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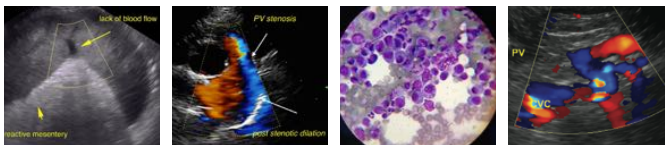
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™




SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Rufus Steinhauer

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Neutered male

**AGE**

7 years

**WEIGHT**

3.3 kg

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Stan Gira

**HOSPITAL NAME**

Resolution Veterinary Ultrasound

**REFERRING VET**

Dr. Gira

**INVOICE**

42111

**DATE**

1/13/23

## PRESENTING CLINICAL SIGNS

History: LB diarrhea on and off , currently on I/d Biome , Tylosin and probiotics
Abnormal PE/Chem/CBC/UA Results: C. difficile Toxin A/B Gene RealPCR POSITIVE unremarkable BW and UA

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. A mild amount of urine was present at the time of sonogram. 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. The left kidney measured 3.1 cm. The right kidney measured 2.93 cm with slight pinpoint 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 left adrenal gland measured 0.44 cm at the cranial pole and 0.35 cm at the caudal pole. The right adrenal gland measured 0.5 cm at the cranial pole and 0.37 cm at the caudal pole.

### *Spleen*

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.

### *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 lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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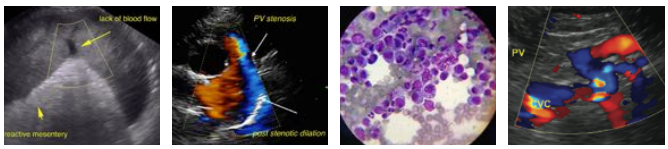


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### *Gastrointestinal*

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. Soft stool was noted in the proximal colon. The descending colon revealed minor soft stool and normal wall thickness.

### *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.

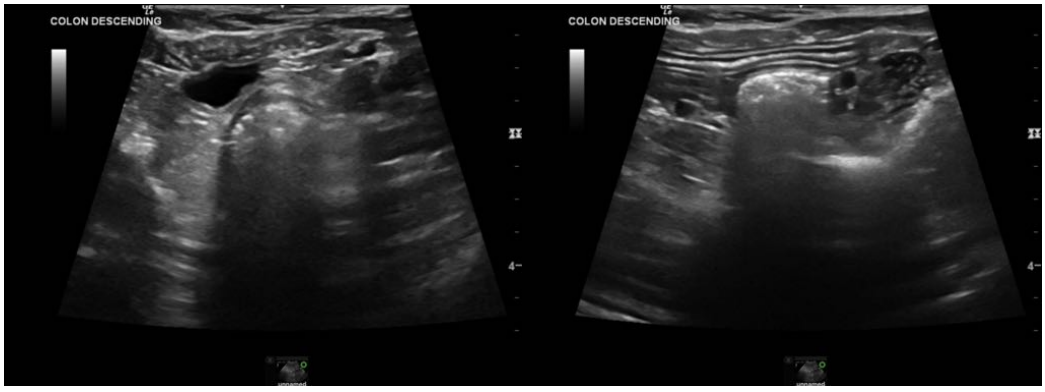
## ULTRASONOGRAPHIC FINDINGS

Pinpoint renal mineralization, non-obstructive.

Structurally unremarkable lower urinary tract and colon.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Diet change, colonic scraping and fecal exam are all warranted as well as Enrofloxacin trial to treat Enrofloxacin responsive colitis, yet structurally the abdomen appears unremarkable.



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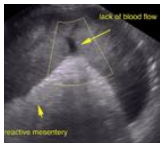
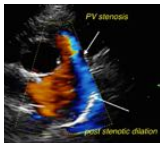
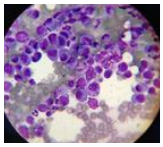
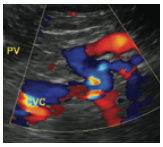

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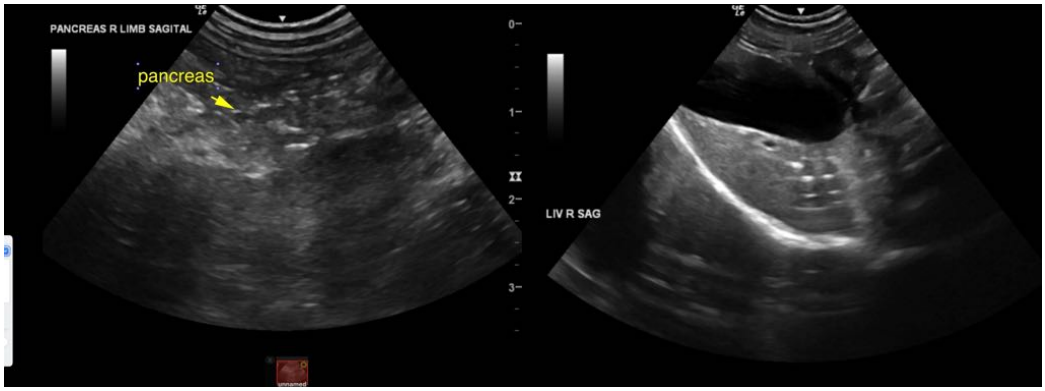


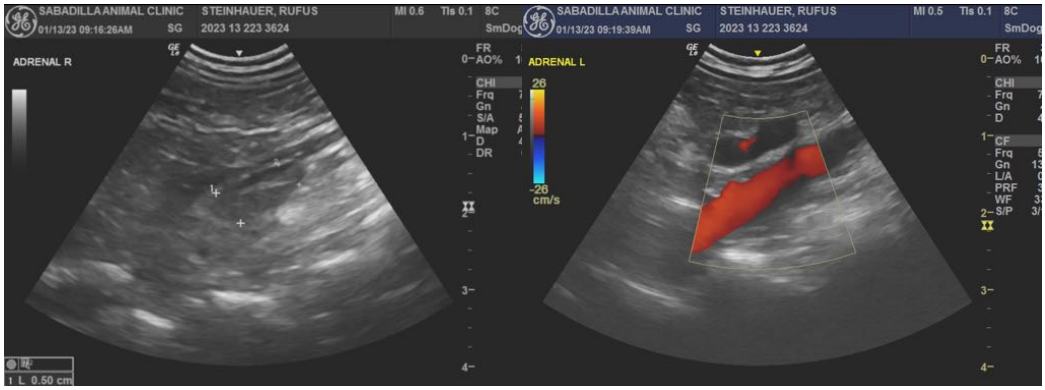



**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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
info@SonoPath.com