



**PATIENT**

Angel Pontes

**SPECIES**

Canine

**BREED**

Miniature Poodle

**SEX**

Spayed Female

**AGE**

7 years

**WEIGHT**

5.68 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

Beatties East Hamilton

**REFERRING VET**

Dr. MacDonald

**INVOICE**

96605

**DATE**

3/7/22

**PRESENTING CLINICAL SIGNS**

History: Hx: Slow walking, decreased appetite, tail tucked, hx of seizures (has been shaking and stiffing up lately) PE: Mild diffuse abdominal discomfort slightly worse cranioventrally. Dog was not mobile at time of scan, quite uncomfortable and tense. Tramadol, Metronidazole and Cerenia. Abnormal PE/Chem/CBC/UA Results: some elevation red cell markers consistent with dehydration, lymphopenia consistent with inflammation and band neutros consistent with infection Rads: FINDINGS: The stomach is contracted and contains a small amount of gas. The small intestine is normal in size and contains a normal amount of fluid. The colon contains a small amount of heterogeneous fecal material. Based on the position of the stomach, the liver appears decreased in size. No abnormalities are identified involving the spleen, kidneys or urinary bladder. There is no evidence of abdominal fluid or sublumbar lymphadenopathy. The disc space at T11-T12 is mildly narrow. A lumbosacral transitional malformation is present. No significance is attached to this. In the ventrodorsal view, the right patella is slightly medially malpositioned however this could be a radiographic artifact. CONCLUSIONS: 1. There is no evidence of gastrointestinal foreign material or gastrointestinal obstruction. 2. Although radiographs are insensitive for evaluating mild changes in liver size, there is concern that the liver is decreased in size. This could signify chronic liver disease. 3. There is some concern for disc disease at T11-T12 however the significance of narrowed disc spaces cannot be assessed from survey radiographs.

**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 4.87 cm. The left kidney measured 4.11 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 left adrenal gland measured 1.8 x 0.58 cm at the caudal pole and 0.52 cm at the cranial pole. The right adrenal gland measured 1.27 x 1.01 cm at the cranial pole and 0.67 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.



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**Liver**

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The **liver** was subnormal in size with mild irregular contour. The gallbladder and common bile duct were unremarkable.

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**Gastrointestinal**

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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.

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**Pancreas**

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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**ULTRASONOGRAPHIC FINDINGS**

Microhepatica.

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Geriatric abdomen with minor, heterogenous right pancreatic limb.

Otherwise, unremarkable abdomen.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of significant disease. Cause of seizure activity is not directly related to the abdominal presentation. However, if bile acids are elevation this may be lowering of seizure threshold. Bile acid profile is warranted. CT with contrast of the CNS is indicated given the patient's history. Spinal/orthopedic pain should be considered. The visceral presentation appears to be fairly stable other than microhepatica. There was no evidence of portosystemic shunting.

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**REFERRING VET**

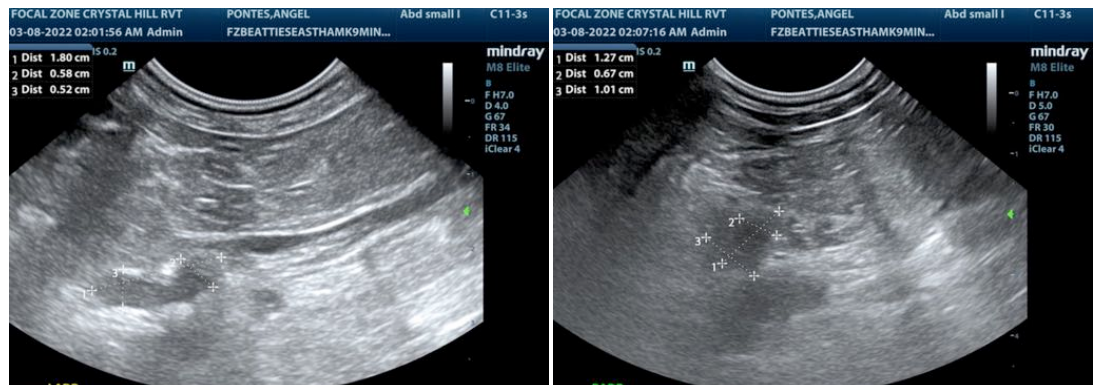
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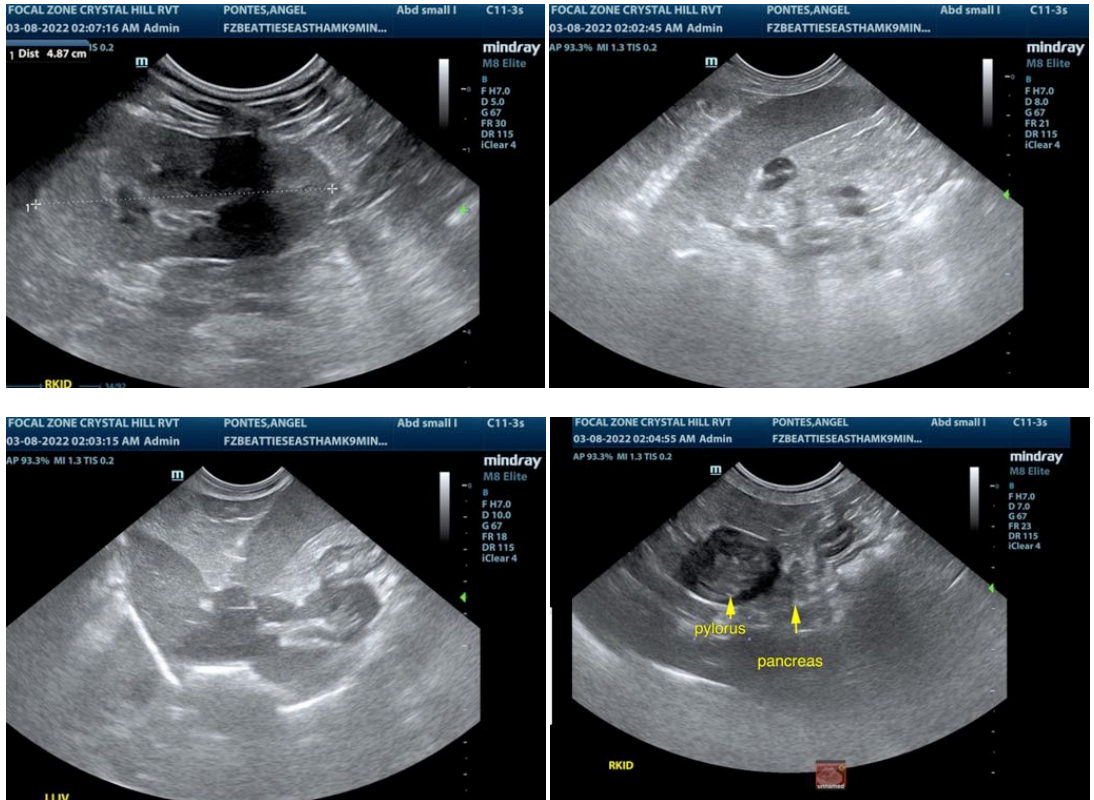
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
Eric.Lindquist@SonoPath.com