



PATIENT

Louie Salgado

SPECIES

Canine

BREED

Tibetan Terrier

SEX

Neutered Male

AGE

11 Years

WEIGHT

23 Lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Newton VH

REFERRING VET

Not Provided

INVOICE

12553

DATE

11/15/21

PRESENTING CLINICAL SIGNS

History: weight loss, bloody diarrhea, in September platelets low (70000) treated w/ pred+doxy, still on pred Current meds: prednisone, matronidazole, unasyn, cerenia

Abnormal PE/Chem/CBC/UA Results: HCT 32.8

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.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. Mineralization was present in the right kidney. The right kidney measured 5.26 cm. The left kidney measured 5.82 cm. Corticomedullary mineralization was noted in the left kidney, non-obstructive.

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 1.57 cm x 0.53 cm at the caudal pole and 0.35 cm at the cranial pole. The right adrenal gland measured 1.88 cm x 0.47 cm at the caudal pole and 1.22 cm at the cranial pole.

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** presented heterogenous parenchyma with mild increased portal markings and coarse architecture. Slight undulating capsular contour was noted. This is consistent with chronic inflammatory hepatopathy. The gallbladder revealed multiple non-obstructive calculi, the largest of which measured 8.0 mm.

Gastrointestinal

Some retention of ingesta was noted in the **stomach**. Soft stool was noted in the colon.

Pancreas



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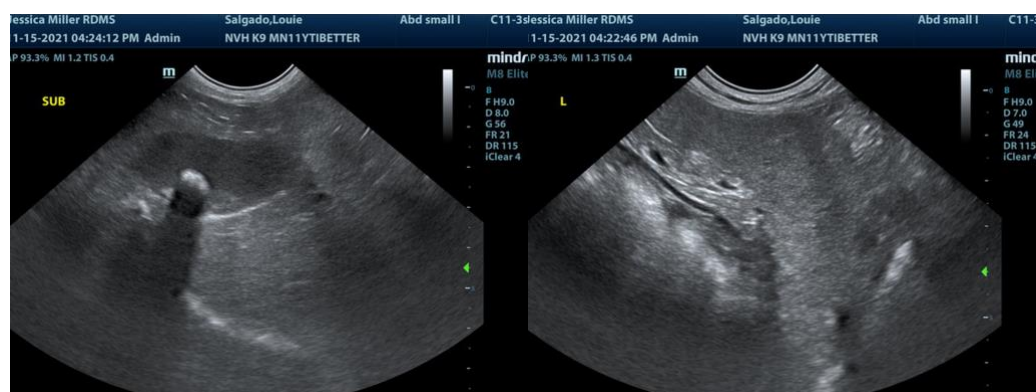
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain 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

- Age-related renal changes with mineralization
- Mild hepatic remodeling with biliary calculi, benign hepatopathy pattern
- Stomach ingesta and soft stool noted in the colon
- Age-related pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of weight loss is unclear in this patient. Prednisone may be suppressing a more significant presentation. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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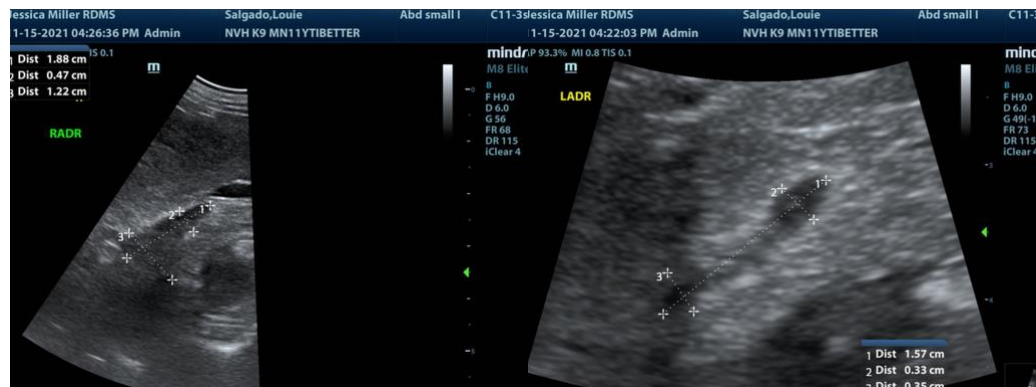
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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