



PATIENT

Digby Jaffe

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

12 years

WEIGHT

15.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Scairpon

HOSPITAL NAME

Animal Hospital of
Sussex County

REFERRING VET

Dr. Scairpon

INVOICE

42551

DATE

1/5/23

PRESENTING CLINICAL SIGNS

History: moderate anorexia past 10-14 days. vomited twice. normal BM. Not acting normal self.
Abnormal PE/Chem/CBC/UA Results: SDMA 19, Creatinine 1.6 BUN 46 TP 7.7 ALT 180 ALP 207 UA
Bilirubin 1+ Ketone trace Anaplasma + (also + 8/5/22) Platelets 538

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a minimal amount of urine present at the time of the sonogram. Minor micropolypoid changes were noted.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 and left kidney measured 3.7 cm.

Adrenal Glands

The left **adrenal gland** was visualized obliquely and measured 0.6 cm. The right adrenal gland was visualized obliquely and measured 1.2 cm at the cranial pole and 0.6 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 was noted.

Liver

The **liver** was similar to the prior sonogram with uniform vacuolar hepatopathy pattern. Minor hepatic enlargement was noted. The gallbladder revealed a mild to moderate amount of debris, yet not to the level of mucocele formation.

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.



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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Benign hepatopathy with age related renal changes.

Mildly excessive gallbladder debris.

Largely geriatric changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy can be justified due to the mildly excessive gallbladder debris. There was no evidence of significant disease and no evidence of progression from the prior sonogram.





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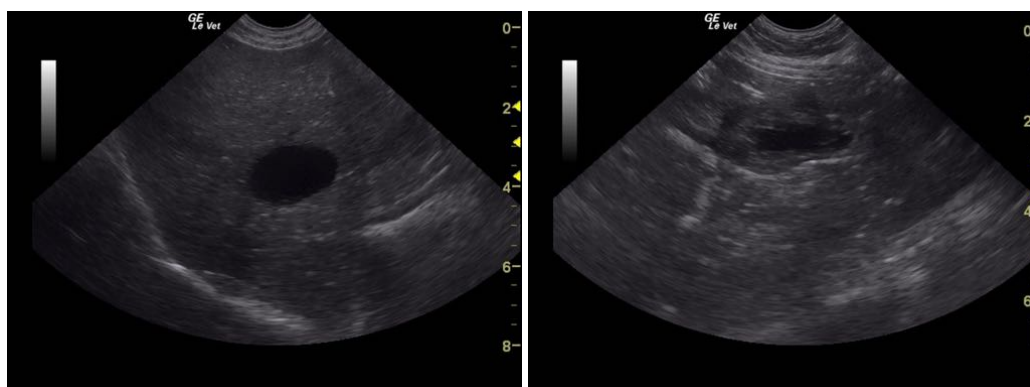
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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