



PATIENT

Isabella Milo

SPECIES

Canine

BREED

Yorkie

SEX

Spayed female

AGE

17 years

WEIGHT

6.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Ng

INVOICE

32674

DATE

8/31/22

PRESENTING CLINICAL SIGNS

History: Hypertension responsive to meds. Occasional episodes of tremors especially in owners car. Has not occurred since meds. started. Current meds: Benazepril and Amlodipine.
Abnormal PE/Chem/CBC/UA Results: PSL 301.

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 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. Corticomedullary and pelvic calculi were noted and non-obstructive at the time of the sonogram. The right kidney measured 3.24 cm with calculus that measured 0.4 cm. The left kidney revealed a non-obstructive calculi. The left kidney measured 3.1 cm.

Adrenal Glands

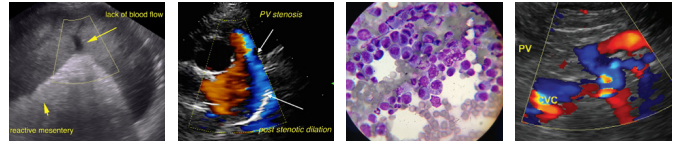
Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal measured 1.4 x 0.72 cm at the caudal pole and 0.5 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** presented heterogenous parenchyma with increased portal markings and coarse architecture. Parenchymal cystic changes were noted in the liver as well. Slight undulating capsular contour was noted. Portal vein to vena cava ratio was 1:1. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.



PATIENT *Gastrointestinal*

Isabella Milo

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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. 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

Moderate hepatic remodeling.

WEIGHT

6.9 lbs

Moderate degenerative renal changes with calculi.

Mild pancreatic remodeling.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Bile acid profile is warranted with parenchymal cysts. The abdomen appears fairly stable with concern for long term viability of the kidney and liver in this patient. Urinary parameters should be monitored carefully as well as bile acid profile to assess any early dysfunction in the liver.

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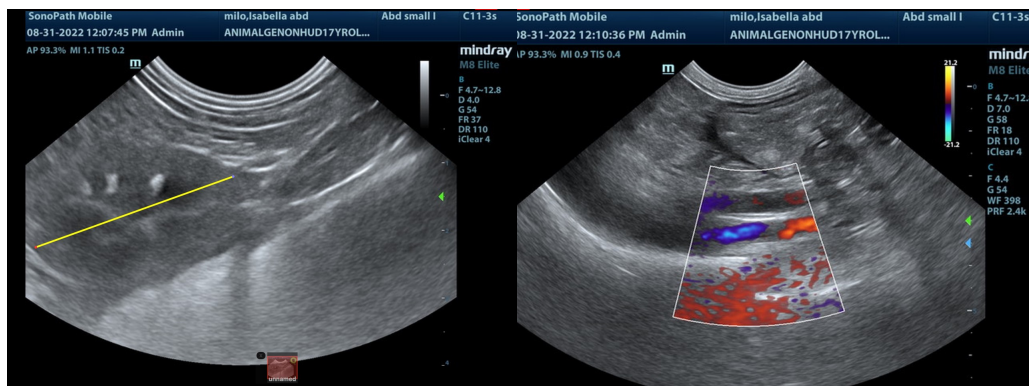
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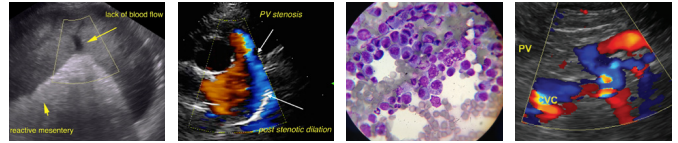
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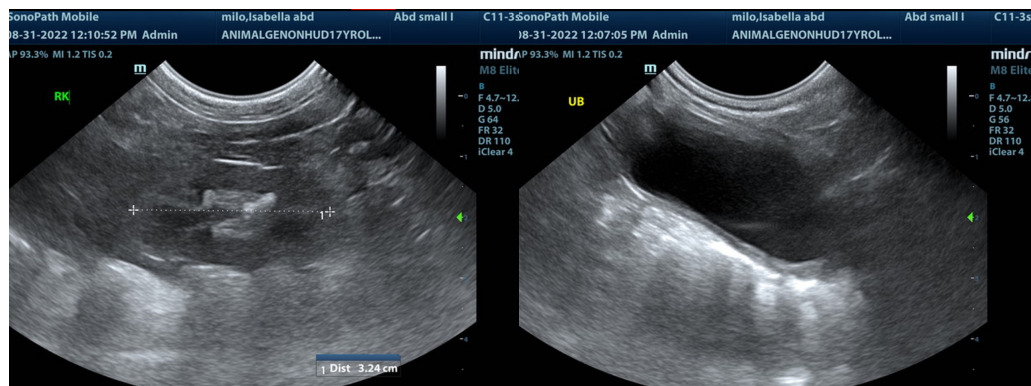
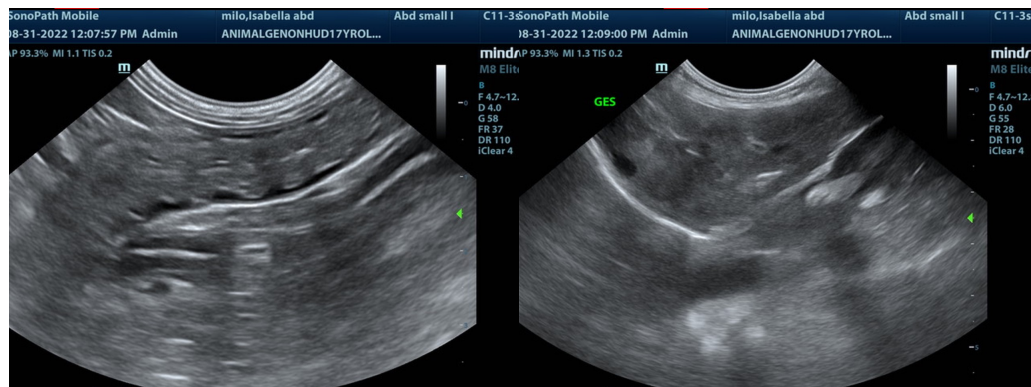
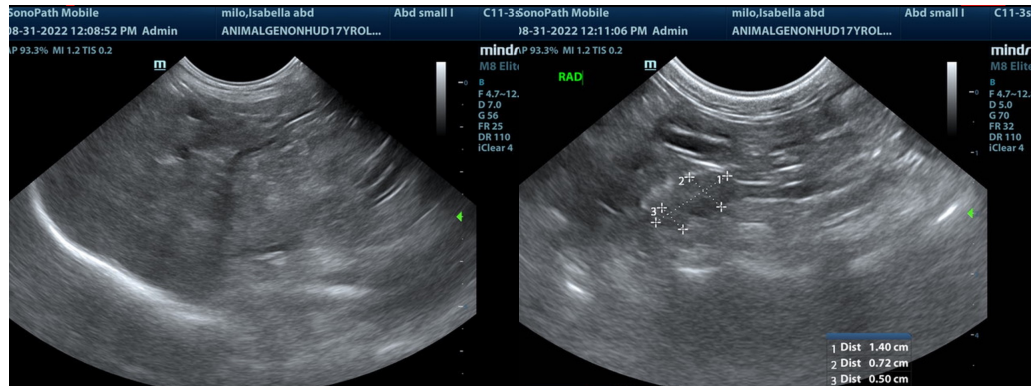
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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