

PATIENT

Frankie Santara

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a minor amount of sand accumulation and bladder wall thickening.

BREED

Alaskan Klee Kai

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. An anechoic cyst was noted in the cranial pole of the right kidney and measured 0.55 cm. The right kidney measured 5.05 cm. The left kidney measured 4.72 cm.

SEX

Spayed female

AGE

12 years

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 2.33 x 0.55 cm at the caudal pole and 0.59 cm at the cranial pole. The right adrenal gland measured 2.32 x 0.41 cm at the caudal pole and 0.51 cm at the cranial pole.

WEIGHT

23 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

New Bridge VP

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.

REFERRING VET

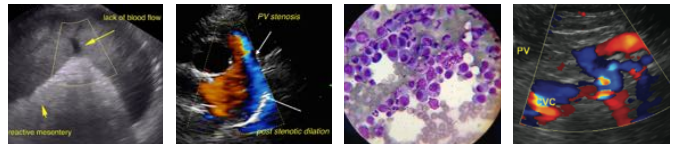
Dr. Glennon

INVOICE

76404

DATE

8/2/23



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Gastrointestinal

Frankie Santara

The **gastrointestinal tract** revealed progressively shadowing material in the stomach. If the patient was n.p.o. I would be concerned with soft foreign matter such as grass or similar. The pylorus was patent. The small intestines and colon were unremarkable and the curvilinear patterns were maintained. The mesenteric lymph nodes were reactive and measured 2.9 x 0.55 cm.

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Pancreas

Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxiphoid palpation reveals pain response. No overt masses were noted.

ULTRASONOGRAPHIC FINDINGS

Non-obstructive nephrolithiasis.

Minor bladder sand.

Moderate degenerative renal changes.

Mild colitis pattern.

Mesenteric lymphadenopathy.

INTERPRETED BY

Soft shadowing gastric material such as hair or similar.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient was n.p.o. at the time of the sonogram an argument can be made for gastrotomy. Gastric biopsies, evacuation of the stomach along with small intestinal and lymph nodes biopsies for further management is recommended. This is likely inflammatory bowel with reactive lymph nodes.

Jessica Miller, RDMS

HOSPITAL NAME

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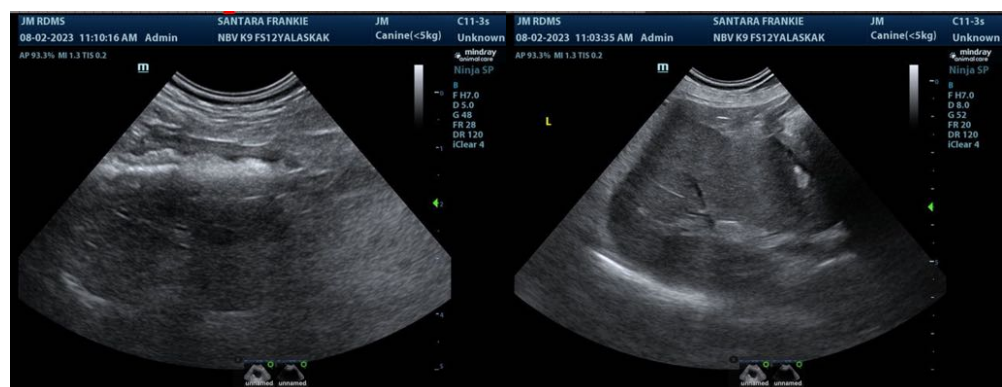
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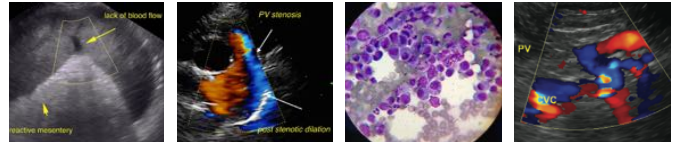
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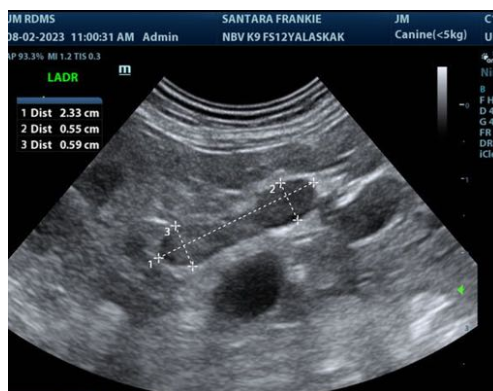
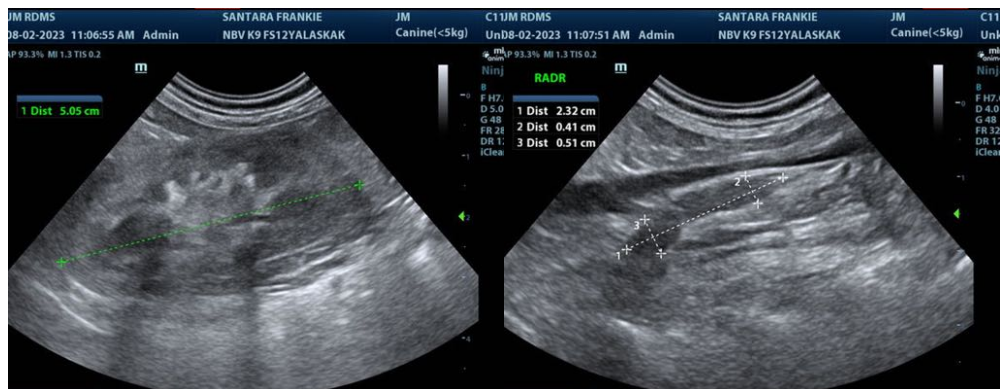
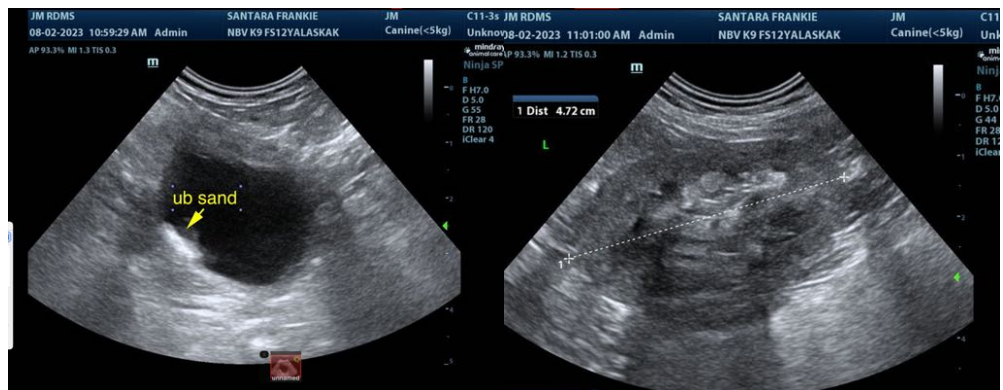
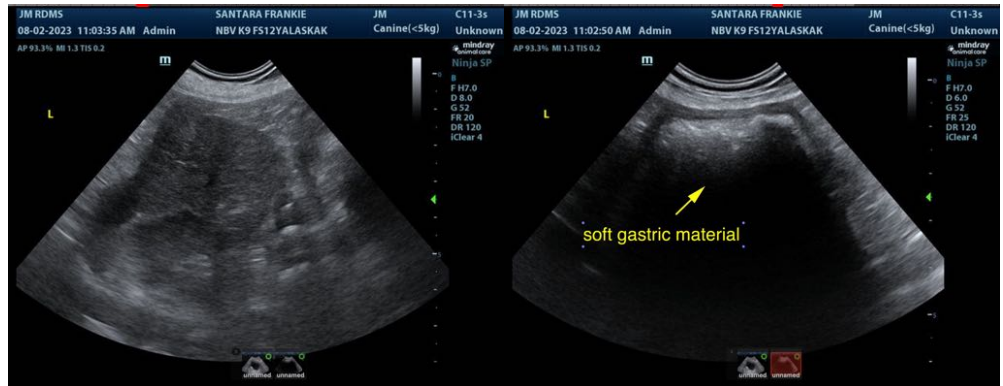
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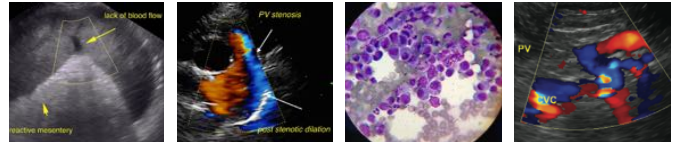
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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

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