



PATIENT

Bindi Bangs

SPECIES

Canine

BREED

Havanese

SEX

Spayed Female

AGE

14 Years

WEIGHT

6.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tiffany Brady, DVM

HOSPITAL NAME

Shiloh VH

REFERRING VET

Tiffany Brady, DVM

INVOICE

13475

DATE

10/2/21

PRESENTING CLINICAL SIGNS

History: Recurrent pancreatitis. Currently on I/D low fat with no additional foods. Weight loss over past 3 months. Acutely decreased appetite, lethargy. Concern for liver enlargement/mass in upper right cranial abdomen and some possible thickening in the GB

Abnormal PE/Chem/CBC/UA Results: Today abnormal cPLI snap, ALT mildly elevated at 220.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed small calculi, non-obstructive. The largest calculus measured 3.0 mm. The patient has likely passed calculi periodically with secondary insults to the kidneys.

The **right kidney** revealed severe dystrophic changes, cortical collapse, infarcts, mineralization and fibrosis pattern. The right kidney measured 2.7 cm.

The **left kidney** revealed moderate dystrophic changes with pelvic and corticomedullary calculi. The right kidney measured 3.0 cm.

Adrenal Glands

The **left adrenal gland** was 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 1.22 cm x 0.47 cm.

The region of the **right adrenal gland** revealed no evident pathology.

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.

Liver

The **liver** revealed hypoechoic nodular changes, non-obstructive in the midst of hyperechoic coarse architecture. The gallbladder and common bile duct were unremarkable.

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

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



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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.

ULTRASONOGRAPHIC FINDINGS

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- Moderate to severe renal dystrophy with calculi, non-obstructive in the lower urinary tract, subjectively the kidneys appear near end-stage
- Small bladder calculi
- Age-related pancreatic changes
- Liver hypoechoic nodular changes

BREED

Havanese

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Spayed Female

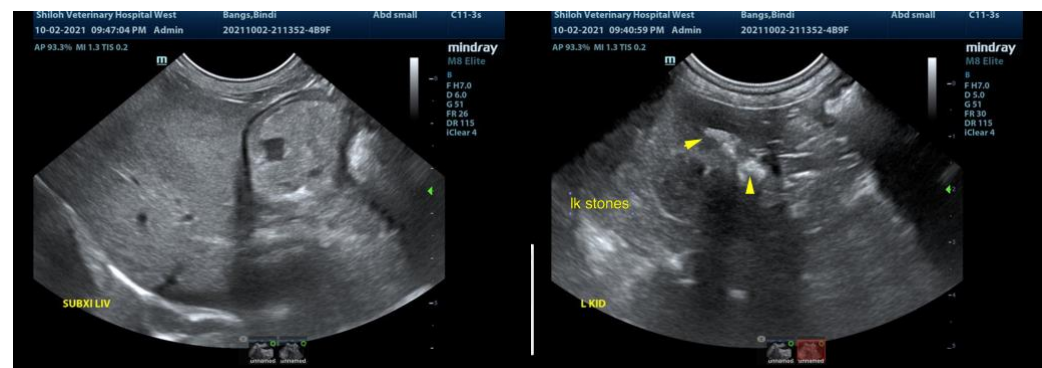
Renal parameters should be monitored carefully in this patient. No overt evidence of pancreatitis present, however, lipase elevations may be artifactual owing to emerging poor renal function. No evidence of neoplasia. Ultrasound guided FNA of the liver could be considered particularly in the hypoechoic nodular changes in case emerging neoplasia is present, however, the nodular changes are more consistent with nodular hyperplasia.

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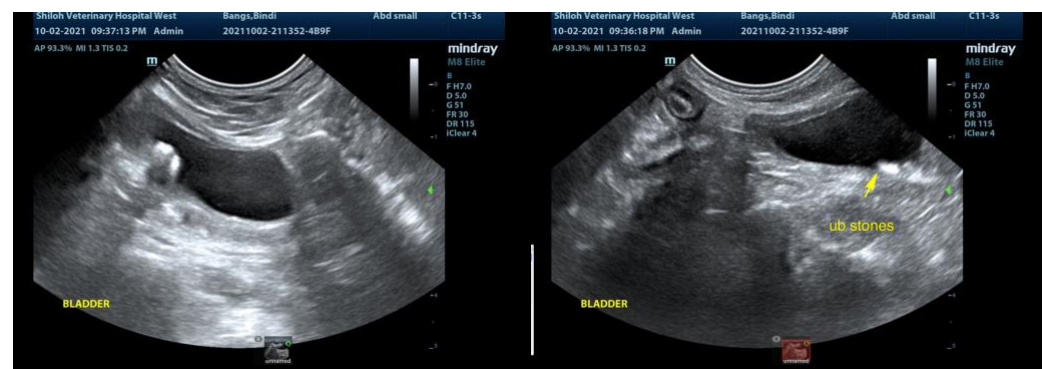
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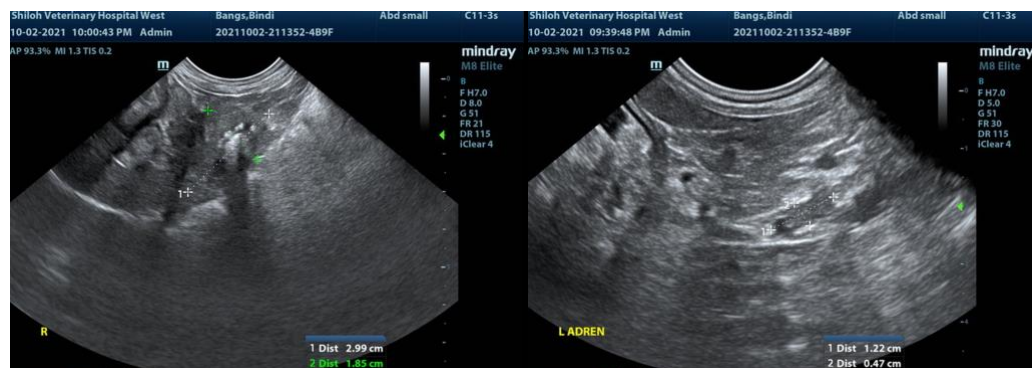
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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