



PATIENT

Ziva Krichevsky

SPECIES

Canine

BREED

Smooth Coat Collie

SEX

Spayed female

AGE

6 years

WEIGHT

80 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Ramsey AC

REFERRING VET

Dr. Bishnoi

INVOICE

32503

DATE

8/23/22

PRESENTING CLINICAL SIGNS

History: Patient presented for ADR and decreased appetite. High liver enzymes discovered on blood work. Weight loss of 10 lbs. Current meds: Amoxicillin 500mgs, Enrofloxacin 68 mgs, Denamarin, Pet Tabs. Owner reports dog improved on current medication protocol.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem 8/8/2022: ALT 162, Alk. Phos. 543, NA/K ratio 27-38, cholesterol 450, amylase 539. 8/18/2022: albumin 4.6, globulin 1.4, A/G ratio 3.3, AST 14, ALT 120, Alk. Phos. 1236, GGT 21, creat. 0.2, BUN/Creat. ratio 50, magnesium 4.3, cholesterol 768, trigs 3734, 4DX (neg.).

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 6.6 cm with corticomedullary mineralization.

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 3.14 x 1.74 cm at the cranial pole and 0.8 cm at the caudal pole. The left adrenal measured 2.45 x 0.72 cm at the caudal pole and 0.55 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** revealed minor uniform vacuolar hepatopathy pattern. The parenchyma was unremarkable. The gallbladder and common bile duct were normal.



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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 **pancreas** revealed minor, irregular pancreatic changes. This is consistent with remodeling.

SEX

Spayed female

ULTRASONOGRAPHIC FINDINGS

History of pancreatitis is likely in this patient, yet pancreas appears stable.

AGE

6 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of significant disease. The cause of weight loss is unclear. No evidence of neoplasia in the abdomen.

WEIGHT

80 lbs

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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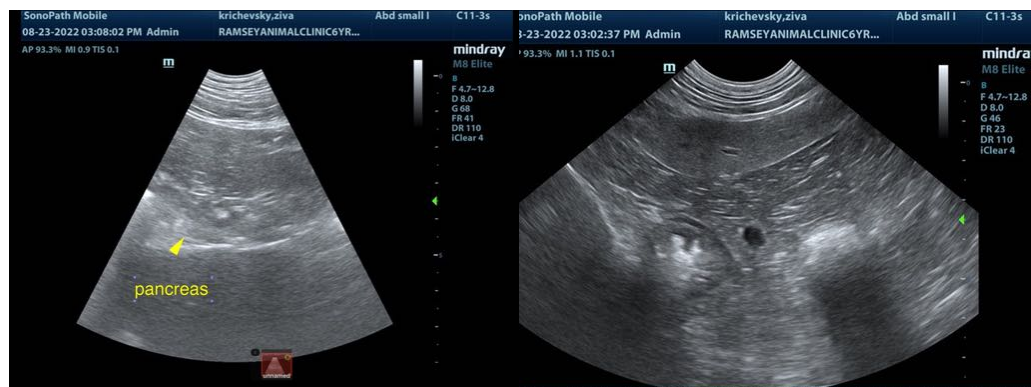
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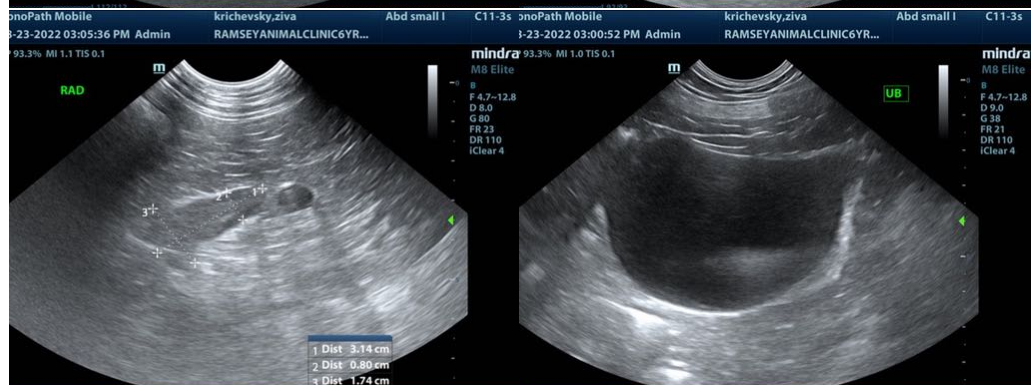
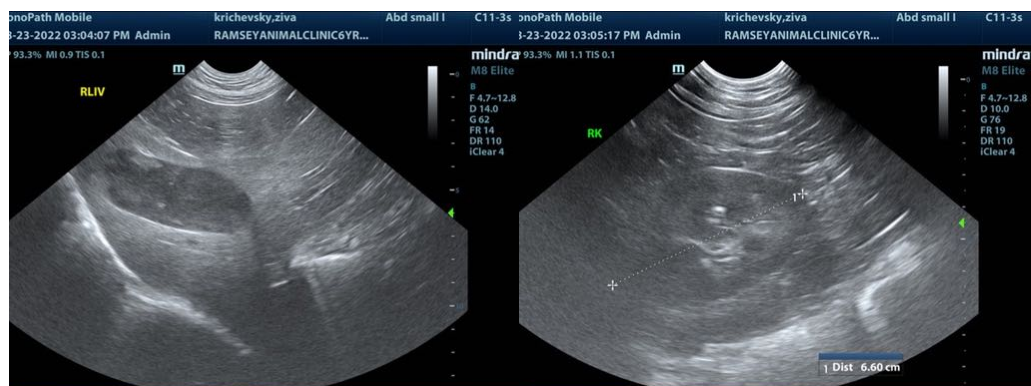
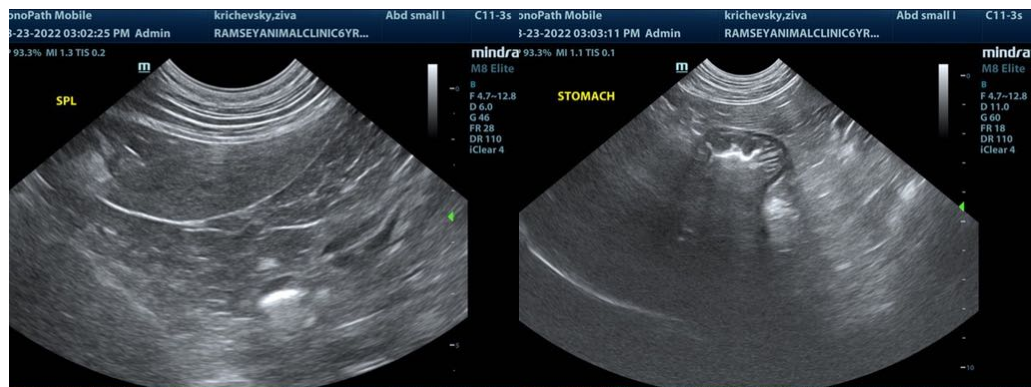
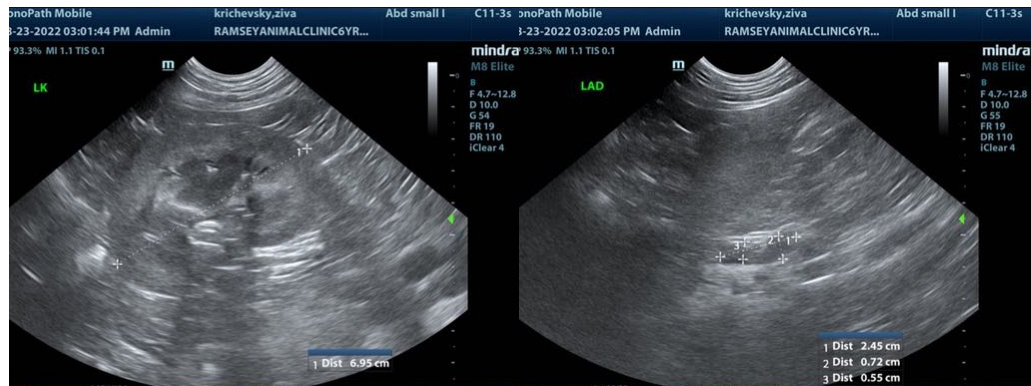
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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