



PATIENT

Missie Driscoll

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

10 Years

WEIGHT

12 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dallas Ramberg

HOSPITAL NAME

Lone Mtn. AH

REFERRING VET

Dr. Jessica Quellhorst

INVOICE

13025

DATE

12/12/21

PRESENTING CLINICAL SIGNS

History: 10yo FS yorkie presents for vomiting w/ dark blood of 2 day duration. Decreased appetite, no diarrhea but is coughing.

Abnormal PE/Chem/CBC/UA Results: albumen 4.7 (range 2.5-4.4), BUN 104 (range 7-25), creat 5.6 (range 0.3-1.4), stress hyperglycemia 150, platelets 93 (range 165-500). Physical unremarkable except anxiety, slightly weak pulses. Blood pressure ~140mmHg.

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 were 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 mild 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. The right kidney measured 4.5 cm. Trace pyelectasia was noted in the right kidney. The left kidney measured 4.5 cm.

Adrenal Glands

The **right adrenal gland** was 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 0.6 cm.

The **left adrenal gland** was mildly heterogeneous, measuring 0.6 cm,

Spleen

The **spleen** revealed multifocal hyperechoic lipogranulomatous nodules.

Liver

The **liver** revealed multifocal hyperechoic nodular changes, nondisruptive, most consistent with lipogranulomas. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

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.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor parenchymal remodeling, however, with mild deviation from curvilinear normalcy was



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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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

- Lipogranulomatous nodules in the spleen and liver
- Heterogeneous left adrenal gland
- Age-related renal changes with pyelectasia
- Age-related pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Microulcerative disease is a potential in this patient, however, the changes in the pyloric out flow were largely unremarkable. The renal changes are largely expected for this age patient with non-specific mild degenerative changes. Acute insult such as leptospirosis or toxin exposure should be considered in this patient. GI protectant protocol, 72-hour IV fluid support and reassessment of the azotemia warranted. If vomiting persists, then endoscopy indicated to inspect the gastric mucosa.

AGE

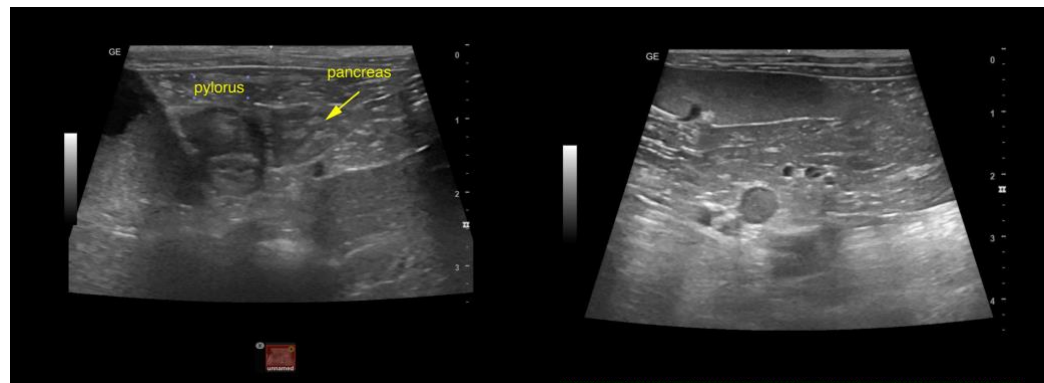
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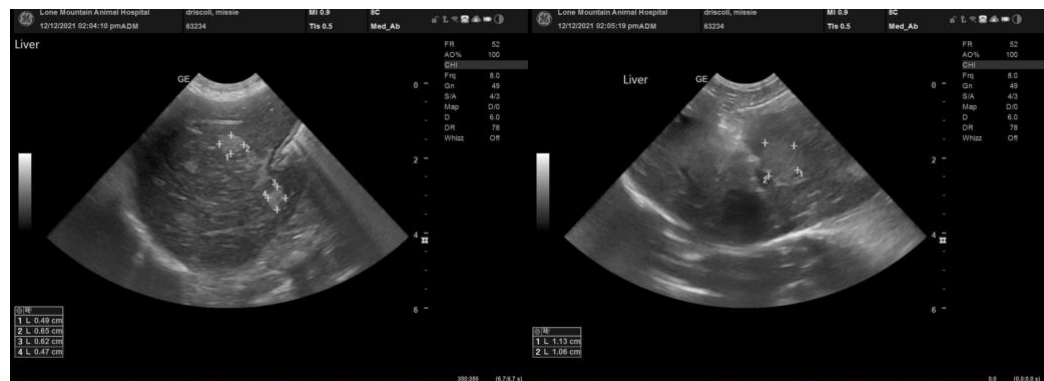
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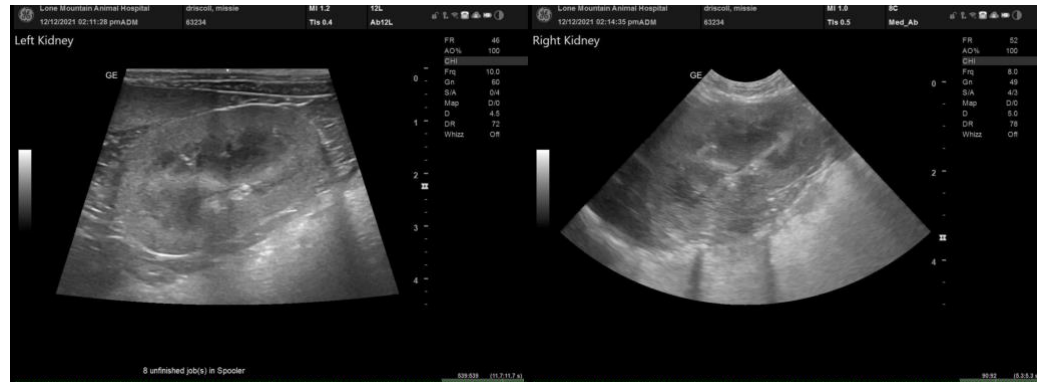
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com