



PATIENT

Shiloh Bloom

SPECIES

Canine

BREED

Jack Russell

SEX

Spayed female

AGE

14 years

WEIGHT

16.94 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Casita

HOSPITAL NAME

Companion Animal
Clinic

REFERRING VET

Dr. Casita

INVOICE

42513

DATE

1/4/23

PRESENTING CLINICAL SIGNS

History: history of 2 months of intermittent D, low appetite, weight loss, and increasing water intake
Abnormal PE/Chem/CBC/UA Results: 12/14/2022: Abdomen is uncomfortable, weight loss evident, no AG enlargement ALT 154, (BUN 30, Crea 1.0) Ca 13.8, PSL 277 HCT 35, HB 11.9 USG 1.019, Pro 2+, pH 6.0

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 **left** revealed moderate degenerative changes and cortical remodeling with loss of corticomedullary definition. Both kidneys revealed pyelectasia. The left kidney measured 4.6 cm. The right kidney revealed mild degenerative changes with maintained corticomedullary definition. Slight minerlaizaton was noted. The right kidney measured 5.26 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 0.5 cm. The right adrenal gland measured 0.6 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 was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Minor gallbladder polyps were noted.

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



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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. 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.

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ULTRASONOGRAPHIC FINDINGS

Mild to moderate degenerative renal changes with mild pyelectasia and mineralization.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Complicating factors such as systemic hypertension, periodic passage of calculi or underlying UTI may all be playing a role in the global perspective of this patient. However, the renal changes are not end stage and largely expected for this age patient with concurrent pyelectasia. The cause of weight loss is not evident. There is no evidence of abdominal pathology that would be responsible for discomfort. Referred back pain should be considered if a persistent issue. Assessment for pain in general is recommended as it may be playing a role in the clinical signs.

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Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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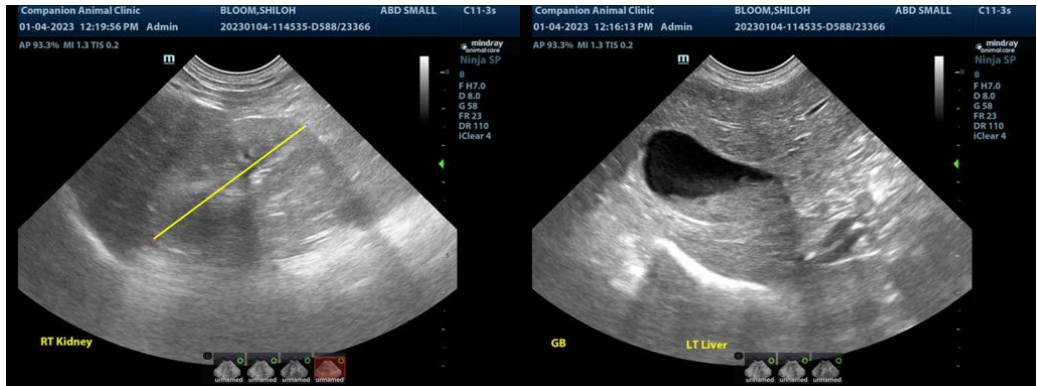
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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