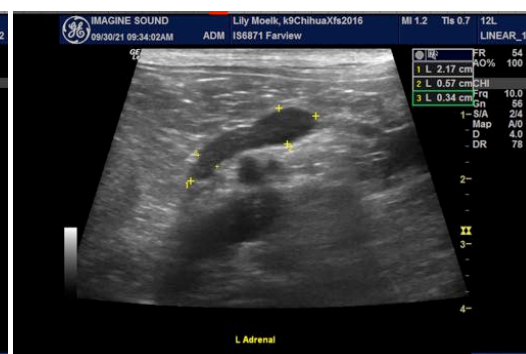
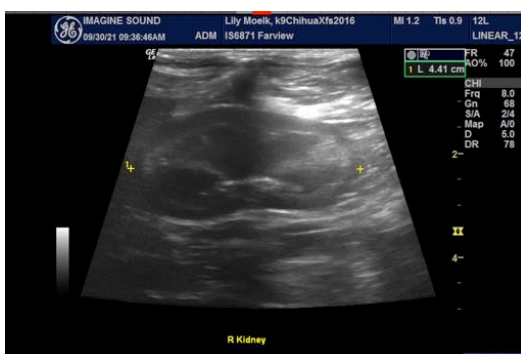
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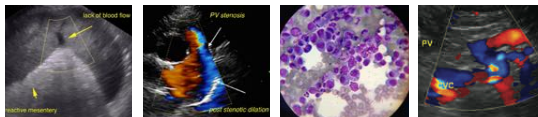
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Eric.Lindquist@SonoPath.com

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