



PATIENT

BJ Park

SPECIES

Canine

BREED

Border Terrier

SEX

Neutered Male

AGE

17 Years

WEIGHT

6.6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Woodside

HOSPITAL NAME

Sherwood FPC

REFERRING VET

Dr. Woodside

INVOICE

13699

DATE

10/11/21

PRESENTING CLINICAL SIGNS

History: Diagnosed with beef food allergy and IBD in 2017 @ internist via endoscopy and ultrasound. Managed well for years with Prednisone 2.5mg twice weekly. Diarrhea started early Sept. Appetite normal. Mild weight loss. No vomiting. Standard work up for diarrhea normal (float, giardia snap, fecal cytology, cPL). Partial response to increase in prednisone dosage. With normal cobalamin and low folate consistent with proximal small intestinal mucosal disease so proceeded with ultrasound.

Abnormal PE/Chem/CBC/UA Results: Cobalamin norm (774), Folate low (4.7) CBC, CHEM pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. This is a mild change.

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 4.34 cm. Slight areas of mineralization noted. The left kidney measured 4.5 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some mild heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 0.59 cm in width. The left adrenal gland measured 0.66 cm in width.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with mild normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were 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 mildly over distended with suspended and dependent debris, yet not to



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the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted. Some striating bile was noted.

Gastrointestinal

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The **gastric** wall was particularly thickened with thickened submucosal layer and minor muscularis thickening. No loss of mural detail noted. The gastroesophageal inlet was mildly thickened in this patient. The small intestine and colon were unremarkable.

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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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

AGE

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- Geriatric abdomen
- Chronic GI changes with gastric wall thickening
- Subjectively benign hepatopathy with minor remodeling

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Reflux/chronic gastritis likely playing a role in this patients' clinical history.

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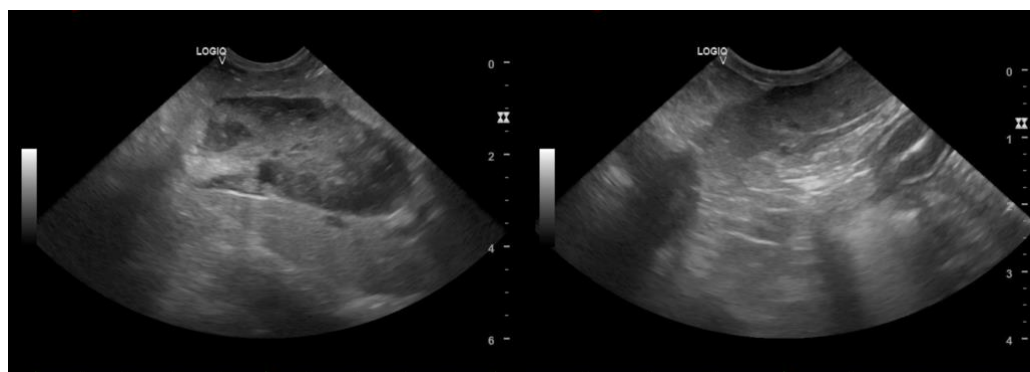
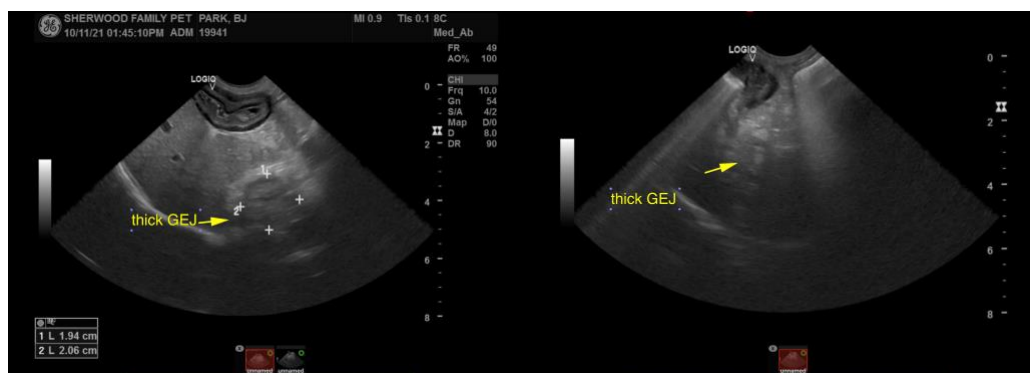
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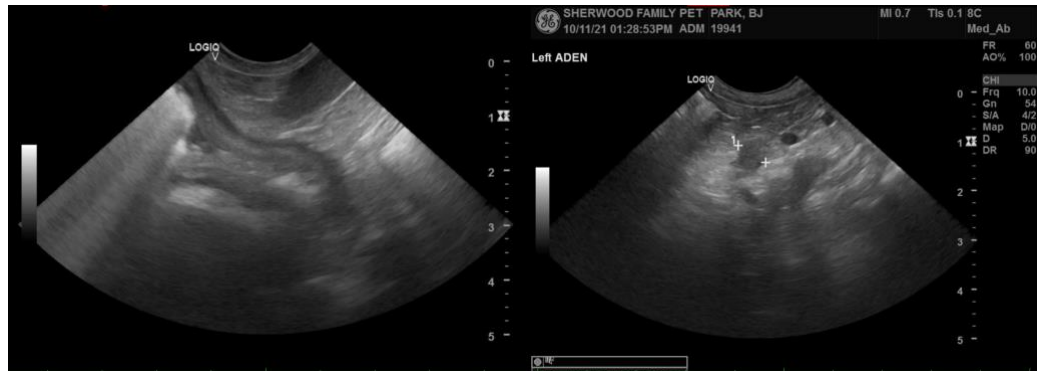
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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