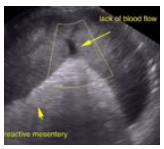
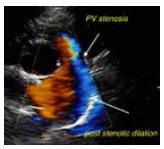
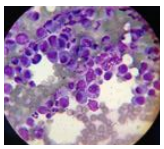
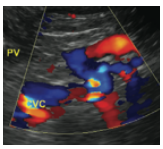

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PATIENT

Sammy Prior

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered male

AGE

8 years

WEIGHT

12.9 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Brenner

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

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INVOICE

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9/7/22

PRESENTING CLINICAL SIGNS

History: Anemia documented in June 2022. Clinically asymptomatic.
Abnormal PE/Chem/CBC/UA Results: June 9, 2022 CBC: RBC 4.8 (5.65-8.87) normocytic, normochromic. Chem: normal, TT4 low 0.9 (1-4). 4DX heartworm test Negative. August 22, 2022 exam multiple sebaceous cysts. Chem: SMDA 21 (0-14), BUN 29 (7-27), normal creatinine. CBC: RBC 4.2 (5.65-88.7) normocytic, normochromic. Urinalysis free catch: USG 1.005, pH 6.0, 1+ Bilrubin, TNTC cocci, No WBC, Full thyroid profile not support hypothryoidism.

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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.88 cm and the left kidney measured 4.62 cm with trace pyelectasia. Blood flow to the kidneys appeared to be adequate.

Adrenal Glands

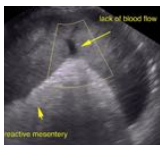
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.37 x 0.4 cm at the cranial pole and 0.32 cm at the caudal pole. The right adrenal gland measured 1.33 x 0.54 cm at the cranial pole and 0.34 cm at the caudal pole.

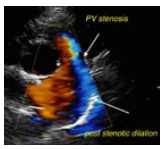
Spleen

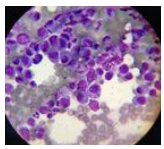
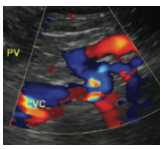
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or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

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic





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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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 demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

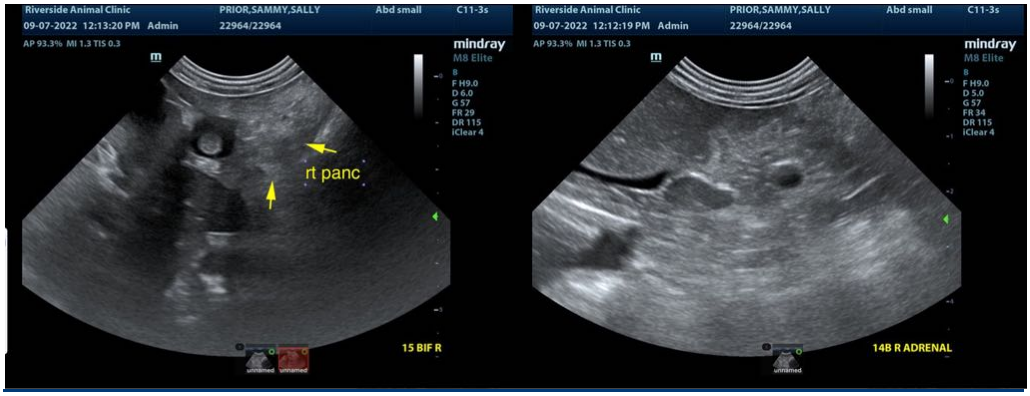
The left limb of the **pancreas** revealed minor heterogenous, hyperechoic changes consistent with remodeling without overt evidence of active inflammation.

ULTRASONOGRAPHIC FINDINGS

Pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no overt evidence of active inflammation. However, low-grade pancreatitis, chronic active is possible. Subxiphoid palpation is recommended, particularly in the right subxiphoid region as heterogenous, hypoechoic parenchymal changes were noted with hyperechoic areas of remodeling. No evidence of cause of anemia. GI blood lost is a possibility. CBC path review +/- bone marrow aspriates may be appropriate.



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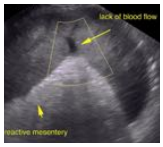
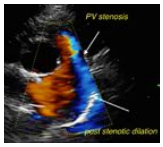
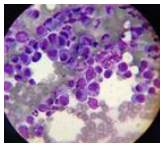
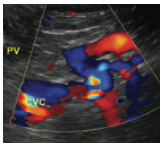

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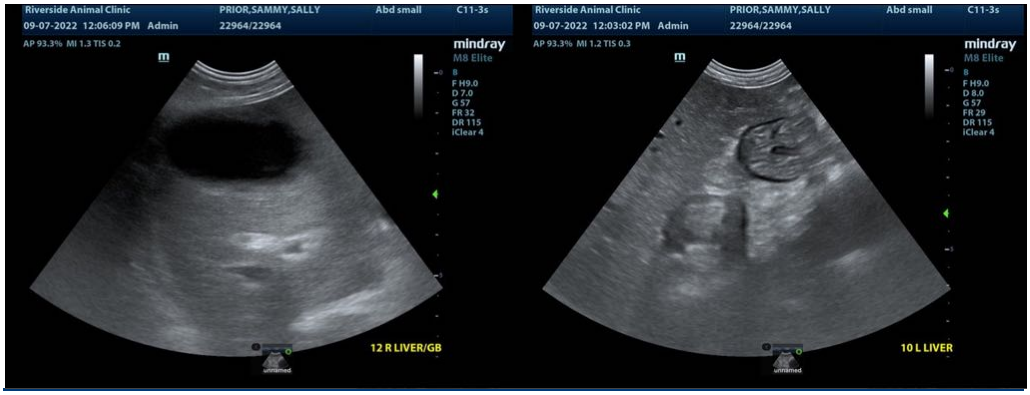

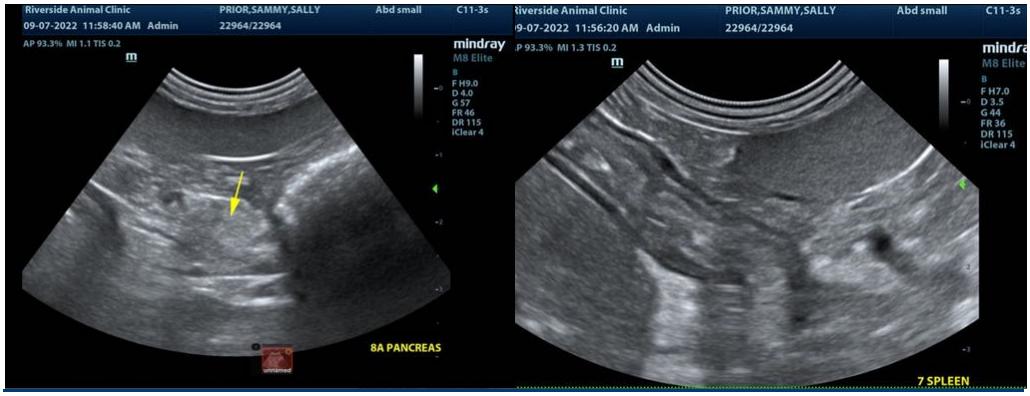

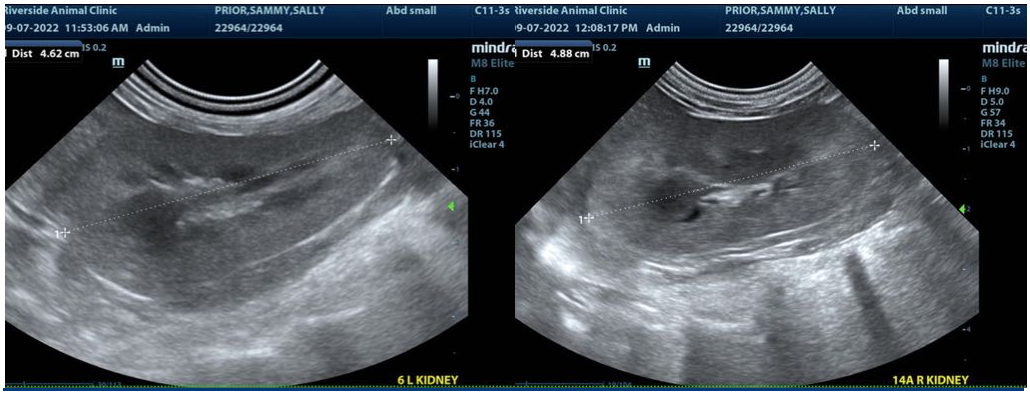

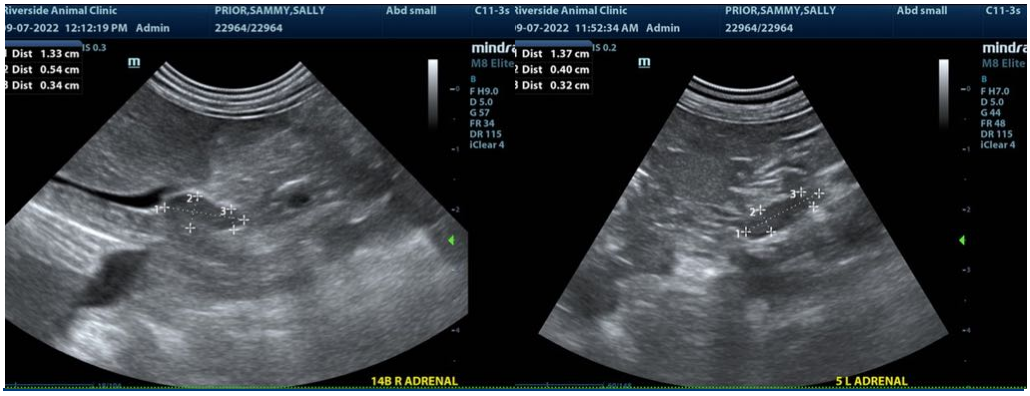

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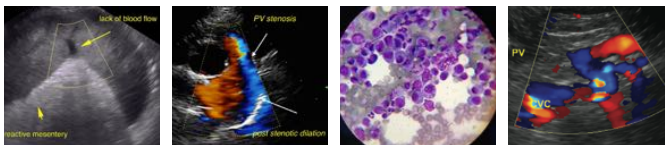

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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