

PATIENT

Hudson Cameron Nordell

SPECIES

Canine

BREED

Canine

SEX

Jack Russell Terrier

AGE

Neutered male

WEIGHT

17 years

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Barnes

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Barnes

INVOICE

42530

DATE

11/15/22

PRESENTING CLINICAL SIGNS

History: Dog has history: 1) DMVD Moderate to severe MR with LA enlargement Stage B2 2) Trace TR 3) Mild AI 4) Trace PI 5) APC'S 6) Dynamic Tracheal collapse 7) Possible mild Chronic Bronchitis or Pulmonary Fibrosis 8) IVDD C6-C7 9) Increased ALKP Recent collapsing events
Abnormal PE/Chem/CBC/UA Results: Had V-Tach on presentation Nov 8, 22, HR >250, femoral pulse 100. Coverted with IV lidocaine and started on Sotalol 20 mg BID, Also on Vetmedin 2.5 g BID, Enalapril 5 mg BID, Diltiazem 30 mg x 1/4 TID (this was stopped when beta blocker started. Has ascites, slight pericardial effusion. CBC: RBC 4.29 (N 5.65-8.87),HCT 27.0 (N 37.3-61.7) HGB 9.7 (N 13.1-20.5) Chem: Glu 10.02 (N 3.89-7.95),Urea 19/0 (N 2.5-9.6) ALT 139 (N 10-125) ALKP 264 (N 23-212), SDMA 14 (N 0-14) Xrays 1. Moderate cardiomegalyr endocardiosis. Evidence of heart failure is not detected at this time. 2. Mild chronic lower airway disease. 3. Hypovolemia. 4. Tracheal and mainstem broncho-collapse. 5. Mild hepatomegaly. Diarrhea since started on Sotalol 1 giardia orgs found

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. A minor amount of suspended debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Occasional cortical cysts were noted in the kidneys. Blood flow to the kidneys was noted and mildly subnormal. The left kidney measured 4.5 cm. The right kidney measured 4.0 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 2.0 x 0.7 cm at the cranial pole and 0.7 cm at the caudal pole. The right adrenal gland measured 2.01 x 0.85 cm at the cranial pole and 0.91 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.



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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. The left lateral liver revealed a hyperechoic nodule that measured 1.2 cm. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. The hepatic veins and vena cava were dilated. This is consistent with passive congestion. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

Gastrointestinal

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.

Pancreas

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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

A moderate amount of ascites was noted.

ULTRASONOGRAPHIC FINDINGS

Passive congestion liver pattern with secondary ascites.

Moderate degenerative renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend focusing on right-sided cardiac pathology. An abdominocentesis and cytospin can be considered to assess for exfoliating neoplasia, yet no significant primary disease is noted in the abdomen.



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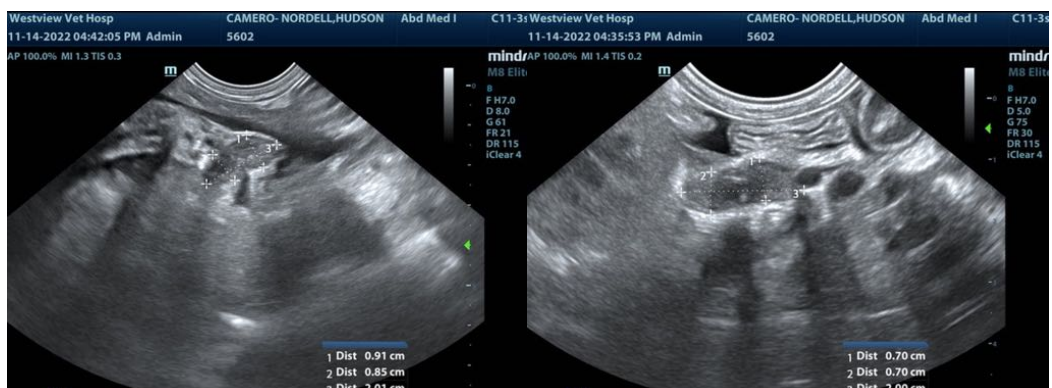
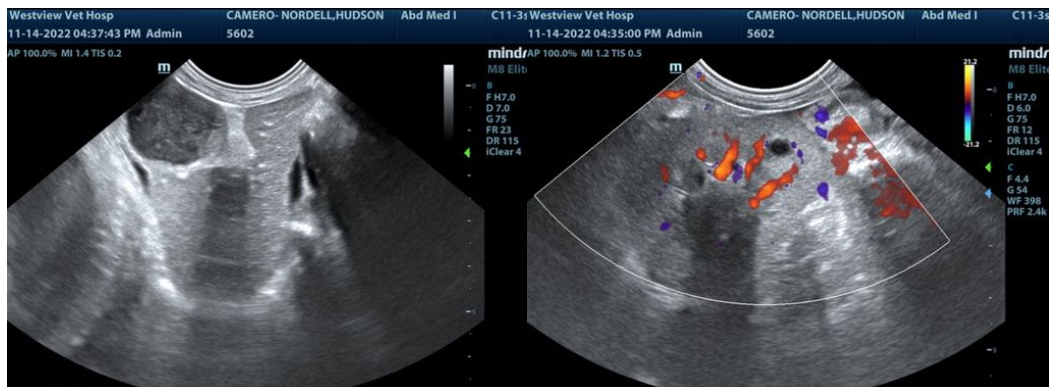
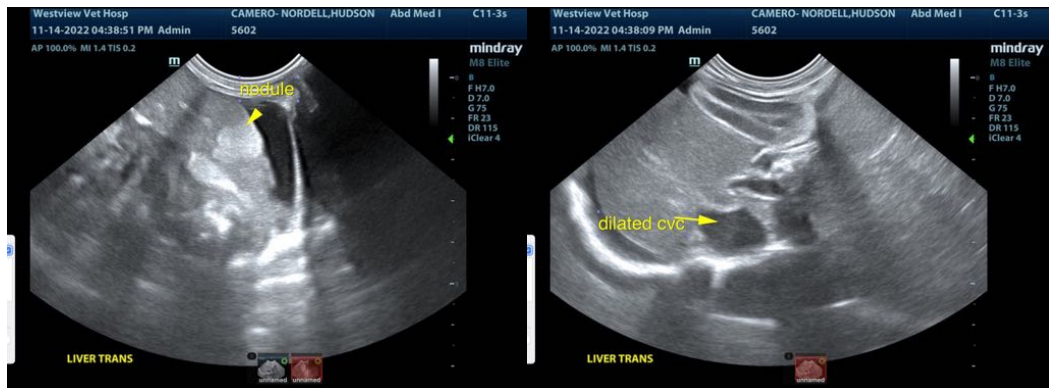
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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