



PATIENT

Duke White

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

14 Years

WEIGHT

84 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ray Caughman

HOSPITAL NAME

Dogwood AH

REFERRING VET

Ray Caughman

INVOICE

13430

DATE

10/1/21

PRESENTING CLINICAL SIGNS

History: Patient presented March of 2021 and again 9/20/21 for vomiting for 2 weeks. Treated for UTI and a suspicious area was noted on x-rays. Treated with Cerenia and Clavamox. Patient did not vomit for 3-5 days after starting medication. He started back vomiting three days ago.

Abnormal PE/Chem/CBC/UA Results: Painful in abdomen. UTI. Mild anemia. Lipase elevation and SDMA elevation

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 3.0 cm beyond the cystourethral junction. Iliac trifurcation was unremarkable.

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 7.0 cm. The left kidney measured 7.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** revealed generalized enlargement and uniform parenchyma. Cranial folding of the spleen was noted.

Liver

The **liver** revealed uniform enlargement and minor irregular swelling with hyperechoic nodular changes consistent with lipogranulomas. Mild heterogenous hepatic parenchymal changes were noted. No overt masses present. A large amount of falciform fat noted. Gallbladder polyps noted, not pathological.

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

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

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- Folded spleen and mild splenic enlargement
- Subjectively benign hepatopathy with nodular changes, lipogranulomas
- Low-grade pancreatitis likely given the patients history, clinical exam and sonographic appearance
- Age-related renal changes

SEX

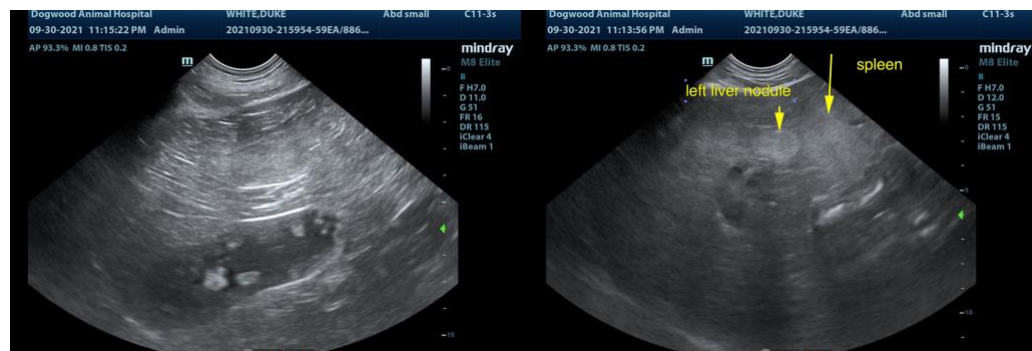
Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and liver could be considered for further definition, however, subjectively appear mild. Supportive care should prove effective in this patient. If weight loss is an issue, then FNA of the spleen and liver are strongly recommended, however, given the liver enzymes are not reported to be an issue then not likely a significant pathology. The splenic fold combined with the mild hepatomegaly is likely creating the appearance of mass effect on radiographs.

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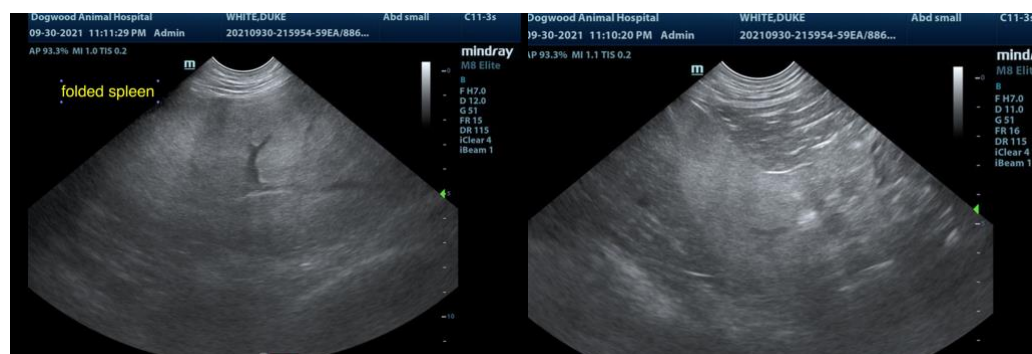


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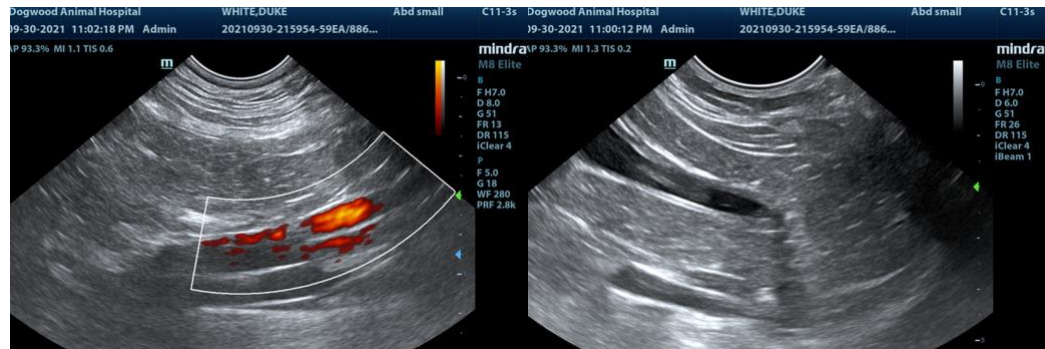
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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