



PATIENT

Bogie Burriss

SPECIES

Canine

BREED

Mini Poodle

SEX

Neutered Male

AGE

16 Years

WEIGHT

16 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Rachel Wiley

HOSPITAL NAME

Petvacx AH

REFERRING VET

Rachel Wiley

INVOICE

17677

DATE

10/13/22

PRESENTING CLINICAL SIGNS

History: 1 year history chronic intermittent large bowel diarrhea. Nonresponsive to diet trials (fiber, low residue and hydrolyzed) moderately responsive to metronidazole.

Abnormal PE/Chem/CBC/UA Results: Elevated reticulocytes, elevated ALKP, USG 1.017 otherwise bloodwork, 4DX, UA, T4 and fecal Within Normal Limits

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a small calculus, measuring 3.0 mm, nonobstructive at the time of the sonogram. Minor apical bladder wall thickening was noted. The patient is likely passing calculi periodically from the kidneys to the bladder. 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 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. Mineralization was present in the kidneys. The left kidney measured 4.2 cm. The right kidney measured 4.5 cm. A cortical infarct was noted at the caudal pole of the right kidney.

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 0.6 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 were noted. Cranial folding of the spleen was noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is a mild change, consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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.

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

SEX

Neutered Male

- Small bladder calculus and minor apical wall thickening
- Age-related renal changes with renal calculi. Cortical infarct at the caudal pole of the right kidney
- Benign hepatopathy
- Splenic fold
- Structurally unremarkable abdomen otherwise

AGE

16 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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16 Pounds

Passage of calculi from the kidneys to the bladder is likely in this patients history. The calculi are likely oxalate calculi. Occult parasitism, stress colitis, enterotoxin induced colitis is possible. Enrofloxacin trial could be considered over a two-week period to treat for enterotoxins. Continuation of the hydrolyzed diet may be appropriate. No evidence of structural GI disease.

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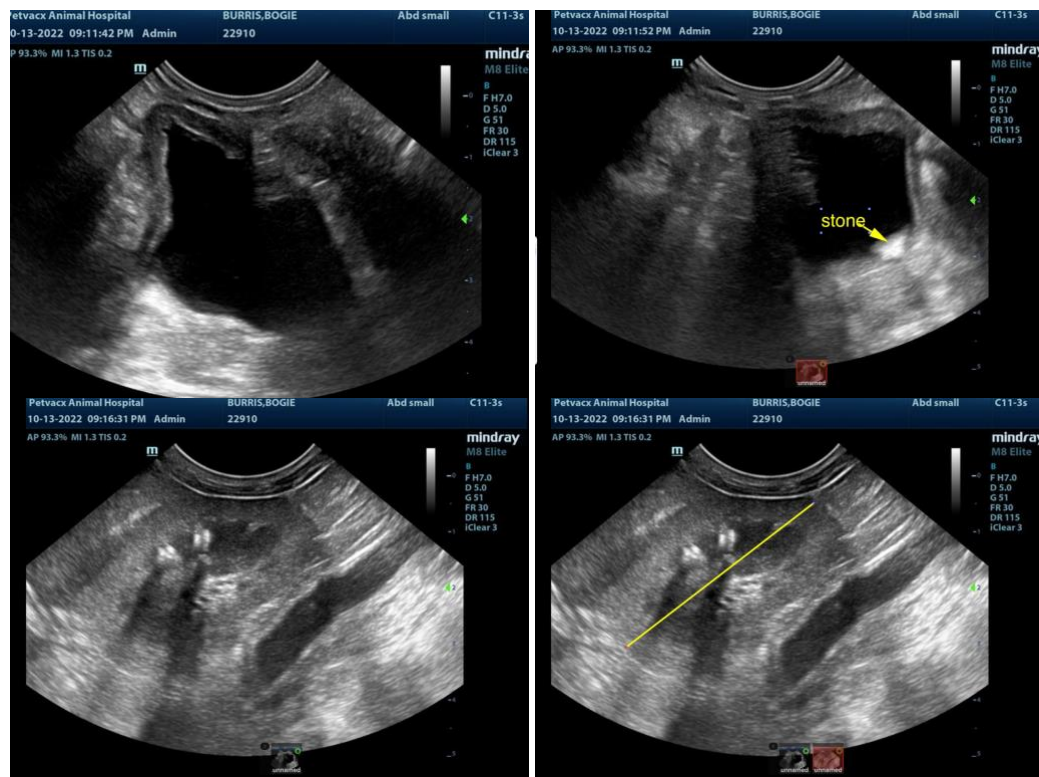
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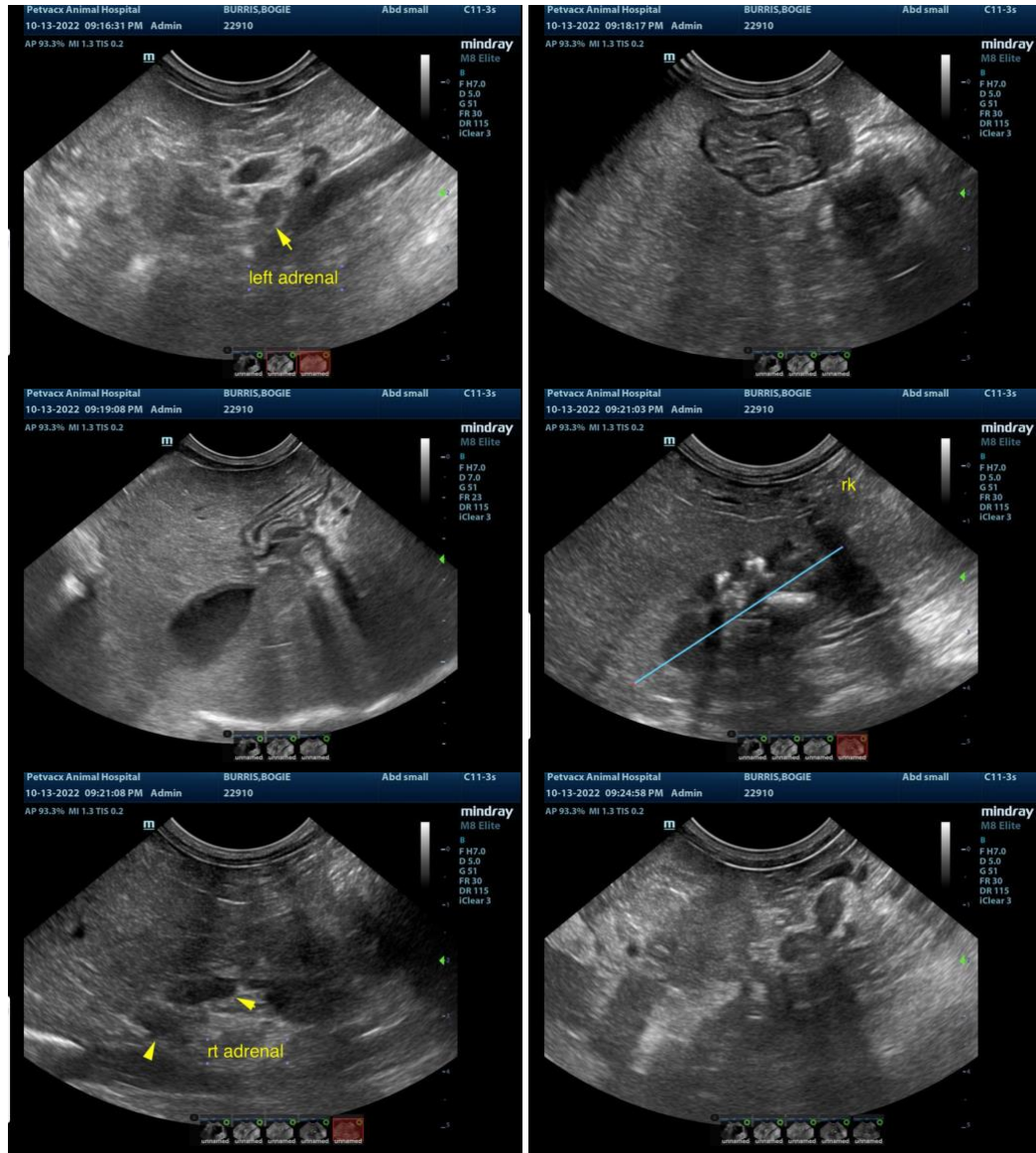
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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