



PATIENT

Nacho Wagner

PRESENTING CLINICAL SIGNS

ADR - not eating or drinking - was vomiting up until yesterday - has Addison's is on prednisone 5mg 1/2 tab SID and Zycortal 1.5mLs SQ every 25 days

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: electrolytes WNL

BREED

Mix

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.

SEX

Neutered Male

The residual prostate measured 7.0 mm.

AGE

10 Years

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 5.7 cm. The right kidney measured 5.8 cm. Slight pinpoint mineralizations noted.

WEIGHT

41 Pounds

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 0.50 cm.

INTERPRETED BY

Eric Lindquist, DMV

The region of the **right adrenal gland** was imaged, no evident pathology.

DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Heather

The **spleen** presented subtle hypoechoic micronodular changes. Normal size and contour otherwise.

Liver

HOSPITAL NAME

ACC Flanders

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 presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

REFERRING VET

Dr. Hallihan

Gastrointestinal

INVOICE

41910

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.

DATE

10/7/22



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Pancreas

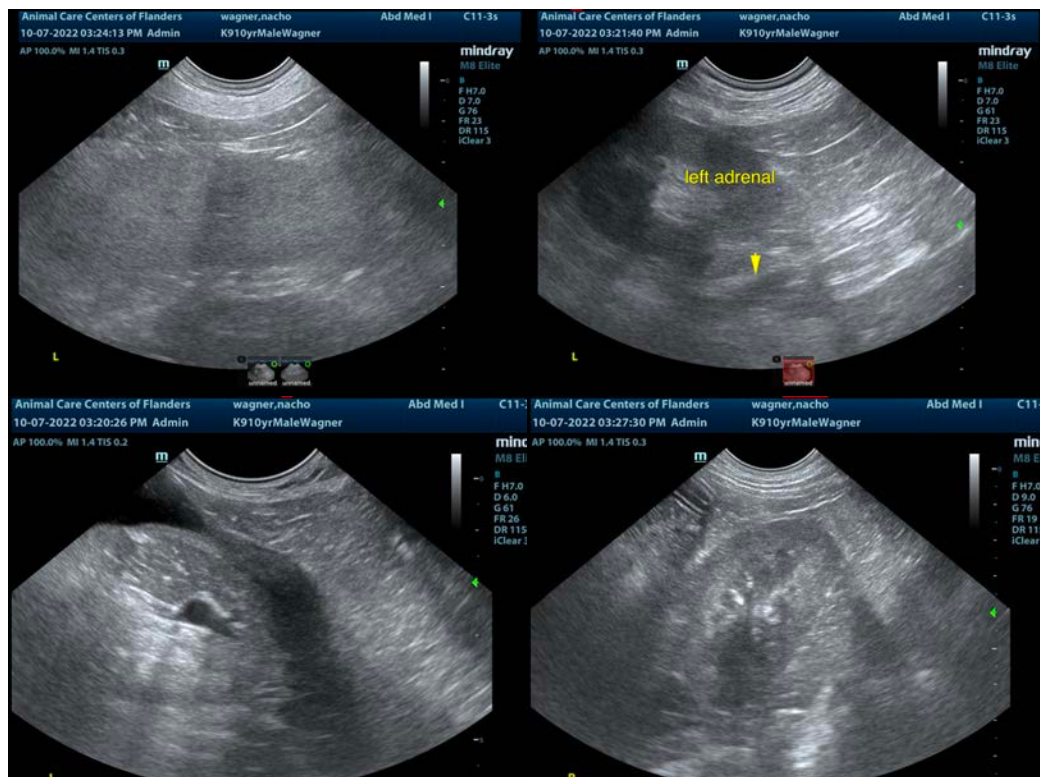
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Subtle micronodular splenic changes
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the Addisonian status, the adrenal glands are likely small. Left was visualized, right was not. Reassessment of Addisonian state as the underlying cause recommended. No evidence of visceral disease that would be causing tense abdomen. Referred back pain should be considered as a potential underlying issue.





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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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

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