



PATIENT PRESENTING CLINICAL SIGNS

Kiara Pineda History: cluster seizures; on metronidazole
Abnormal PE/Chem/CBC/UA Results: WBC 17,000 with neutrophilia and monocytosis; TP 3, Alb 1.6 (done today), glob 1.4, GGT 0

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

BREED

Mixed

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.

SEX

Spayed female

AGE

13 years

Moderate degenerative changes were noted with slight pyelectasia and mineralization in the right kidney. The right kidney revealed an anechoic cyst measuring 3.4 cm. The cyst was deriving from the dorsal cortex. The right kidney measured 4.54 cm. The left kidney revealed a cortical infarct at the caudal pole. The left kidney measured 3.27 cm.

WEIGHT

13.2 lbs

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 1.85 x 0.6 cm at the caudal pole and 0.46 cm at the cranial pole. The right adrenal gland measured 1.52 x 0.32 cm at the caudal pole and 0.49 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

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.

HOSPITAL NAME

Animal Hospital of
Roxbury

REFERRING VET

Dr. Flia

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

INVOICE

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12/13/22



PATIENT

Gastrointestinal

Kiara Pineda

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The **gastrointestinal tract** revealed diffuse, hyperechoic fogging or overlay throughout the small intestine as well as areas of mucosal striations and speckling. This striation + fogging effect appeared to exclusively affect the mucosal layer with the submucosa, muscularis and serosa left in-tact. There was a mild amount of retained ingesta in the stomach. Reactive mesentery was present associated with the serosa indicative of active inflammation. This is most consistent with protein losing enteropathy/lymphangectasia. Full thickness biopsies or endoscopy guided biopsies would be ideal to confirm. No obstructive disease or obvious suspicion of neoplasia.

Pancreas

The left **pancreatic** limb was hypoechoic and irregular with enhanced, surrounding mesentery. This is suggestive for pancreatitis.

ULTRASONOGRAPHIC FINDINGS

Moderate degenerative renal changes with pyelectasia, right renal cyst and cortical infarcts.

Mucosal fogging, suggestive for protein losing enteropathy.

Concurrent pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for any significant proteinuria is warranted to assess for protein losing nephropathy given the low albumin level. Plasma expanders, plasma transfusion, GI protectants and treatment for PLE is warranted. There was no evidence of neoplasia. Given the seizure activity skull CT with contrast is indicated. Blood pressure measurements are also indicated.

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ABOUT SONOPATH CT SERVICES:

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at

<https://sonopath.com/services/sonopath-ct-services>



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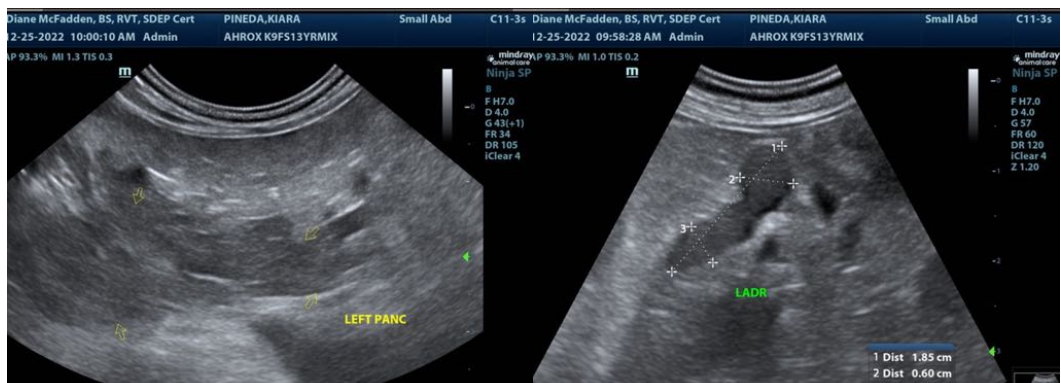
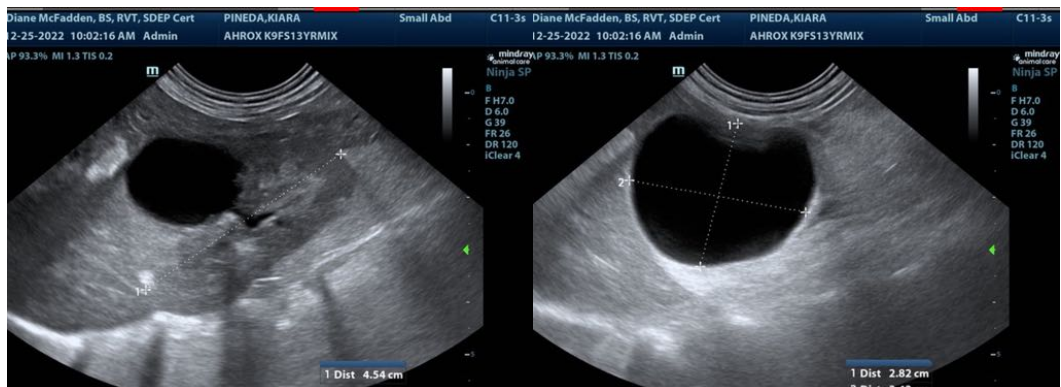
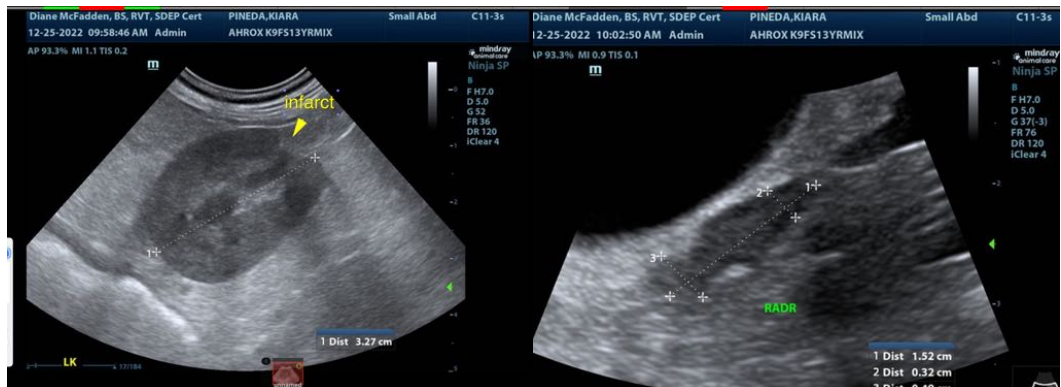
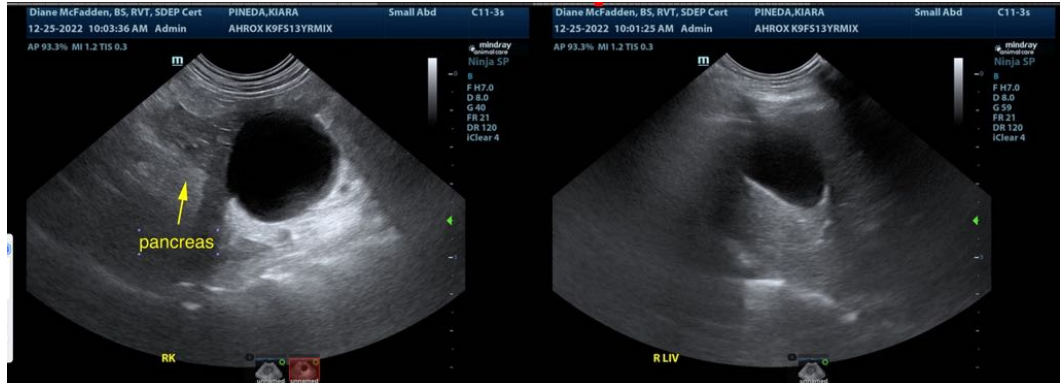
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PATIENT

Kiara Pineda

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.

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

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