



PATIENT

Jasper Green

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered male

AGE

9 years

WEIGHT

17 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Bonte

INVOICE

95565

DATE

1/26/22

PRESENTING CLINICAL SIGNS

Two-week history of being clingy, restless at night, polyphagic and grumpy.
PE: BCS 6-7/9, mild potbelly, thin haircoat on trunk. Ca 12.5, Alb 4.8, Chol 324, ALT 130, GGT 20, T Bil 0.6. CBC/4Dx/UA normal.

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 residual prostate was uniform and measured 0.68 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 4.79 cm. The left kidney measured 4.77 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 left adrenal gland measured 0.76 cm at the caudal pole and 0.76 cm at the cranial pole. The right adrenal gland measured 0.9 cm.

Spleen

The **spleen** was uniform with multi focal hyperechoic changes. This is consistent with lipogranuloma. This is not overtly pathological.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. Occasional, hypoechoic non-disruptive nodule was noted in the liver measuring 1.07 x 0.91 cm. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.



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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. 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

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. Heterogenous parenchymal changes were noted in the right limb with hypoechoic nodular changes with hyperechoic surrounding fat. 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.

AGE

9 years

ULTRASONOGRAPHIC FINDINGS

Minor heterogenous pancreatic changes in the right limb. Focal inflammation is suspected.

WEIGHT

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Benign hepatopathy, occasional nodular change.

Age related renal changes.

Lipogranulomatous splenic nodules, not pathological. Likely nodular hyperplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history referred back pain should be considered as a potential or minor pancreatitis. The bilirubin values should be reevaluated to ensure there is no artifactual elevation. Structurally the liver appears subjectively benign and there is no evidence of post hepatic obstruction.

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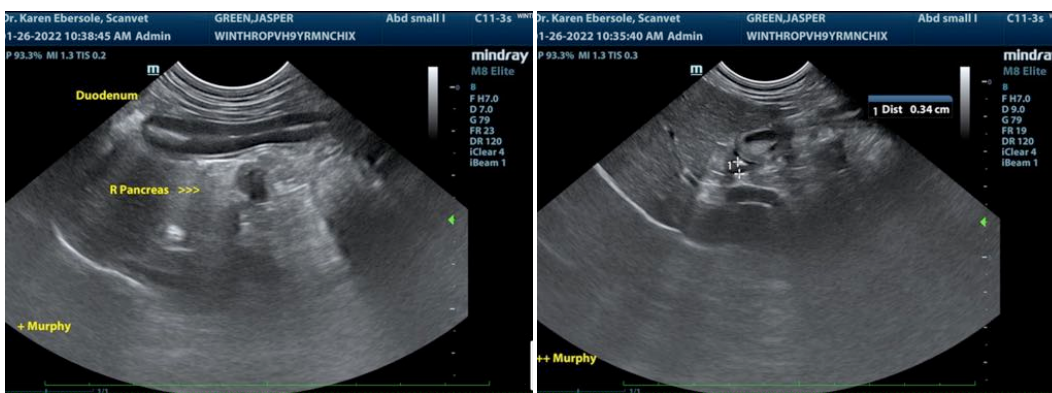
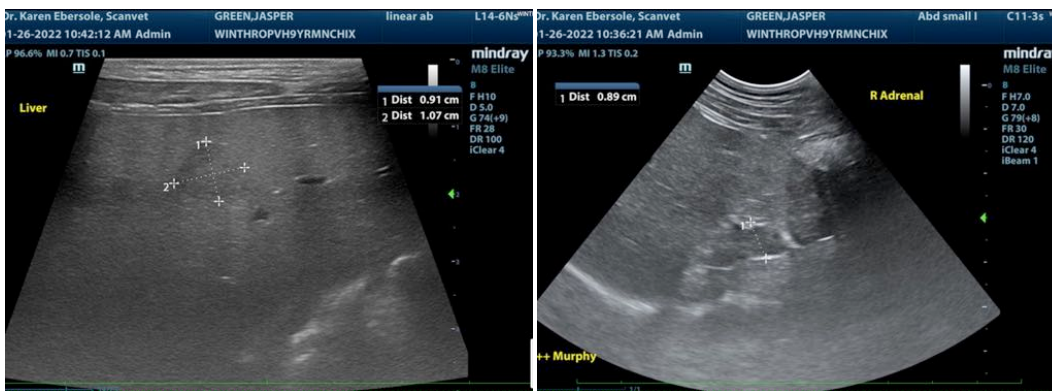
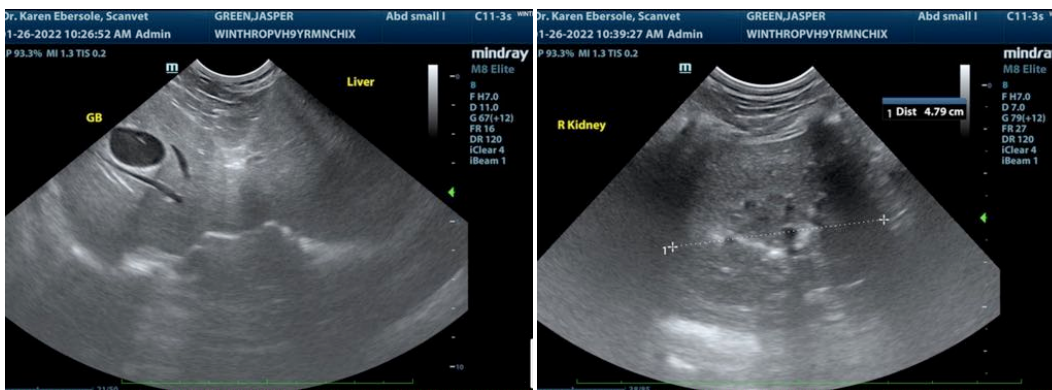
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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