



PATIENT

Harry Schuster

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

15.5 Pounds

WEIGHT

4.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Woodside

HOSPITAL NAME

Sherwood Family PC

REFERRING VET

Dr. Woodside

INVOICE

13790

DATE

10/16/21

PRESENTING CLINICAL SIGNS

History: Anorexia, vomiting, diarrhea starting 10/12/21. Presented 10/14. Chem, cPL performed. IV fluids administered and Cerenia, metronidazole started. Presented 10/15 for abdominal ultrasound. Harry did eat some during the day and was not fasted prior to ultrasound. UA performed during visit.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 4/9, periodontal disease with few remaining teeth, halitosis, mature cataracts OU, patellar luxation; no pain response, gas or other abnormalities on abdominal palpation CHEM 17 normal; cPL normal; UA normal

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 **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 left kidney measured 3.75 cm. The right kidney measured 3.28 cm. Slight mineralization noted in both kidneys.

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 0.68 cm at the caudal pole and 0.59 cm at the cranial pole. The right adrenal gland measured 0.6 cm.

Spleen

The **spleen** was mildly enlarged with slight heterogeneous parenchymal changes. The changes in the spleen are consistent with lipogranulomas.

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 consistent with mild vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

Gastrointestinal

The **gastrointestinal tract** revealed diffuse, hyperechoic fogging or overlay throughout the small intestine as well as areas of mucosal striations and speckling. This striation + fogging effect appeared to exclusively affect the mucosal layer with the submucosa, muscularis and serosa left in-tact. Reactive mesentery was present associated with the serosa indicative of active inflammation. This is most



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consistent with protein losing enteropathy/lymphangectasia. Full thickness biopsies or endoscopy guided biopsies would be ideal to confirm. No obstructive disease or obvious suspicion of neoplasia. Mild reactive mesentery was noted associated with the small intestine.

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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

- Acute on chronic gastroenteritis presentation
- Geriatric abdomen otherwise

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

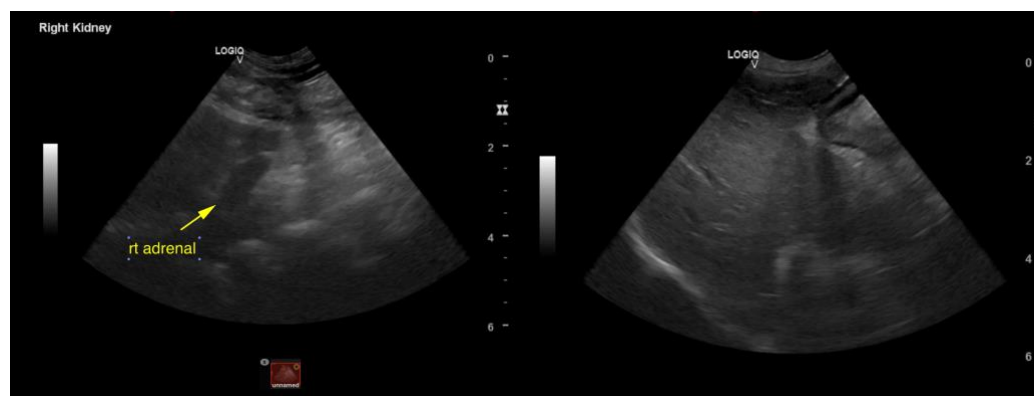
No evidence of neoplasia or foreign body. 24-hour NPO, treatment for gastroenteritis with GI protectants, antiparasitic protocol +/- hydrolyzed diet all possible. Purina ha or Royal hp diet may be appropriate in this patient given the mucosal fogging. Albumin levels should be monitored long term.

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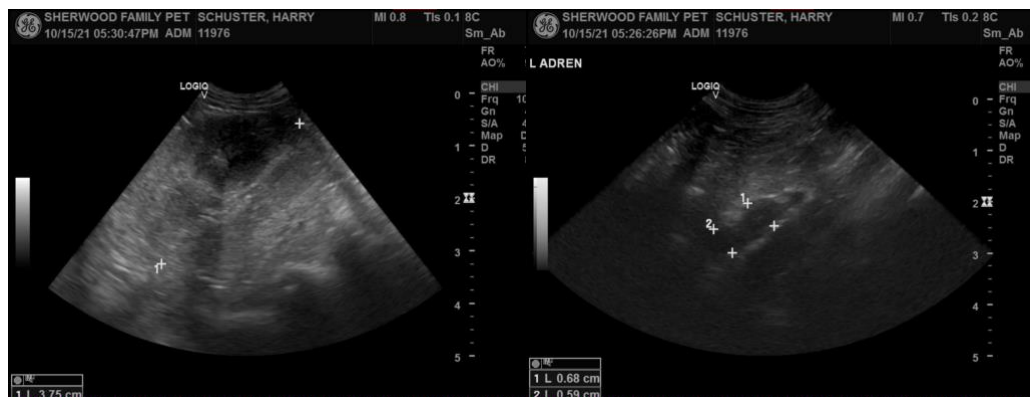
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com