



PATIENT PRESENTING CLINICAL SIGNS

Charlie Messina
Urinary and fecal accidents in the house
Abnormal PE/Chem/CBC/UA Results: WNL

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Beagle X

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.

SEX

Neutered Male

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 6.98 cm. The right kidney measured 6.0 cm.

AGE

14 Years

Adrenal Glands

WEIGHT

49 Pounds

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 right adrenal gland measured 2.88 cm x 0.56 cm. The left adrenal gland measured 2.51 cm x 0.87 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** was folded upon itself caudally. Slight uniform swelling and mild irregular contour noted. Not likely neoplastic.

IMAGING PERFORMED BY

Dr. Rodriguez

Liver

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. This is consistent with chronic inflammatory hepatopathy. The gallbladder presented striating bile and mild overdistention. The gallbladder presentation does not have full characteristics of mucocele formation. However, it is most consistent with emerging mucocele. Some level of cholecystitis suspected.

HOSPITAL NAME

Foxfield Vet Services

Gastrointestinal

REFERRING VET

Dr. Rodriguez

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.

INVOICE

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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.

DATE

10/25/21



PATIENT

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SPECIES

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Neutered Male

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ULTRASONOGRAPHIC FINDINGS

- Hepatic remodeling with cholecystitis, emerging mucocele formation
- Age related renal changes
- Pancreatic fibrosis pattern
- Folded, reactive spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Periodic episodes of pancreatitis/cholangitis likely in this patient's history. Full urinary workup warranted. Assessment for pudendal neuropathy/orthopedic issues as cause of the urinary and fecal accidents. Ursodiol therapy and gallbladder motility study warranted and symptomatic care for cranial abdominal pain. Recheck sonogram if the patient is progressing from an upper GI standpoint.

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IMAGING PERFORMED BY

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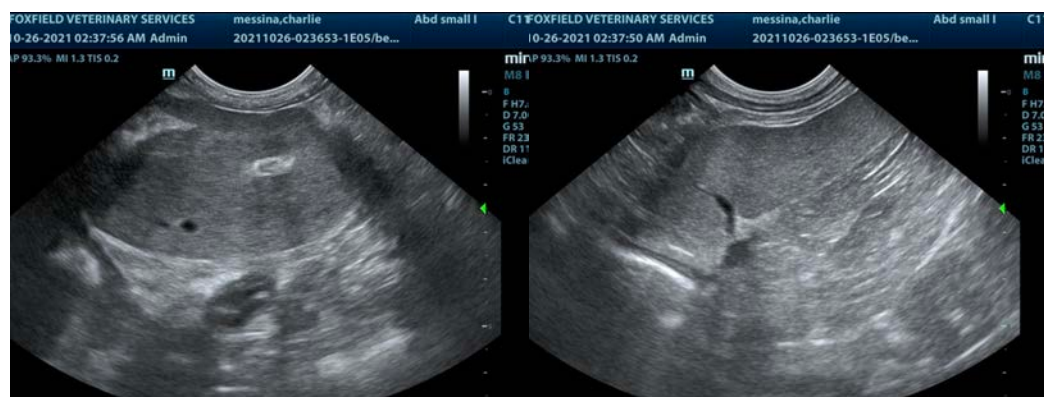
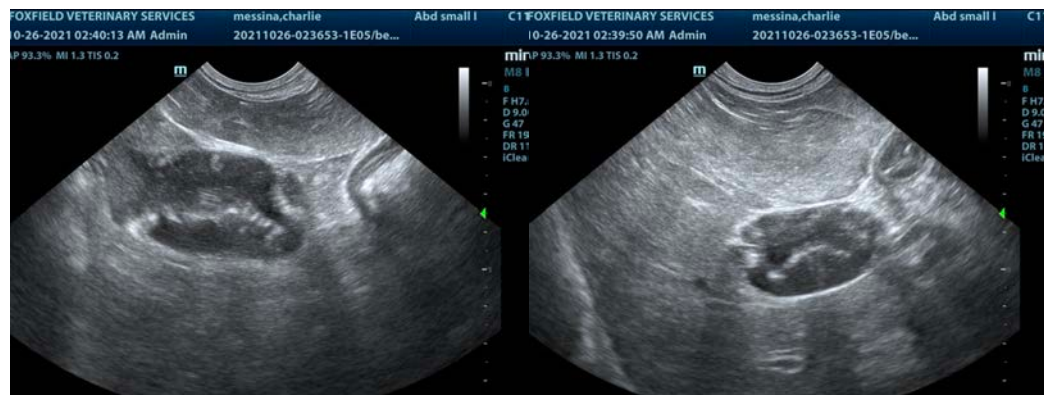
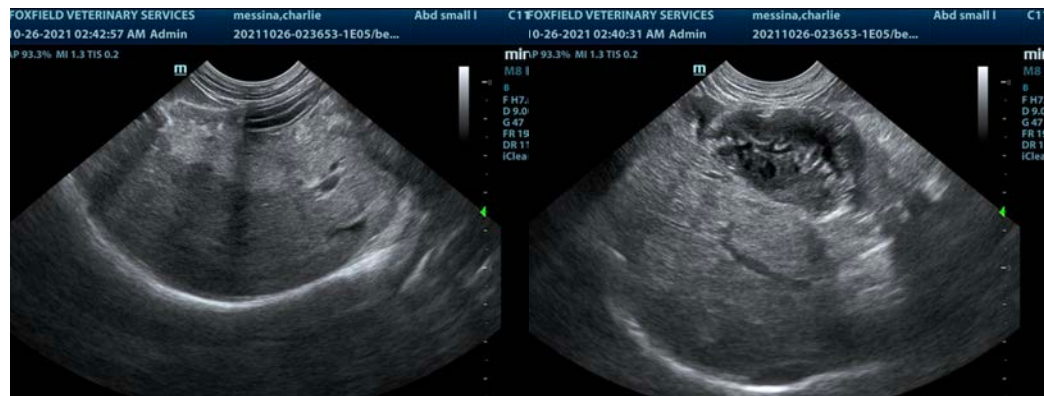
Dr. Rodriguez

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Charlie Messina

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Canine

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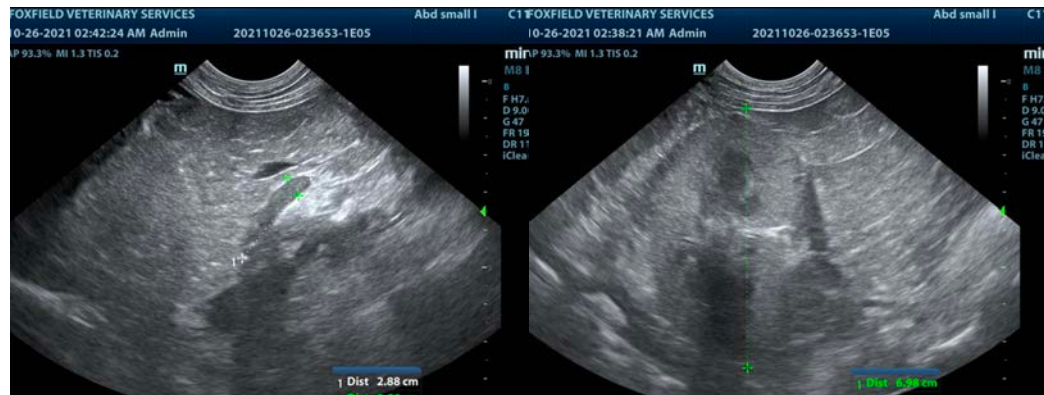
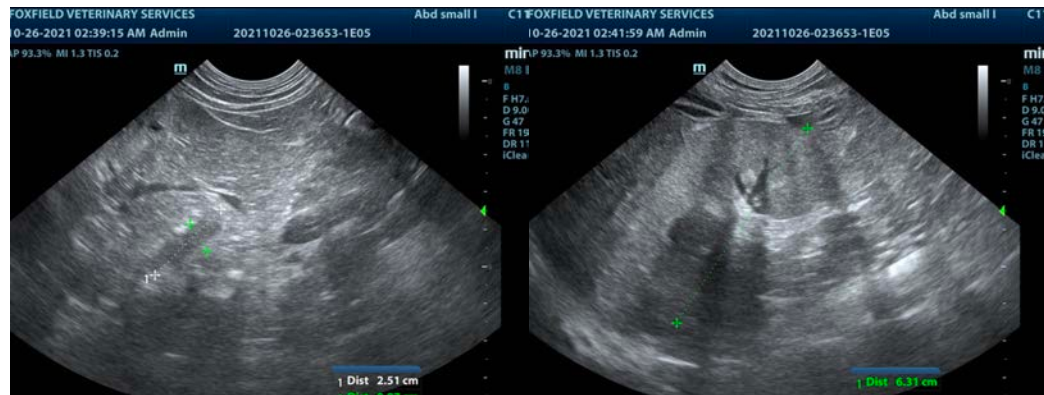
Neutered Male

AGE

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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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