



PATIENT

Alfalfa Sprout Fredette

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Neutered male

AGE

7 years

WEIGHT

16.2 lbs

PRESENTING CLINICAL SIGNS

Decreased appetite and weight loss x 1 year. Recent diarrhea. No response to hydrolyzed diet. Owner reports rattle and clinking noise when excited x 6 months.
Abnormal PE/Chem/CBC/UA Results: PE: T 98.9, normal RR and effort, dull lung sounds bilaterally. No cough on tracheal pinch. mm pale pink and dry. BW: WBC 26,700, Neutrophils 23,282, Monocytes 1,682. Cortisol 13.4. Alb 2.5, Glob 3.1. Rest WNL RADS (thorax and abdomen, attached): alveolar/interstitial pattern in lungs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 residual prostate measured 0.8 cm.

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 4.63 cm. The left kidney measured 4.64 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

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 0.57 cm at the caudal pole and 0.56 cm at the cranial pole. The right adrenal gland measured 1.22 cm at the cranial pole and 0.59 cm at the caudal pole.

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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.

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Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic

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SPECIES	Gastrointestinal
Canine	There was minor retention of ingesta in the stomach , some of which was shadowing such as sand, small pebbles or similar, possibly medications. The intestines were 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. Intestinal wall thickness measured 0.4 cm. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.
BREED	
Jack Russell Terrier	
SEX	Pancreas
Neutered male	The pancreas revealed heterogenous noted of the right limb in a region of 2.0 x 1.0 cm. Deep right digital subxiphoid palpation is recommended to assess for any discomfort.
AGE	Thorax
7 years	The left cranial thorax revealed a slight, pinpoint consolidation. However, visibility was limited owing to normal lung artifact.
WEIGHT	
16.2 lbs	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
Eric Lindquist, DMV DABVP, Cert. IVUSS	Luminal gastric material, may be ingesta, possible medications or small foreign matter. Minor heterogenous right pancreatic changes, possible low-grade inflammation or history of inflammation. Slight pinpoint consolidation in the left cranial thorax.
IMAGING PERFORMED BY	
Dr. Ebersole	
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Scanvet	Chest radiographs are suggestive of megaesophagus. Thyroid assessment and myasthenia evaluation would be indicated. The cause of weight loss is unclear in this patient. The vomiting may be owing to gastritis or small foreign matter. If clinical signs persist an endoscopy would be indicated. If no significant proteinuria is present then albumin loss deriving from the GI tract may be an issue especially given the normal baseline cortisol. A clinical trial of the following could be considered. However, given the patient's history endoscopy would be the next best step in this case.
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would be ideal in 4 weeks.

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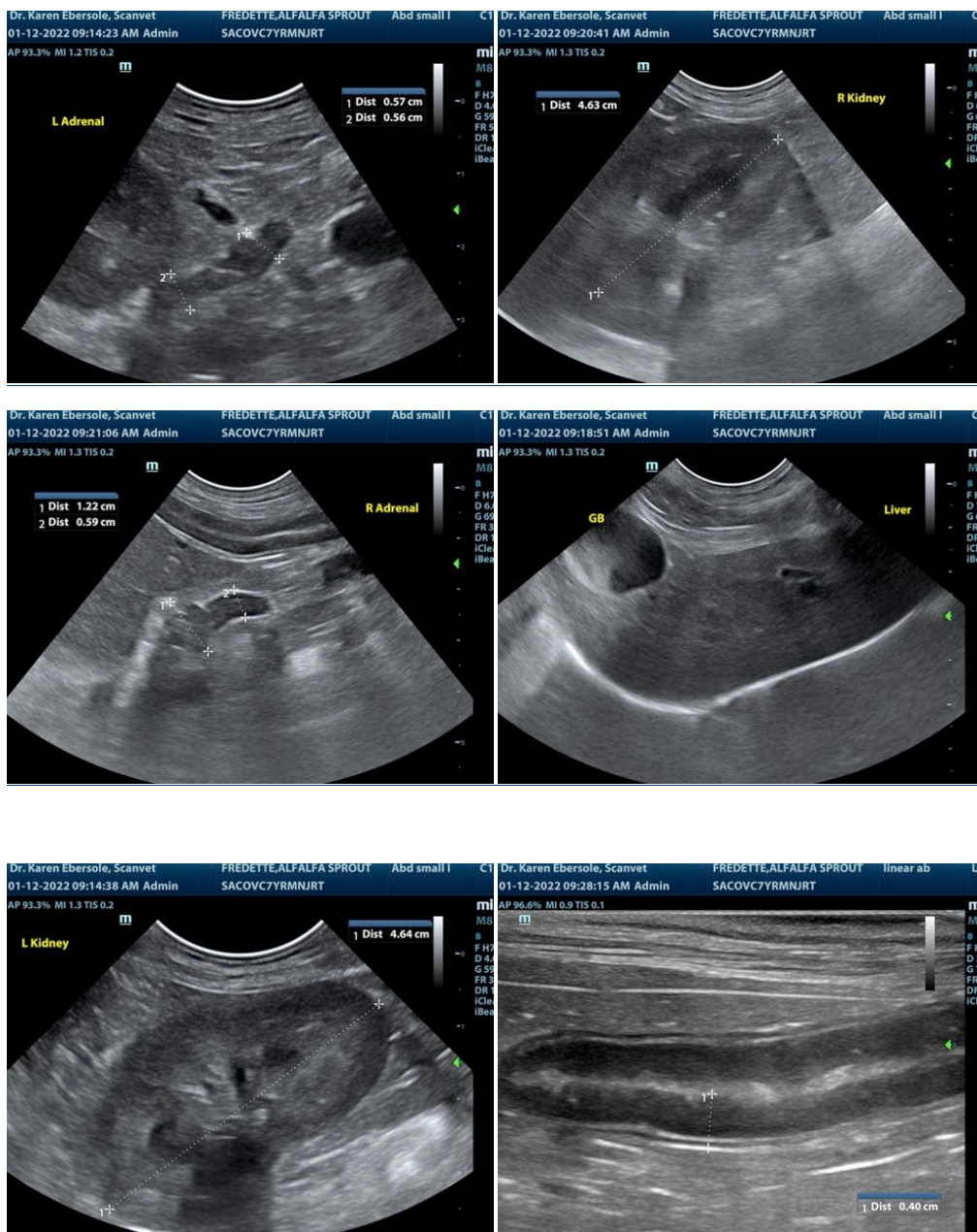
Dr. O'Hara

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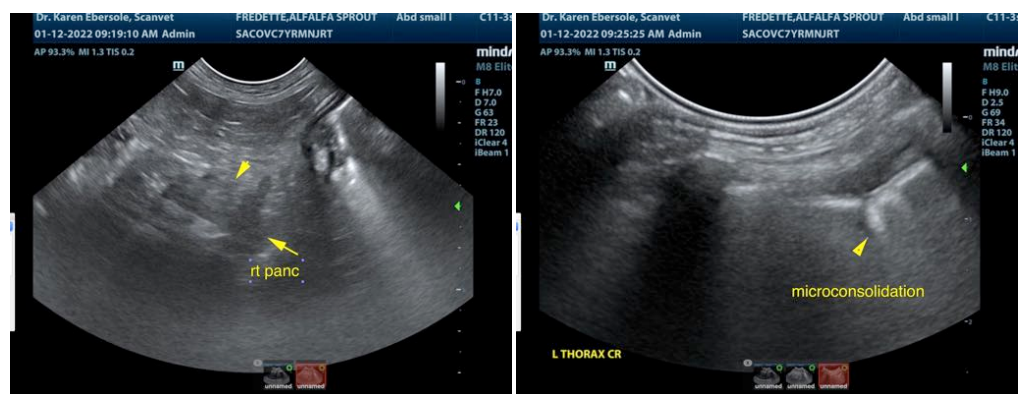
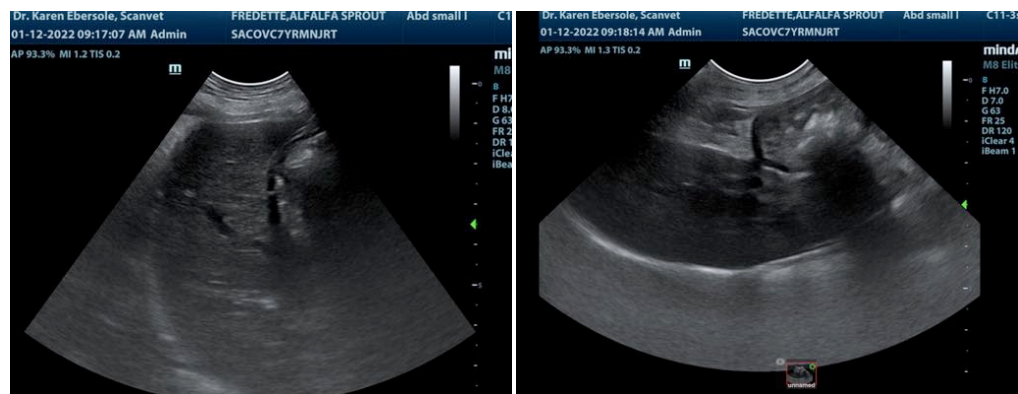
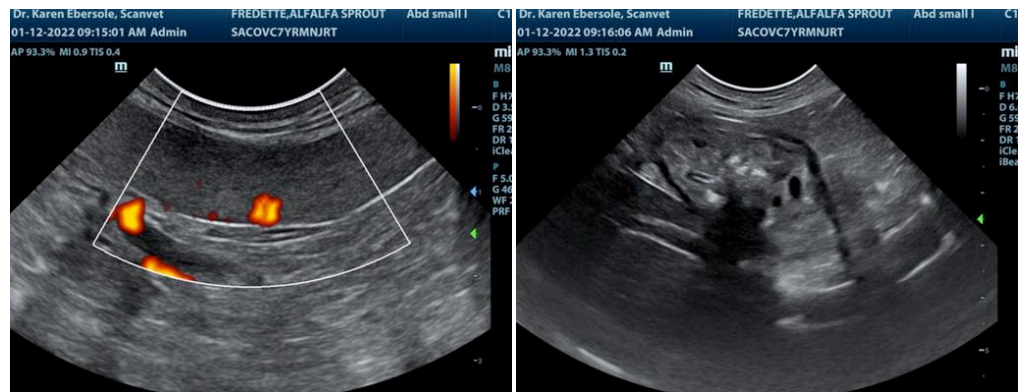
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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