



PATIENT

Rome Lankford-Bramlett

SPECIES

Canine

BREED

Miniature Pinscher

SEX

Neutered male

AGE

10 years

WEIGHT

12 years

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Caughman

HOSPITAL NAME

Dogwood AH

REFERRING VET

Dr. Caughman

INVOICE

92373

DATE

10/13/21

PRESENTING CLINICAL SIGNS

History: Patient presented for PU/PD, accidents in house and increase agitation
ALT 3483, AST 838, ALP 2230, Bilirubin 3.8 ACTH Stim WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 iliac trifurcation was unremarkable.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilatation was present. The capsules were acceptably uniform without significant irregularities. Slight pinpoint mineralization was noted. The left and right kidney measured 4.0 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 0.8 cm at the cranial pole and 0.5 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** appeared unremarkable other than mildly increased portal markings. The gallbladder was thickened and irregular with an edematous wall with regional inflammation.

Gastrointestinal

The pylorus was slightly thickened. The lumen was empty. The small intestine and colon were unremarkable with maintained curvilinear patterns.



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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

BREED

Cholecystitis with regional inflammation.

Miniature Pinscher

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

There is a possible history of leakage/collapsed mucocele. Cholecystectomy may be in this patient's best interest. However, the patient may stabilize medically. Leptospirosis titers are warranted. FNA of the liver is warranted for further information. Enrofloxacin and Metronidazole and nutraceuticals are all warranted. I recommend changing to Ampicillin if leptospirosis titers are positive. Eventual cholecystectomy may be necessary. The cause of PU/PD is unclear; however, the small calculi in the kidneys may be indicative of periodic passage of calculi. The main issue at this time is the gallbladder presentation. A recheck sonogram is recommended in 48-72 hours or earlier if clinical decline is occurring.

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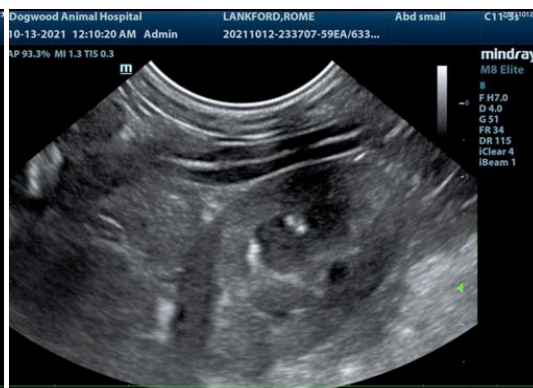
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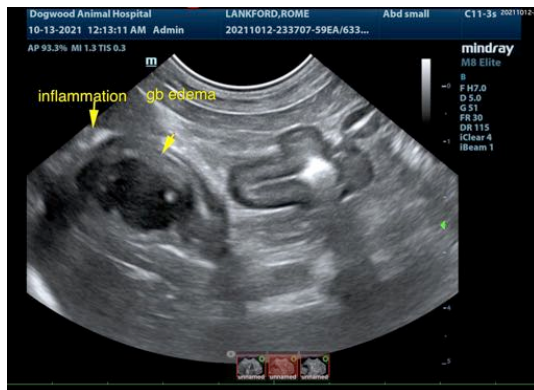
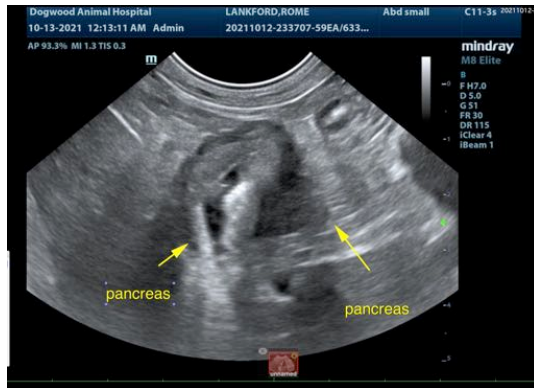
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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