



PATIENT

Brooklyn Bangs

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered male

AGE

14 years

WEIGHT

8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Barengo

INVOICE

32790

DATE

9/8/22

PRESENTING CLINICAL SIGNS

History: Recheck AUS, had cranial abdominal inflammation, possible previous GB rupture and concern for hiatal hernia. Doing well. On Ursodiol.

Abnormal PE/Chem/CBC/UA Results: PE: no significant issues.

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 residual prostate was uniform and measured 1.2 cm.

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 left kidney measured 3.8 cm. The right kidney measured 3.8 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.

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 fossa was more visible at this time and may be empty with sand or calculi. However, no bile was noted. The gallbladder may have ruptured and walled off. There is no evidence of active inflammation. The common bile duct revealed calculi that measured approximately 0.4 cm in width x 1.0 cm in length.



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Gastrointestinal

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Some shadowing material was noted in the stomach. The findings should be paired with post prandial timing at the time of the sonogram. The pylorus was free of evident pathology.

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Pancreas

BREED

Chihuahua Mix

The **pancreas** has improved since the prior exam. There were minor, residual, hypoechoic areas noted.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Biliary calculi, non-obstructive at this time.

Collapsed or walled off/fibrosed gallbladder with sand.

Pancreas has improved with minor, residual hypoechoic areas.

AGE

14 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Right subxiphoid palpation is warranted. If the patient is stable I recommend continuing on Ursodiol therapy, assessment for delayed outflow issues. The gastroesophageal inlet and gastric fundus appear to be well placed into the abdomen. There was no evidence of hernia at this time.

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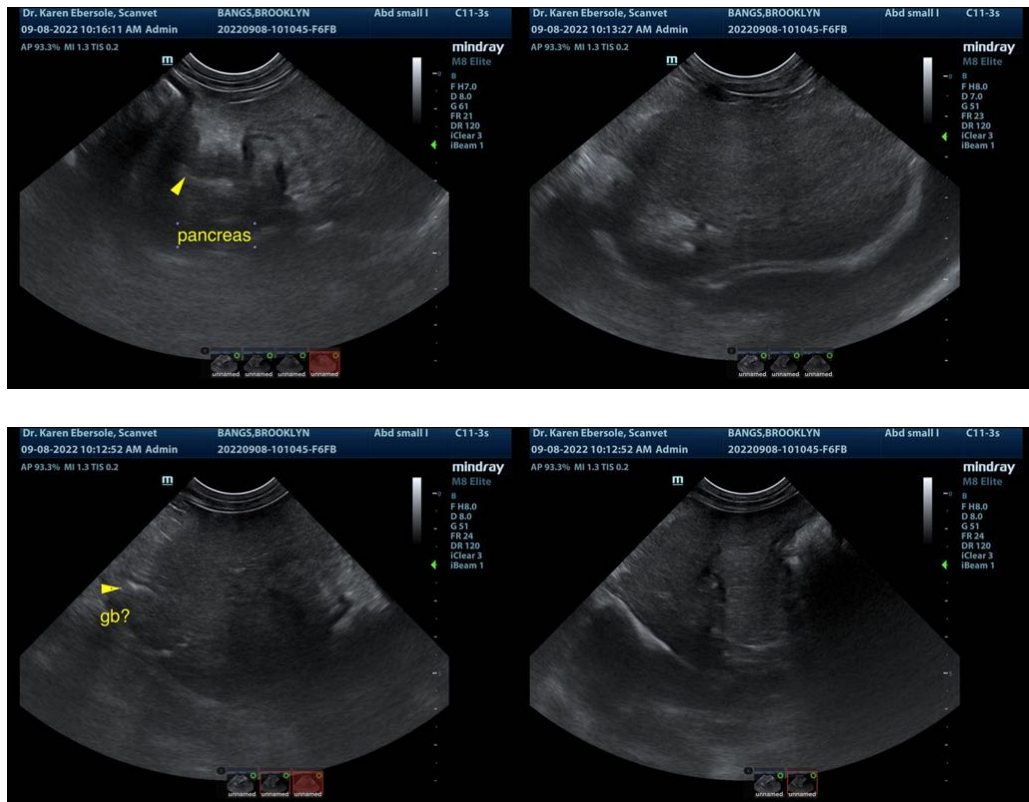
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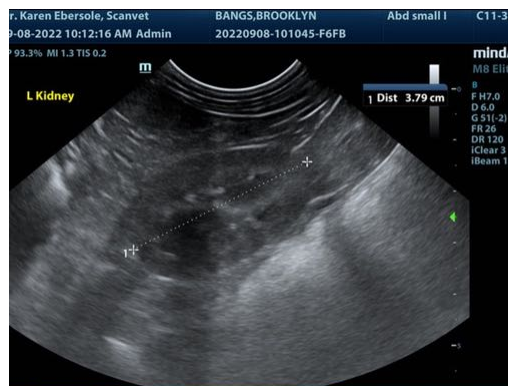
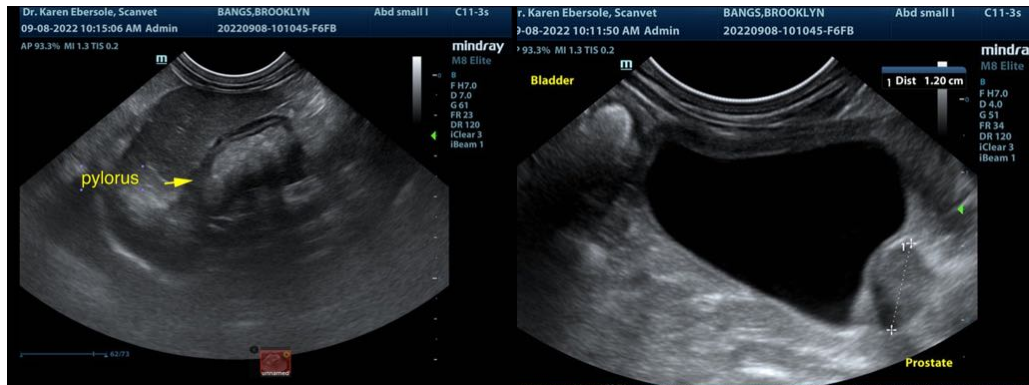
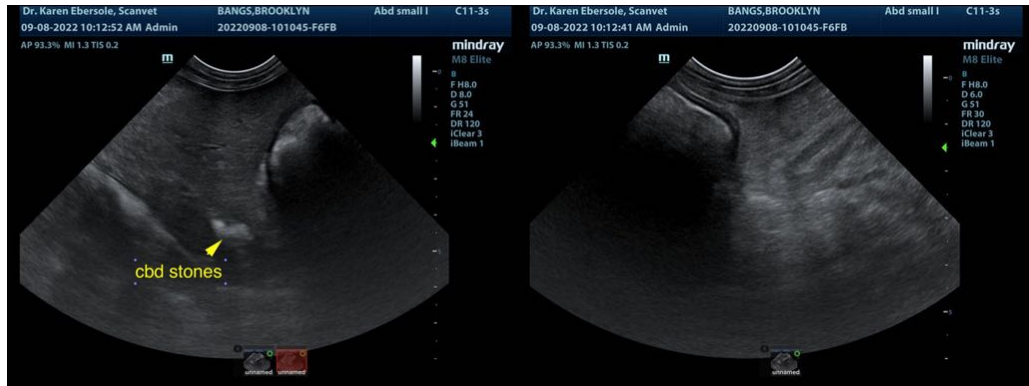
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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