



PATIENT

Rex Green

SPECIES

Canine

BREED

Lab

SEX

Male

AGE

12 Years

WEIGHT

5

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. De Cordon

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr. Parr

INVOICE

17924

DATE

10/28/22

PRESENTING CLINICAL SIGNS

History: V+/R+ only after eating - once Monday, both meals Wednesday, one meal Thursday. No D+. BM's are soft formed - unusual for P. Drinking normally. Noted urine was almost orange this morning. Appetite decreased since yesterday - O had to give treats, ect to get P to eat. This week P has had clear nasal discharge and eyes have been bloodshot. No sneezing. Tues - once Wed - both meals Thursday - breakfast; vomited dinner

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 mild 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 right kidney measured 6.81 cm. The left kidney measured 6.54 cm.

Adrenal Glands

The regions of the **adrenal glands** were imaged and revealed no overt pathology yet were not distinctly visualized.

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** was mildly swollen with increased portal markings. The gallbladder was double layered and edematous, consistent with cholangitis.

Gastrointestinal

The **stomach** and upper small intestine were unremarkable. Transit of chyme into the small intestine appeared to be normal. The descending colon was unremarkable. Soft stool was noted in the colon. No overt obstructive disease present.

Pancreas



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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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ULTRASONOGRAPHIC FINDINGS

- Cholangitis pattern
- Soft stool in the colon
- Age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Given the edematous gallbladder, this may also be owing to anaphylactic issues, especially given the liver enzyme elevations are not a primary problem in this patient. Supportive care should prove effective.

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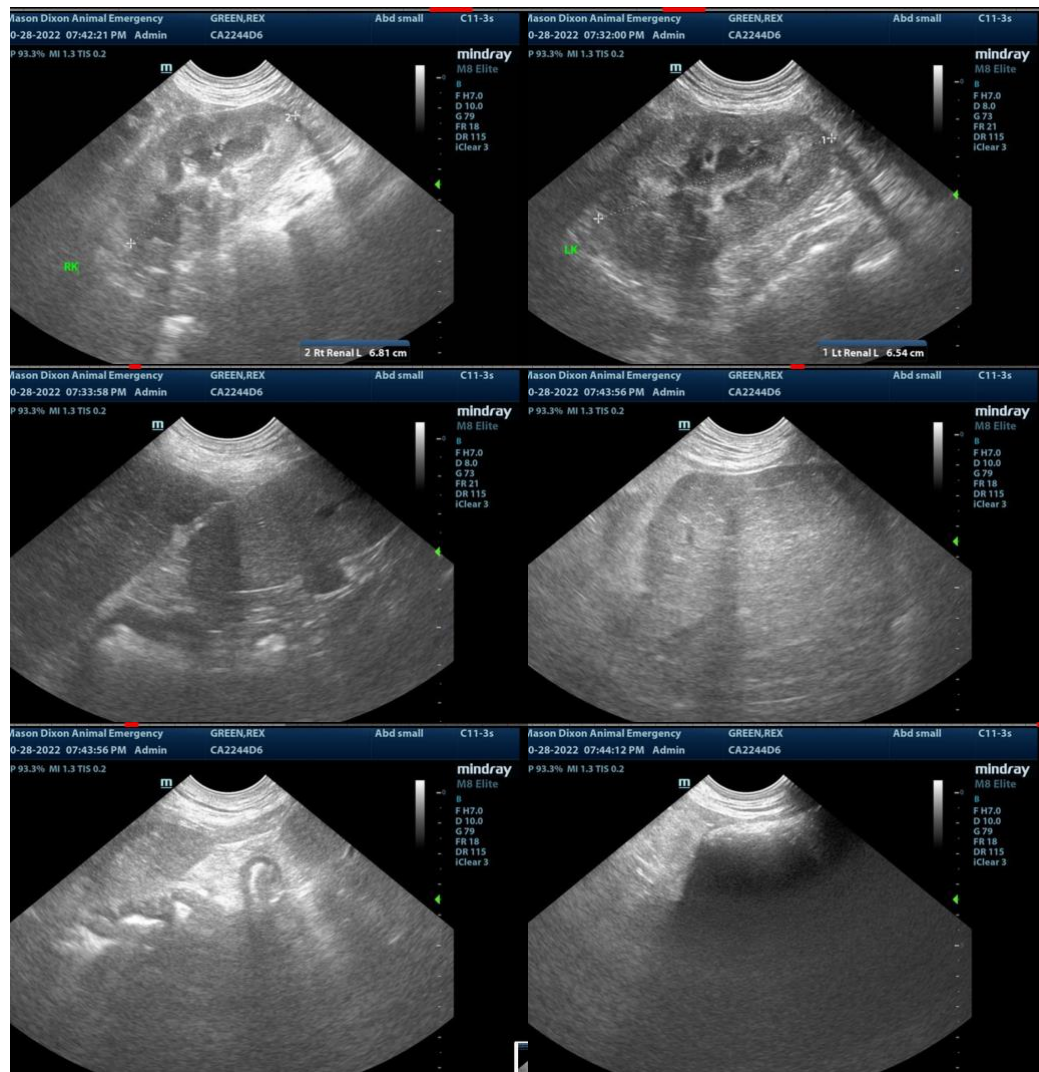
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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