

PATIENT

Ginger Millstein

SPECIES

Canine

BREED

Border Collie Mix

SEX

Spayed Female

AGE

11 years

WEIGHT

24.6 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

Legacy AH

REFERRING VET

Dr. Pontenzone

INVOICE

31417

DATE

7/1/22

PRESENTING CLINICAL SIGNS

History: Lepto (neg), CKD - Advanced - acute, liver and kidney changes, (+) pancreatitis. Current meds: Convenia, Carafate, Cerenia, Fluids, metro, Gabapentin. HCT 36%, ALT 718, ALP 787, GGT 67, BUN 114, creat. 4.9. U/A: pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. 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 right kidney was mildly subnormal in size and measured 4.56 cm with moderate degenerative changes. The left kidney revealed pyelectasia that measured 0.98 x 0.25 cm. The left kidney was subnormal in size and measured 3.57 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 2.38 x 0.91 cm at the cranial and 0.45 cm at the caudal pole. The left adrenal gland measured 1.41 x 0.47 cm at the caudal pole and 0.38 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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes 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

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

Moderate degenerative renal changes with pyelectasia and remodeling, subjectively near end stage. Cholangiohepatitis liver pattern.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis titers are recommended. Urine culture and sensitivity is recommended if any inflammatory sediment is noted on UA. 72-hour IV fluid protocol, blood pressure measurements and reassessment of the clinical signs are recommended. FNA of the liver would be ideal given the liver enzyme elevations and non-specific cholangiohepatitis.

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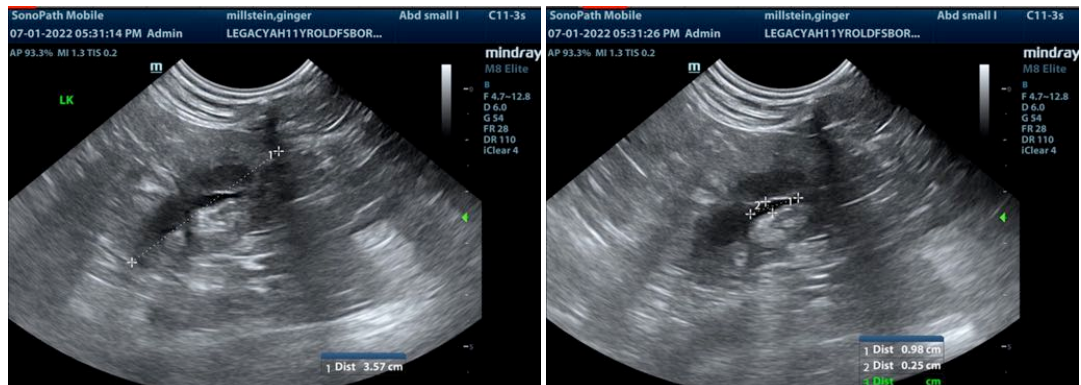
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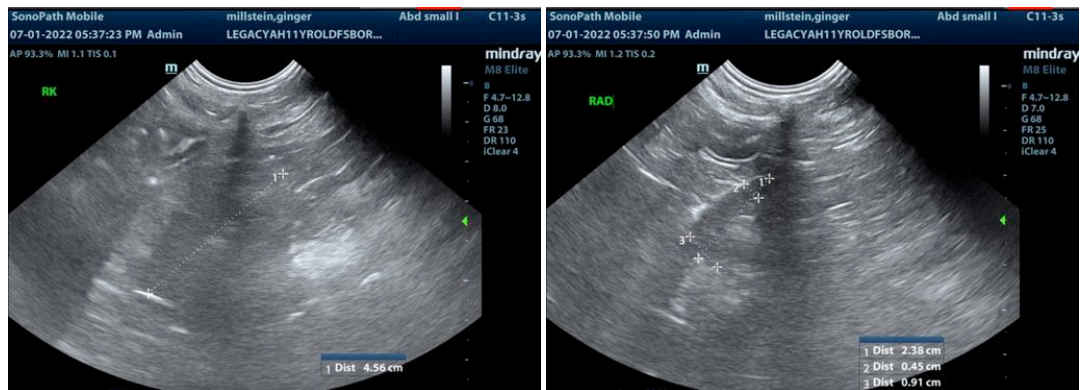
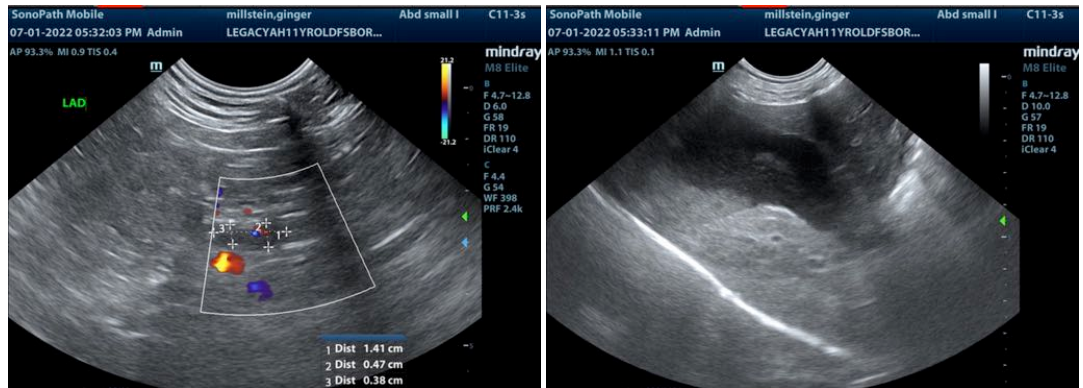
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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