



PATIENT

Sydney Walkwerwicz

SPECIES

Canine

BREED

Jack Russell Mix

SEX

Spayed Female

AGE

10 years

WEIGHT

29.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Prescott

HOSPITAL NAME

Roundout Valley VA

REFERRING VET

Dr. Prescott

INVOICE

93076

DATE

11/15/21

PRESENTING CLINICAL SIGNS

History: Recent history of hyporexia and lethargy. History of pancreatitis.
Abnormal PE/Chem/CBC/UA Results: ALP in 600's - hx high; ALT 441, AST 271

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 was noted. Ureteral papillae were normal.

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. Slight mineralization was noted in the kidneys. The right kidney measured 5.42 cm. The left kidney measured 4.76 cm. Blood flow to the kidneys appeared to be mildly subnormal.

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 1.11 x 0.3 cm at the caudal pole and 0.35 cm at the cranial pole. The right adrenal gland measured 1.17 x 0.64 cm at the cranial pole and 0.39 cm at the caudal 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 was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory,



PATIENT	infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.
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SPECIES	Gastrointestinal
Canine	The stomach was edematous with a mild amount of fluid accumulation. There was no evidence of foreign bodies. There was no obvious ulcerative disease. However, microulcerative changes cannot be entirely ruled out. This is most consistent with gastritis. The intestines were intestine free of stasis with normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No associated abnormal lymphatic activity was noted.
BREED	
Jack Russell Mix	
SEX	Pancreas
Spayed Female	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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WEIGHT	ULTRASONOGRAPHIC FINDINGS
29.9 lbs	Non-specific inflammatory hepatopathy. Mild to moderate degenerative renal changes.
INTERPRETED BY	Minor gastritis pattern. Otherwise, unremarkable abdomen.
Eric Lindquist, DMV DABVP, Cert. IVUSS	
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Prescott	FNA of the liver is indicated. Leptospirosis titers are indicated. There is no overt evidence of pancreatitis. GI protectant protocol is recommended. Ampicillin, Metronidazole and hepatic nutraceuticals and further definition based on FNA results of the liver. There is no evidence of suspicion of neoplasia. Given the vague signs of hyporexia and lethargy pain related disease such as orthopedic/spinal pain could be playing a role in this patient as well.
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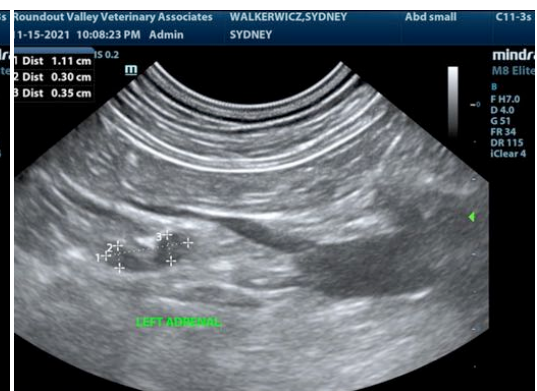
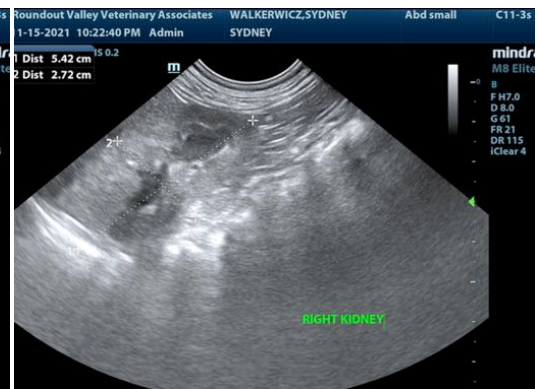
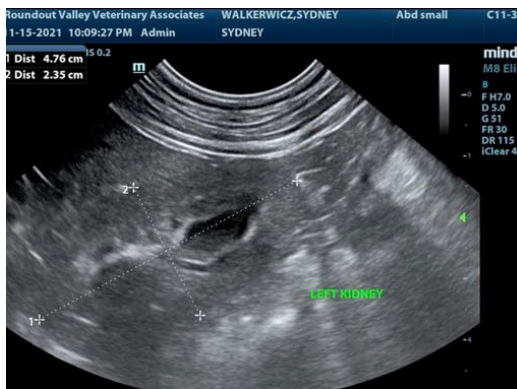
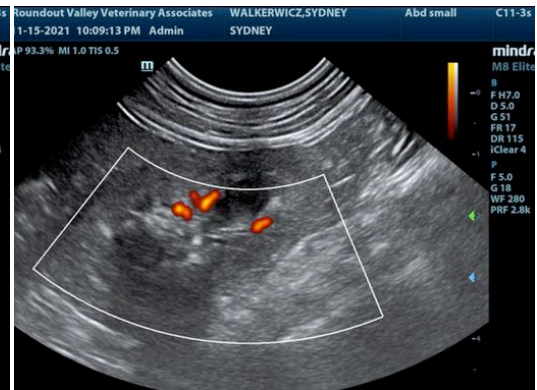
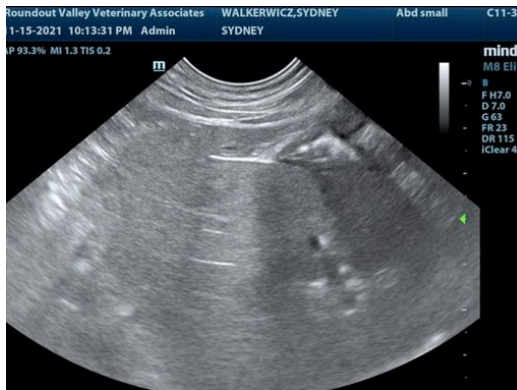
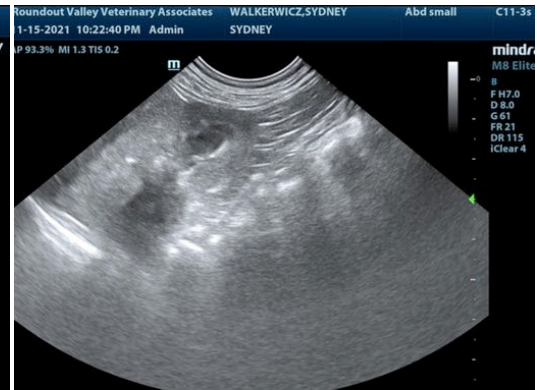
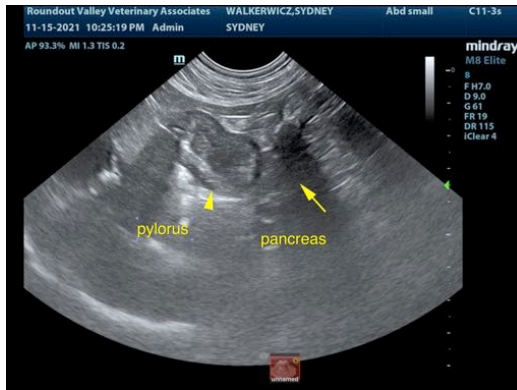
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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