



PATIENT PRESENTING CLINICAL SIGNS

Gordy Bann CPL (+), V+, D+, inappetence (even with mirtazapine). Current meds: Cerenia, Polyflex, Atropine, B12, IVFs (LRS), famotidine, mirtazapine, Buprenorphine.
Abnormal PE/Chem/CBC/UA Results: CPL (+), WBC 17.7, Neuts. 16461, ALT 239, ALP 1589, GGT 14, T. bili 0.4, PSL 454. U/A: protein 2+, trace blood, epithelia 4-10, USG 1.007.

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Mix *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.

SEX
Neutered male

The residual prostate measured 1.0 cm.

AGE

11 years

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.56 cm.

WEIGHT

51.2 lbs

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 2.48 x 0.76 cm at the caudal pole and 0.98 cm at the cranial pole.

INTERPRETED BY

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IMAGING PERFORMED BY

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HOSPITAL NAME

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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.

REFERRING VET

Dr. Katara

Liver

The **liver** revealed increased portal markings with coarse architecture. Generalized hepatomegaly was present. The gallbladder revealed multiple polypoid changes and biliary sand. The gallbladder wall was mildly thickened. The hepatic lymph nodes were also mildly enlarged and measured 1.5 x 0.5 cm.

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95139

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PATIENT *Gastrointestinal*

Gordy Bann

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.

SPECIES

Canine

BREED

Mix

SEX

Neutered male

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.

AGE

11 years

ULTRASONOGRAPHIC FINDINGS

Chronic cholangitis with polypoid hyperplasia and biliary sand.

Chronic inflammatory hepatopathy with generalized hepatic enlargement.

WEIGHT

51.2 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the liver is warranted as well as bile acid profile. Cholecystectomy may be in this patient's best interest with common bile duct lavage as well as liver biopsy. Ursodiol therapy can be considered in an attempt to dissolve the biliary sand. The polypoid changes in the gallbladder are likely benign. Gallbladder motility study may be optimal in this patient to assess gallbladder function. This is not a mucocele; however, the chronic changes in the gallbladder may be causing biliary dysfunction and contributing to clinical signs. Ursodiol therapy over a 6-8 week period, Enrofloxacin and Metronidazole over a 10 day period and supportive care is warranted. Otherwise, further treatment based on FNA results is recommended. Some level of pancreatitis is likely, yet the changes are minor.

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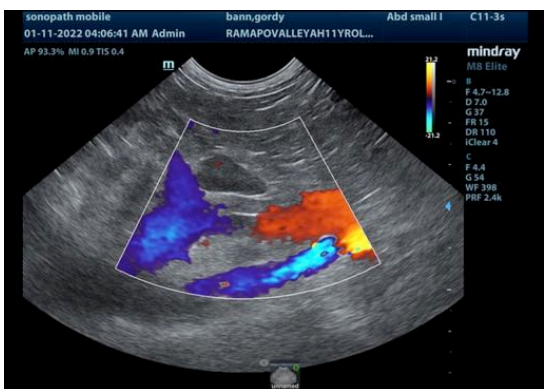
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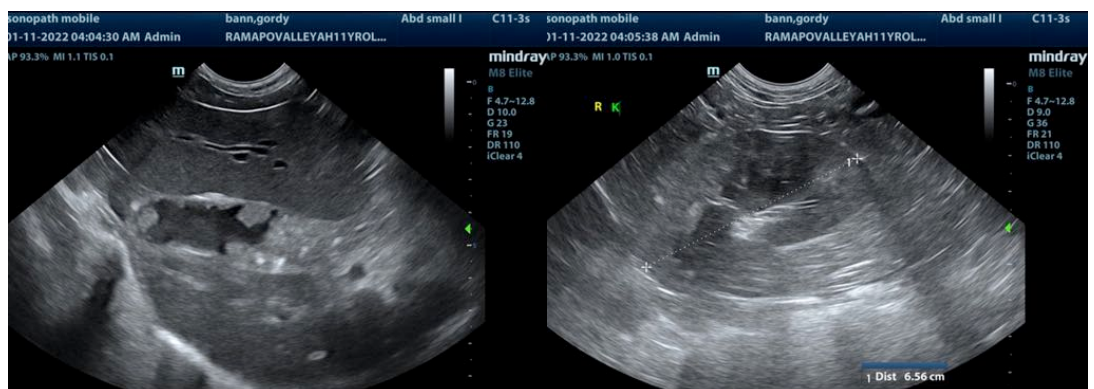
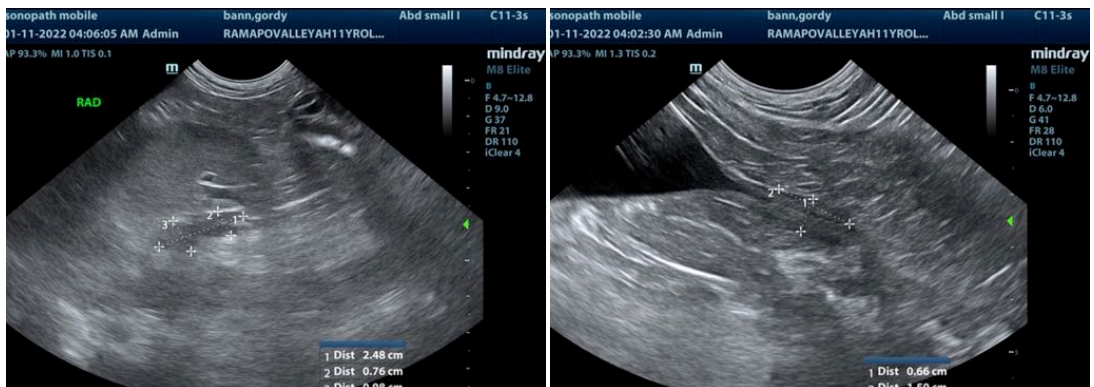
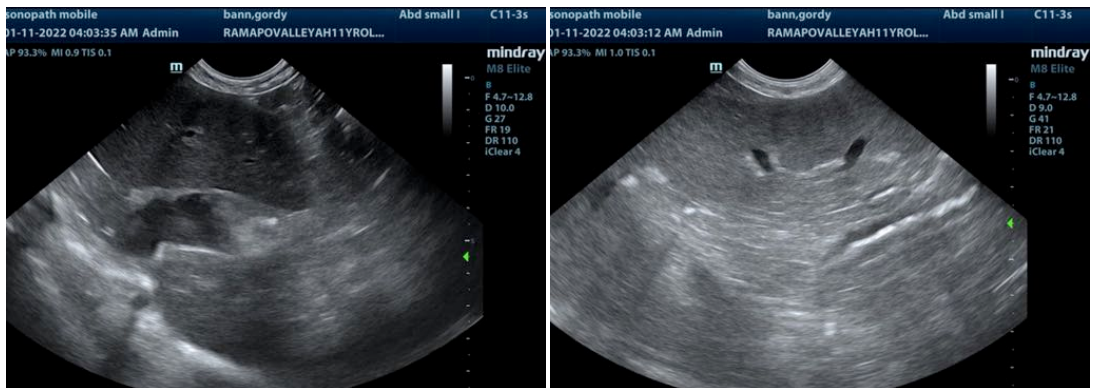
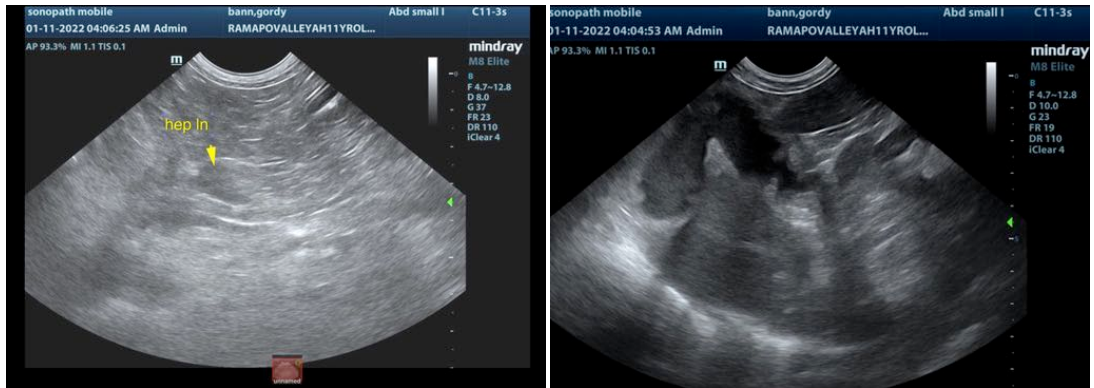
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Gordy Bann

SPECIES

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Neutered male

AGE

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WEIGHT

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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.

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