



PATIENT

Max Wiley

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

12 Years 5 Months

WEIGHT

7.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Couser

HOSPITAL NAME

Willamette VH

REFERRING VET

Couser

INVOICE

13778

DATE

10/16/21

PRESENTING CLINICAL SIGNS

History: 2 day history of V/D and anorexia.

Abnormal PE/Chem/CBC/UA Results: 10/15/21 at rDVM CBC: HCT 62.4%, mild neutrophilia 19.56k, Monocytosis 1.28k. Chem: GGT 18, SDMA 17, rest wnl. SNAP cPL = abnormal Recheck labs at WVH 10/15 PM: EPOC wnl. PCV/TS 44%, 5.2 g/dl

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 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 5.0 cm. The right kidney measured 4.0 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

Spleen

The **spleen** revealed an undifferentiated hypoechoic nodule (2.0 cm) at the mid caudal body- FNA indicated. The remainder of the spleen appeared unremarkable with minor heterogeneous changes.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder was overdistended with some striating bile, largely immobile.

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

Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxyphoid palpation reveals pain response. No overt masses were noted.



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Free Abdomen

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Anechoic artifact noted in all images suspicious for broken probe crystal.

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ULTRASONOGRAPHIC FINDINGS

- Splenic nodule, concerning for round cell neoplasia, possible abscessation, necrosis or hemangiosarcoma
- Immature gallbladder mucocele
- Pancreatic remodeling
- Age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Justification of splenectomy and cholecystectomy could be considered in this patient or splenectomy and direct manual expression of the gallbladder; however, this may not be able to be expressed manually and therefore cholecystectomy may be appropriate. Otherwise, FNA of the splenic nodule and treatment for pancreatitis/gastritis could be considered even though structurally the GI tract is unremarkable. Ursodiol therapy (over the next 6-8 weeks and recheck sonogram) and/or gallbladder motility study warranted if a conservative approach is taken

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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