



PATIENT

Watson Chromiak

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

14 Years

WEIGHT

23.5 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Adrienne Ligenza

HOSPITAL NAME

Rush VC

REFERRING VET

Dr. Lori Milot

INVOICE

13673

DATE

1/28/22

PRESENTING CLINICAL SIGNS

History: stretching which seems painful lately, not eating well, vomiting

Abnormal PE/Chem/CBC/UA Results: rads attached, BW pending

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The residual prostate measured 5.0 mm.

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 right kidney measured 5.25 cm. The left kidney measured 5.17 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 1.62 cm x 0.72 cm at the cranial pole and 0.66 cm at the caudal pole. The right adrenal gland measured 1.85 cm x 0.83 cm at the caudal pole and 0.89 cm at the cranial pole.

Spleen

The **spleen** was mildly irregular in contour. Caudal folding of the spleen was noted.

Liver

The **liver** was uniformly swollen. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with mild vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. The gallbladder was overdistended with suspended debris and polypoid changes. Some striating bile noted in the gallbladder. The gallbladder measured 7.0 cm x 5.0 cm.

Gastrointestinal

The **stomach** itself was unremarkable. Minor excessive ileocecal gas was present.

Pancreas

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



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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

- Minor gallbladder congestion, emerging mucocele formation
- Spleen, irregular contour and splenic fold
- Minor excessive ileocecal gas
- Unremarkable geriatric abdomen otherwise

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Beagle

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gallbladder motility study warranted in this patient or direct cholecystectomy as the gallbladder is likely the underlying cause of the clinical signs given the overdistention.

SEX

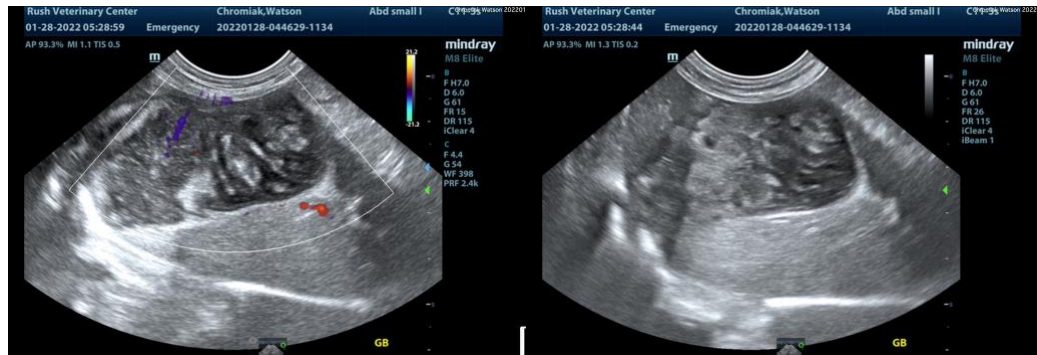
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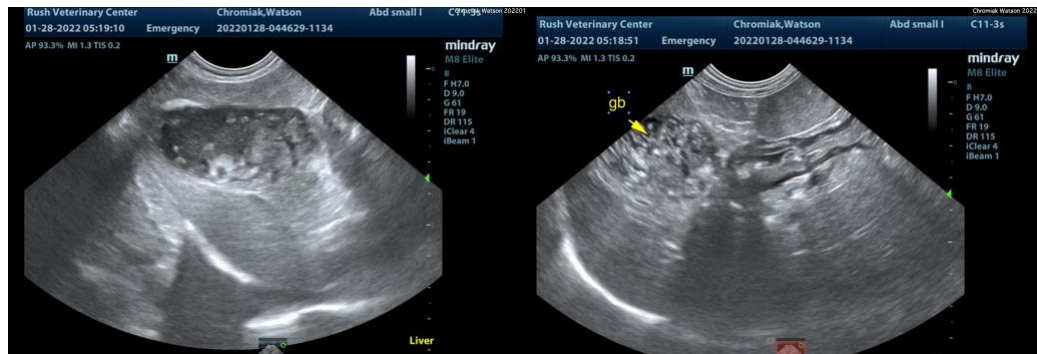
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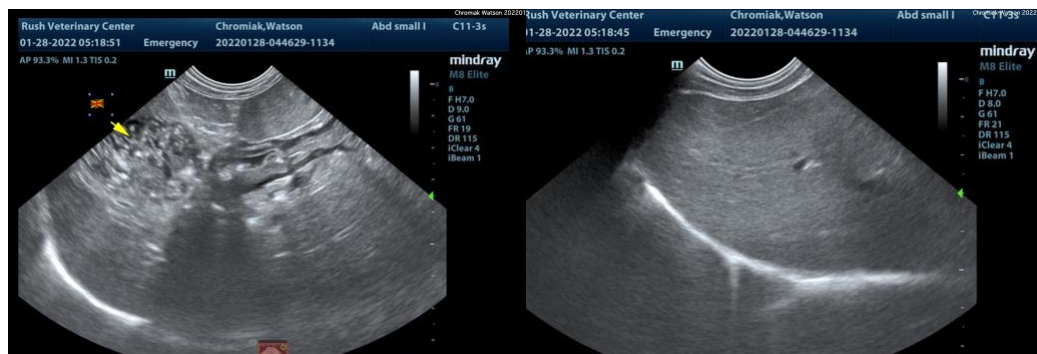


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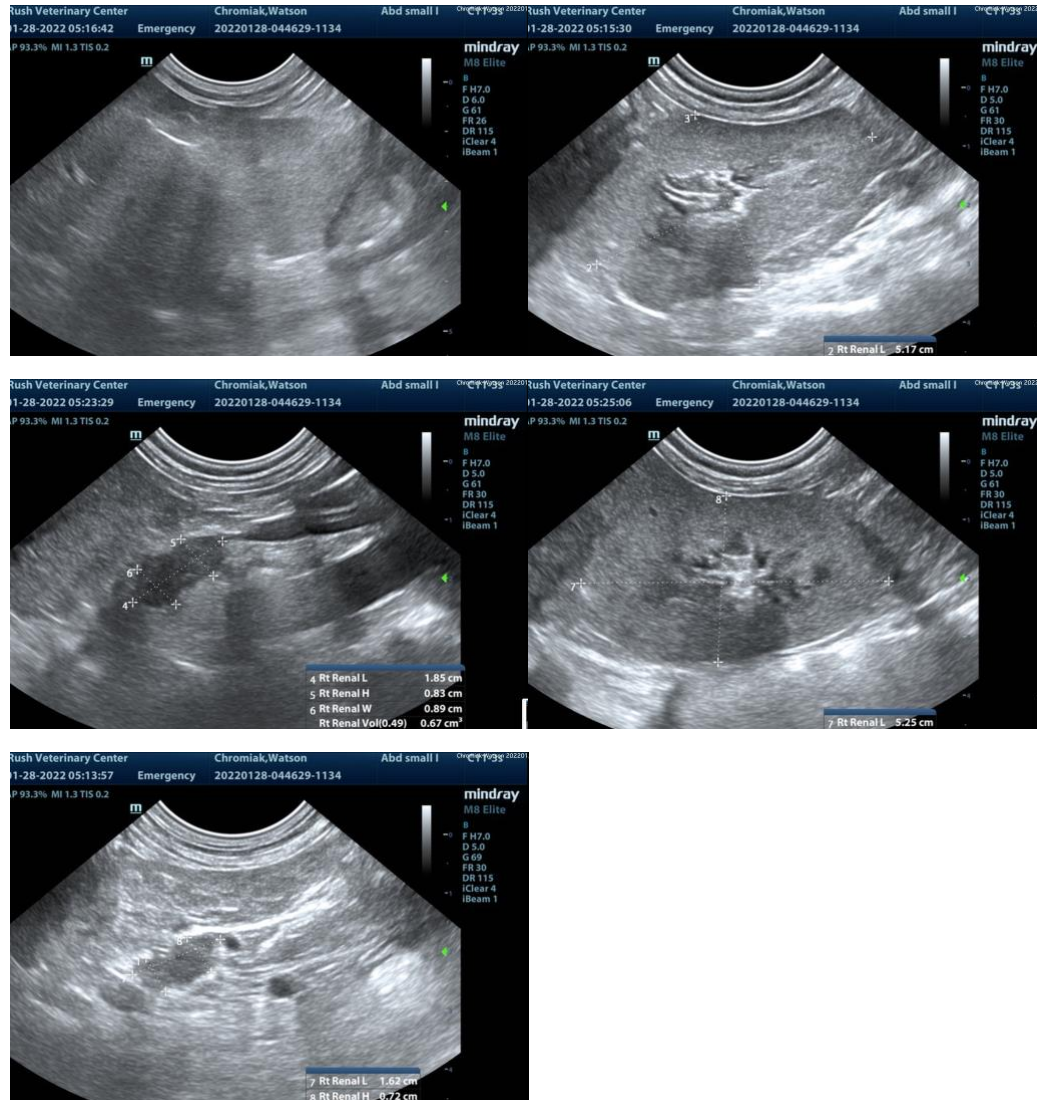
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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