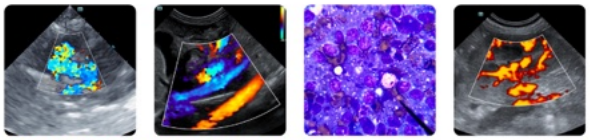

PATIENT

Buddha Atticus Steele

SPECIES

Canine

BREED

Miniature Pinscher

SEX

Neutered male

AGE

14 years

WEIGHT

18.8 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Todd

INVOICE

70171

DATE

1/15/26

PRESENTING CLINICAL SIGNS

History: Buddha is a fourteen year old, MN, Miniature Pinscher with a chronic history of elevated pancreas enzymes, intermittently elevated liver enzymes, intermittent anorexia/vomiting/diarrhea. 12/22/2024: Complete blood count normal, creatinine 1.5 (previously 3.5), phosphorus normal, alkaline phosphatase elevated (2,046), cholesterol elevated, triglycerides elevated, lipase elevated, thyroid normal, pancreatic lipase =1036

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.84 cm. The left kidney measured 4.6 cm. Blood flow appeared to be adequate on Power Doppler assessment.

Adrenal Glands

Both **adrenal glands** revealed a minor amount of remodeling with slight areas of micro-mineralization. The left adrenal gland was mildly enlarged at the caudal pole measuring 0.87 cm and the cranial pole measured 0.45 cm and 2.15 cm in length. The right adrenal gland measured 2.3 x 0.6 cm.

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** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. The common bile duct was at the upper limits of normal at 0.5 cm. This

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is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

Gastrointestinal

The upper **gastrointestinal tract** was unremarkable; however, some spastic duodenum was noted without loss of mural detail.

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

Geriatric abdomen.

Moderate degenerative renal changes.

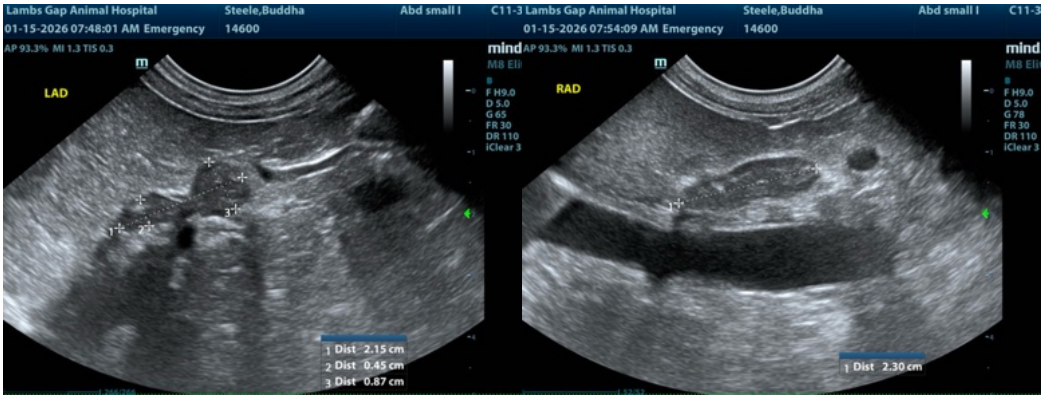
Benign hepatopathy with mild amount of remodeling.

Spastic small intestine.

Age related pancreatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

History of pancreatitis and inflammatory bowel is likely without significant structural changes. Diet change to a hydrolyzed diet, anti-parasitic protocol and GI protectants would all be valid interventions.



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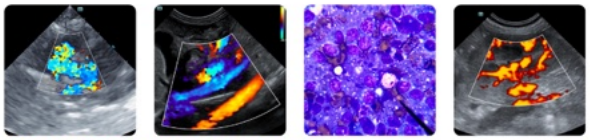

Clinical Sonography & Telecytology
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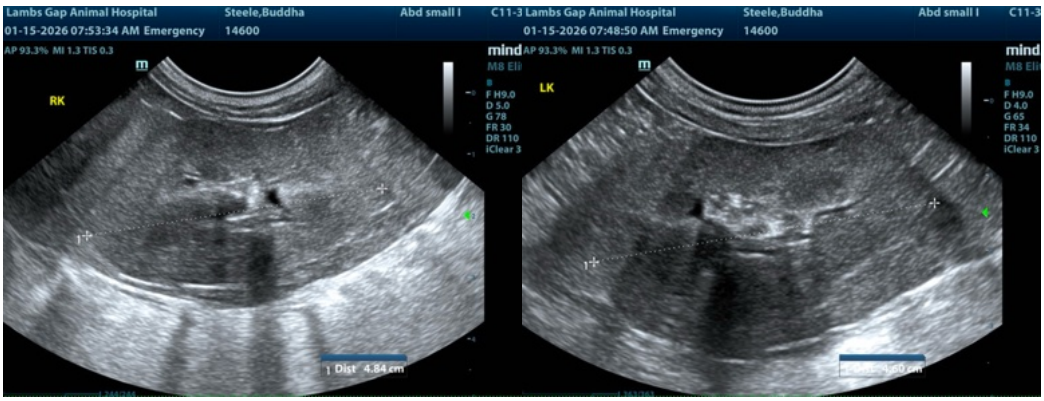

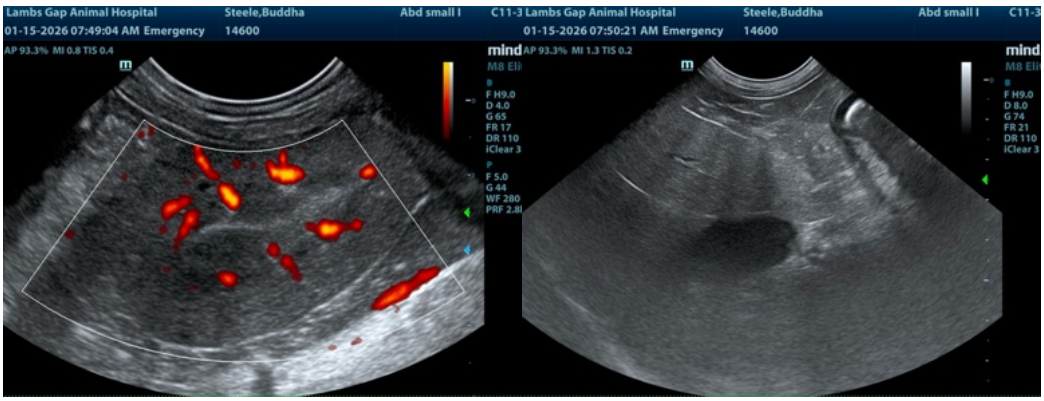

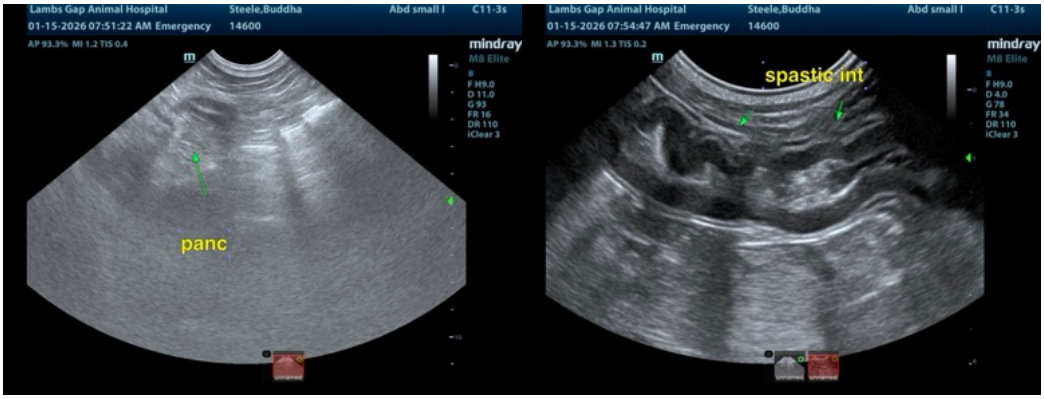

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com