



PATIENT PRESENTING CLINICAL SIGNS

Scooter Leon

History: Chronic hx of elevated liver values; this month the ALT got significantly higher than normal. Hx of PU/PD, otherwise no other health concerns @ Home. Tested negative for Cushing's disease via LDDST 10/2020.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Slightly pendulous abdomen, otherwise NSF on PE. BW done 10/12/21: CBC: Plt (556) Chem: AST (72), ALT (726), AP (812), GGT (35), Ca (11.8), Chol (361), Trig (312), Amylase (1460), PSL (302)

BREED

Bichon Frise

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered male

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 was noted. Ureteral papillae were normal.

AGE

14 years

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 dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 5.0 cm. The left kidney measured 5.24 cm.

WEIGHT

17.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 1.95 x 0.36 cm at the caudal pole and 0.39 cm at the cranial pole. The right adrenal gland measured 2.06 x 0.58 cm at the caudal pole and 0.43 cm at the cranial pole.

IMAGING PERFORMED BY

Dr. Bailes

HOSPITAL NAME

All Creatures Great
and Small Corvallis

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.

REFERRING VET

Dr. Marszewski

INVOICE

92554

Liver

The **liver** presented diffuse, coalescing, mixed hypoechoic nodular changes with increased portal markings. Macronodular and micronodular changes were noted. The changes were mildly to moderately disruptive. The gallbladder was unremarkable with mild echogenic wall thickening.

DATE

10/21/21



PATIENT

Gastrointestinal

Scooter Leon

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Variable spastic intestine was noted with reactive mesentery and areas of loss of mural detail. The muscularis was hypertrophied. Trace amount of free fluid were noted adjacent to the intestine. This is consistent with a steatitis pattern.

SPECIES

Canine

BREED

Bichon Frise

Pancreas

The **pancreas** was hypoechoic, irregular and nodular. This is consistent with remodeling and likely low-grade inflammation.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Gastroenteritis with reactive mesentery and areas of loss of detail.

AGE

14 years

Moderate, degenerative hepatic disease with remodeling and micro and macronodular changes. Likely benign, yet progressive chronic inflammatory presentation.

Age related renal changes.

WEIGHT

17.8 lbs

Chronic active pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Intraoperative ultrasound with full thickness intestinal biopsies would be ideal in this patient. I am concerned for emerging intestinal neoplasia. Complicated inflammatory disease is possible. Bile acid profile is indicated.

IMAGING PERFORMED BY

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If surgical biopsies are not possible then a clinical trial of Enrofloxacin and Metronidazole combination as well as 24 hour n.p.o., pain management and plasma expanders are all indicated. Recheck sonogram is recommended after slurry feeding protocol post 24 hours. GI protectants are also indicated. Diet change to a geriatric hydrolyzed diet may be in this patient's best interest. However, a recheck sonogram is recommended in 3-7 days depending on clinical progression to ensure that the intestinal presentation is not progressing.

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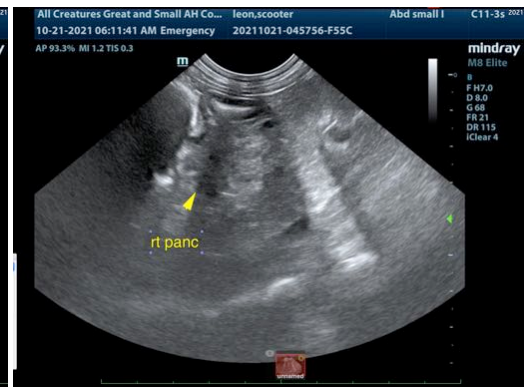
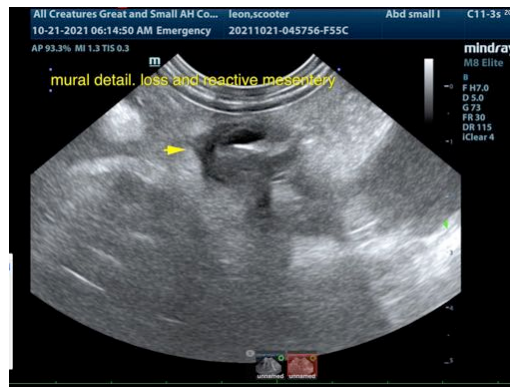
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Scouter Leon

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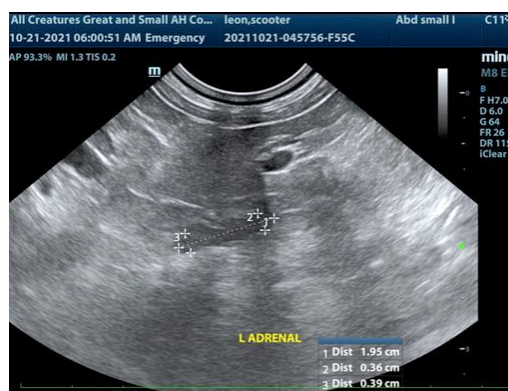
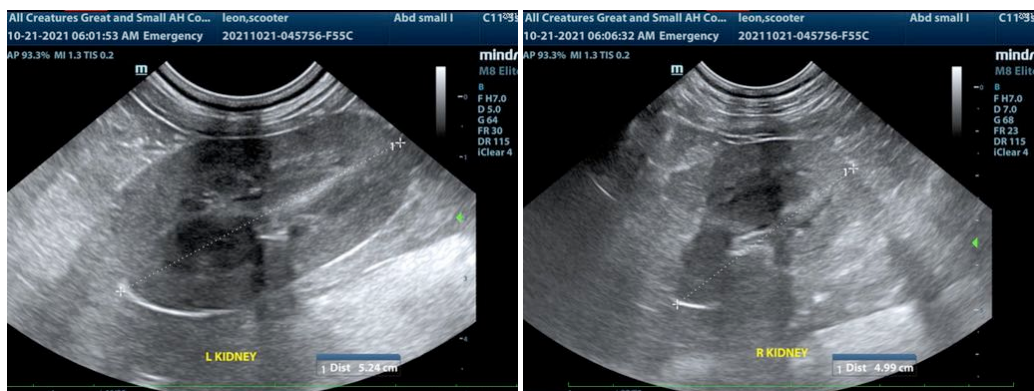
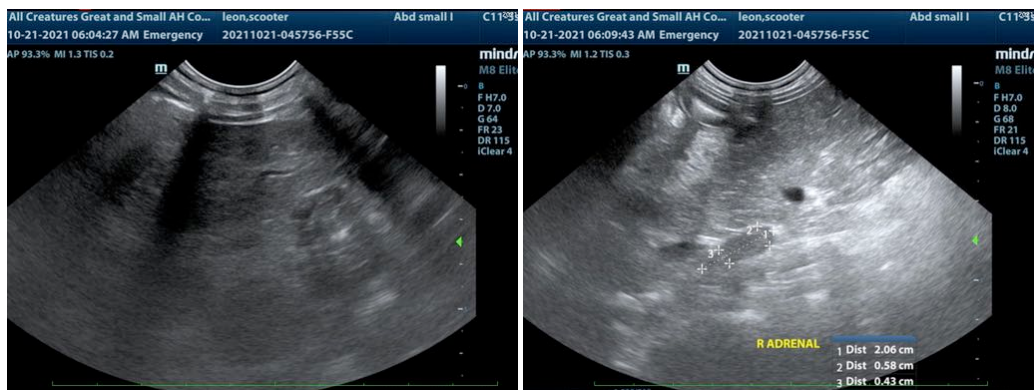
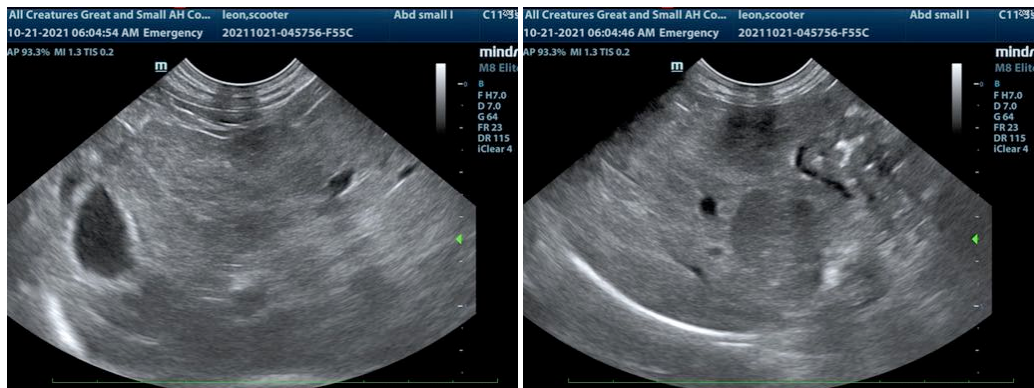
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PATIENT

Scooter Leon

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.

SPECIES

Canine

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.

BREED

Bichon Frise

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

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