



PATIENT

Jasper Rodriguez

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered male

AGE

12 years

WEIGHT

6.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. McConnell

INVOICE

95289

DATE

1/17/22

PRESENTING CLINICAL SIGNS

Anemia of unknown cause, 4dx neg, fecal nps. Patient acting disoriented and weak on 1/14-1/15. Severe spondylosis. Current meds: Buprenex inj. evening of 1/15, Metacam Liq. Gabapentin
Abnormal PE/Chem/CBC/UA Results: 1/15 am: RBC 4.88, Hct 33.9, Hgb 12.4. 1/15 pm: RBC 4.68, Hct 21.9, Hgb 11.6, USG 1.015

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 prostate was mildly enlarged, uniform and hypoechoic. This may be owing to late neuter. However, if any straining to urinate is present then traumatic catheterization or ultrasound-guided FNA would be indicated.

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 left kidney measured 3.5 cm. The right kidney measured 3.86 cm.

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.

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** 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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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Minor retention of ingesta was noted in the stomach. 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.

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Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

Enlarged prostate, possible emerging carcinoma versus late neuter.

12 years

Unremarkable abdomen with prominent prostate.

WEIGHT

6.4 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If straining to urinate is an issue or abnormal urinalysis results are present then FNA of the prostate or traumatic catheterization is indicated, yet is likely an incidental finding. CBC path review is warranted. GI blood loss is a possibility given the NSAID treatment, however, structurally the GI tract appeared unremarkable.

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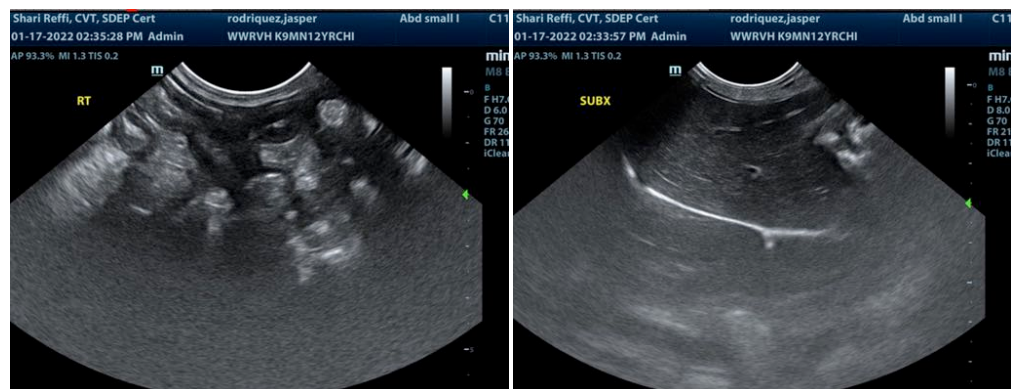
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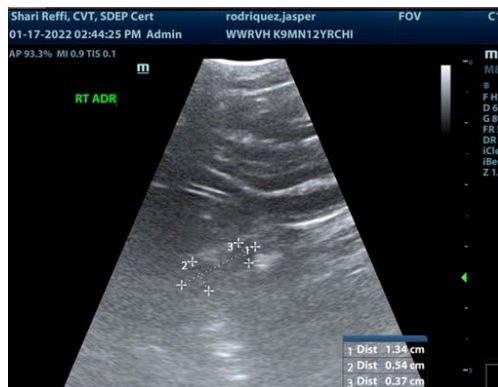
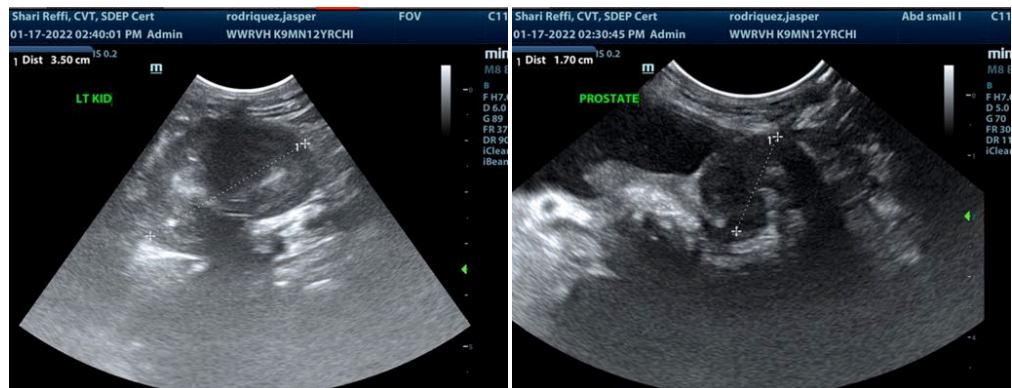
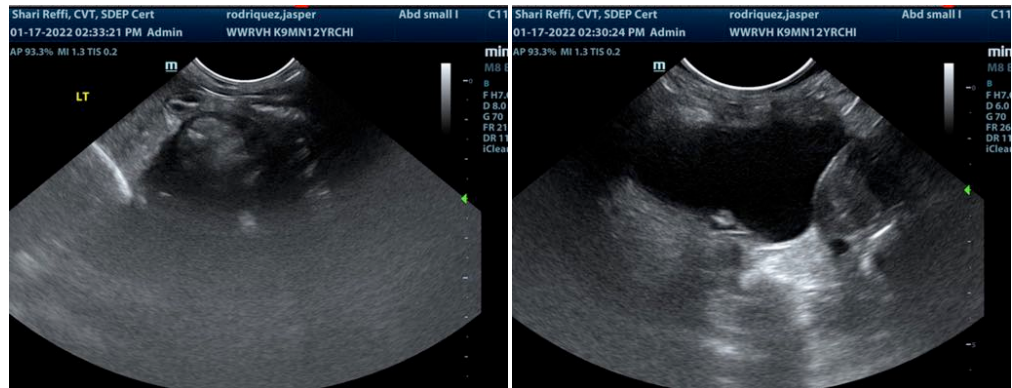
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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