**PATIENT**O'Danny Boy  
Corrigan**SPECIES**

Canine

**BREED**

Sheltie

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

17.8 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING  
PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Hartman

**INVOICE**

13678

**DATE**

1/28/22

**PRESENTING CLINICAL SIGNS**

History: not eating, vomiting, no diarrhea Currently being hospitalized on IVF, ampicillin, and Cerenia

Abnormal PE/Chem/CBC/UA Results: BUN 36, Na 161, Glob 4.7, Alt 287 CPL Abnrml, Rads - decreased detail in cranial abdomen, large amount of formed stool present.

**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 4.2 cm. The right kidney measured 3.98 cm. Slight undulating capsular contour was noted in the kidneys.

**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 1.86 cm x 0.51 cm at the cranial pole and 0.6 cm at the caudal pole. The right adrenal gland measured 2.49 cm x 1.32 cm at the cranial pole and 0.57 cm at the caudal pole.

**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.

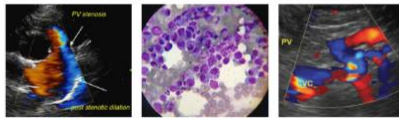
**Liver**

The **liver** revealed mild increased portal markings. Isoechoic nodular changes were noted, consistent with remodeling. Past episodes of cholangitis likely. However, not likely a clinical issue at this point. The gallbladder and common bile duct were unremarkable.

**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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**Pancreas**



**PATIENT**

O'Danny Boy  
Corrigan

**SPECIES**

Canine

**BREED**

Sheltie

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

17.8 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Hartman

**INVOICE**

13678

**DATE**

1/28/22

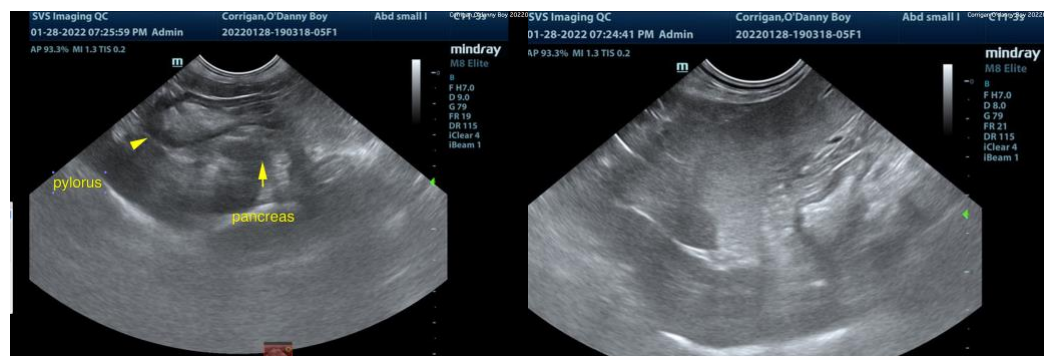
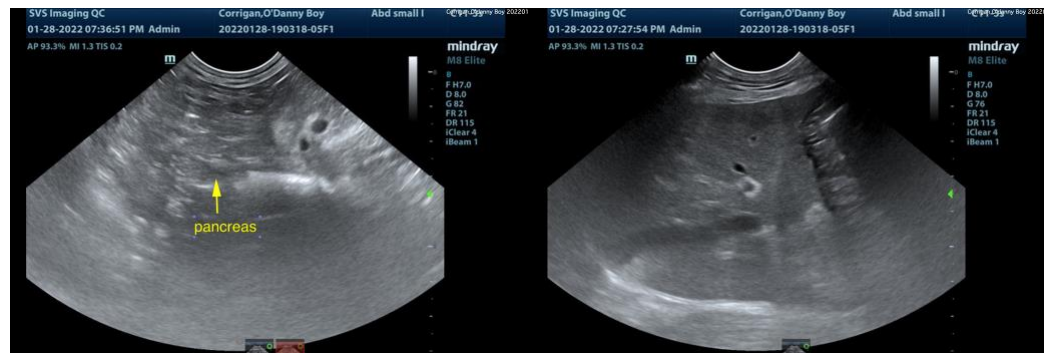
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. 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.

**ULTRASONOGRAPHIC FINDINGS**

- Age-related abdominal changes
- No overt visceral pathology causing the clinical manifestation. Possible very low-grade pancreatic inflammation and cholangitis.

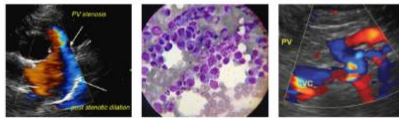
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

IV fluid support and GI protectants should be adequate to treat any low-grade visceral disease. Other causes of anorexia that are extraabdominal, such as thoracic CNS or orthopedic pain should all be considered as the abdominal presentation is largely benign. Obviously, low-grade inflammation is present in the pancreas and the liver, however, may not be the primary cause of anorexia. No evidence of neoplasia.



IMAGING PERFORMED BY

svsmobileimaging.com 309-737-3070



**PATIENT**

O'Danny Boy  
Corrigan

**SPECIES**

Canine

**BREED**

Sheltie

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

17.8 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Hartman

**INVOICE**

13678

**DATE**

1/28/22



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  
Eric.Lindquist@SonoPath.com