



PATIENT

Chester Whooley

SPECIES

Canine

BREED

Highland Terrier

SEX

Neutered Male

AGE

11.5 Years

WEIGHT

22.8 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

A.Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

A.Rodriguez

INVOICE

13574

DATE

1/24/22

PRESENTING CLINICAL SIGNS

History: Decreased appetite since Saturday (prev vomiting)

Abnormal PE/Chem/CBC/UA Results: SDMA: 24, Tbili <0.1, WBC: 4.8

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 were 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 mild 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 5.04 cm. The right kidney measured 4.37 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. The right adrenal gland measured 2.09 cm x 0.6 cm at the caudal pole and 0.8 cm at the cranial pole. The left adrenal gland measured 2.07 cm x 0.64 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 were noted.

Liver

The **liver** was subnormal in size. Increased portal markings were noted consistent with remodeling. Bile acid profile warranted. No obvious portosystemic shunting present yet could not be completely ruled out. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

Hyperperistalsis was noted throughout the **gastrointestinal tract** with variable excessive intestinal wall thickening. Soft stool was noted in the colon. Areas of corrugated bowel were noted with reactive surrounding mesentery. No evidence of foreign body, however, this is most consistent with acute or chronic changes.



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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. Some moderate 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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

- Acute on chronic gastroenteritis pattern. No obvious evidence of foreign matter. No evidence of neoplasia.
- Age-related renal, pancreatic and hepatic changes with mild microhepatica

SEX

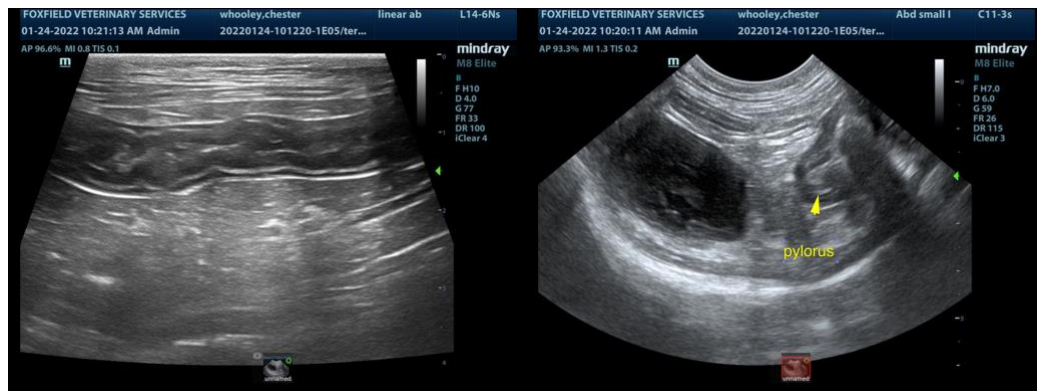
Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile warranted. Treatment for various causes of gastrointestinal upset. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Enrofloxacin/Metronidazole combination, antiparasitic protocol, 24-hour NPO, GI protectants and hydrolyzed geriatric diet recommended.

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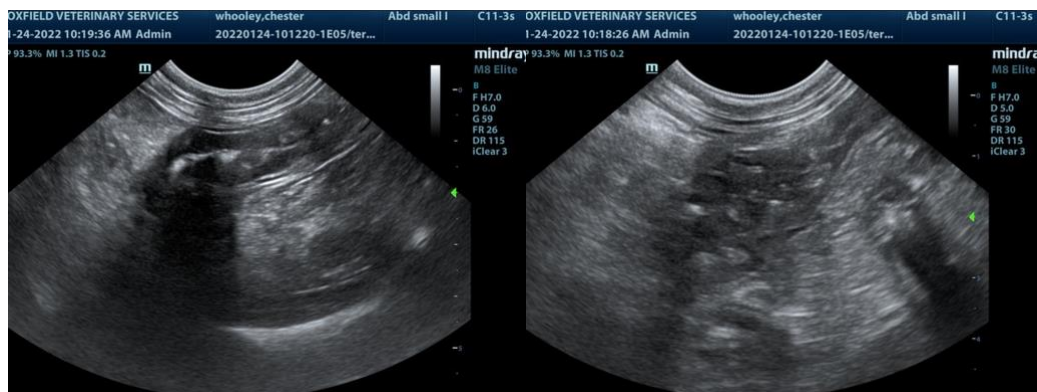


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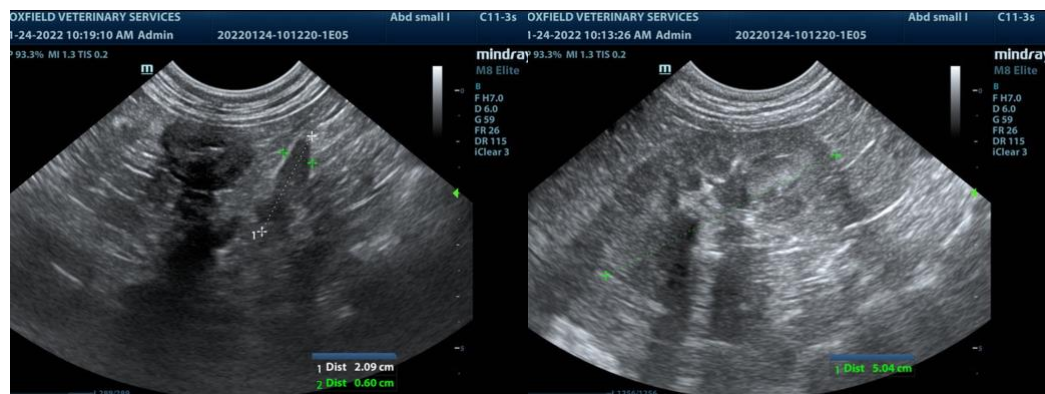
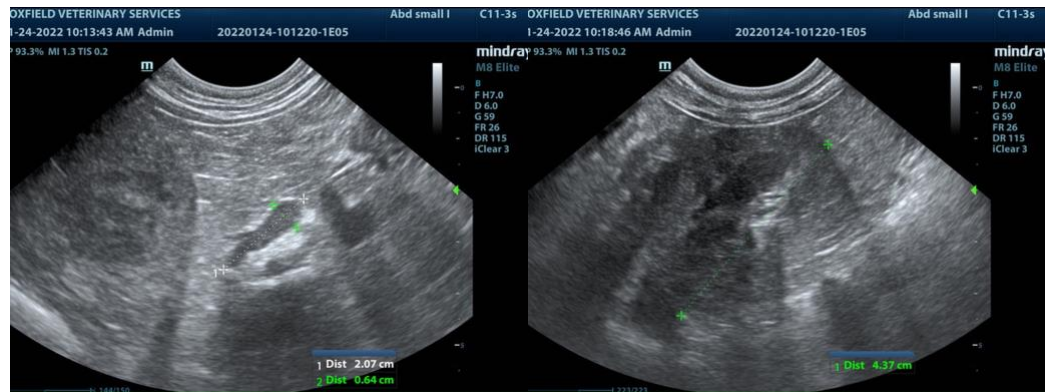
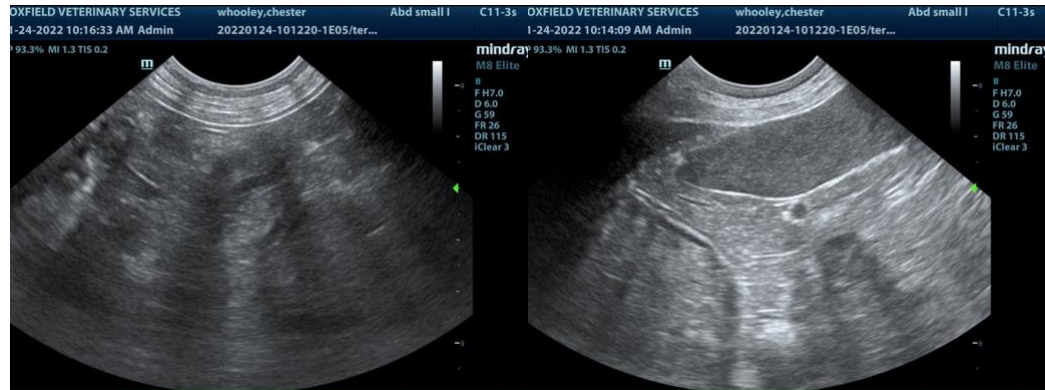
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com