



PATIENT

Lucy Swartz

SPECIES

Canine

BREED

West Highland White
Terror

SEX

Spayed Female

AGE

14 Years

WEIGHT

20 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Tiffany Brady

HOSPITAL NAME

Shiloh Vet Hospital

REFERRING VET

Dr. Deborah Bangs

INVOICE

42845

DATE

11/18/22

PRESENTING CLINICAL SIGNS

Recently hospitalized for treatment of presumed pancreatitis. Condition improving but owner request ultrasound to r/o other diseases.

Abnormal PE/Chem/CBC/UA Results: Chest/abdominal radiographs unremarkable aside from moderate liver enlargement CBC/Chem WNL aside from ALT 133 (mild elevation) and abnormal PLI snap

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 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. Slight mineralization noted in both kidneys. The kidneys measured 4.0 cm.

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 0.60 cm.

The **right adrenal gland** was visualized obliquely, measuring approximately 6.0 mm at the cranial pole and 4.0 mm 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 were noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

Gastrointestinal

A minor amount of chyme was present in the **gastric** lumen. The small intestine and colon were unremarkable.



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Pancreas

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The **pancreas** presented minor heterogeneous parenchymal changes, consistent with remodeling. No evidence of active inflammation.

SPECIES

Free Abdomen

Canine

Large amount of falciform fat noted, lipomatous type presentation.

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ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy
- Gastric chyme
- Minor pancreatic remodeling
- Large amount of falciform fat
- Minor age related renal changes with slight mineralization

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

14 Years

No evidence of significant disease. Diet change to hydrolyzed diet, 7-10 days Metronidazole, and probiotics may all be valid interventions.

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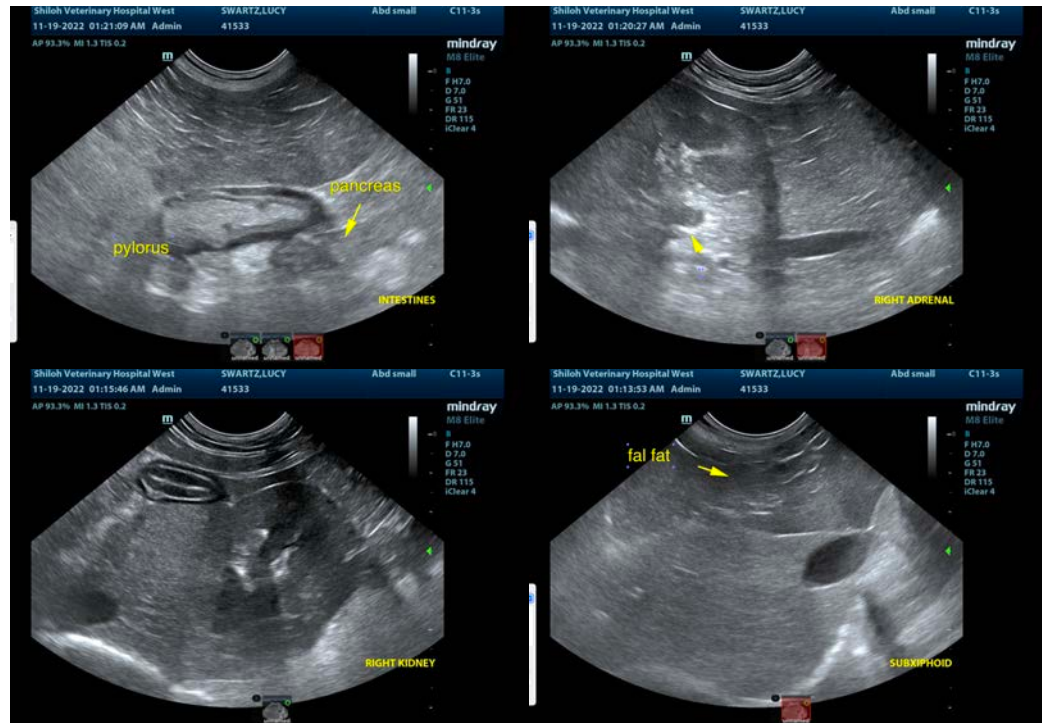
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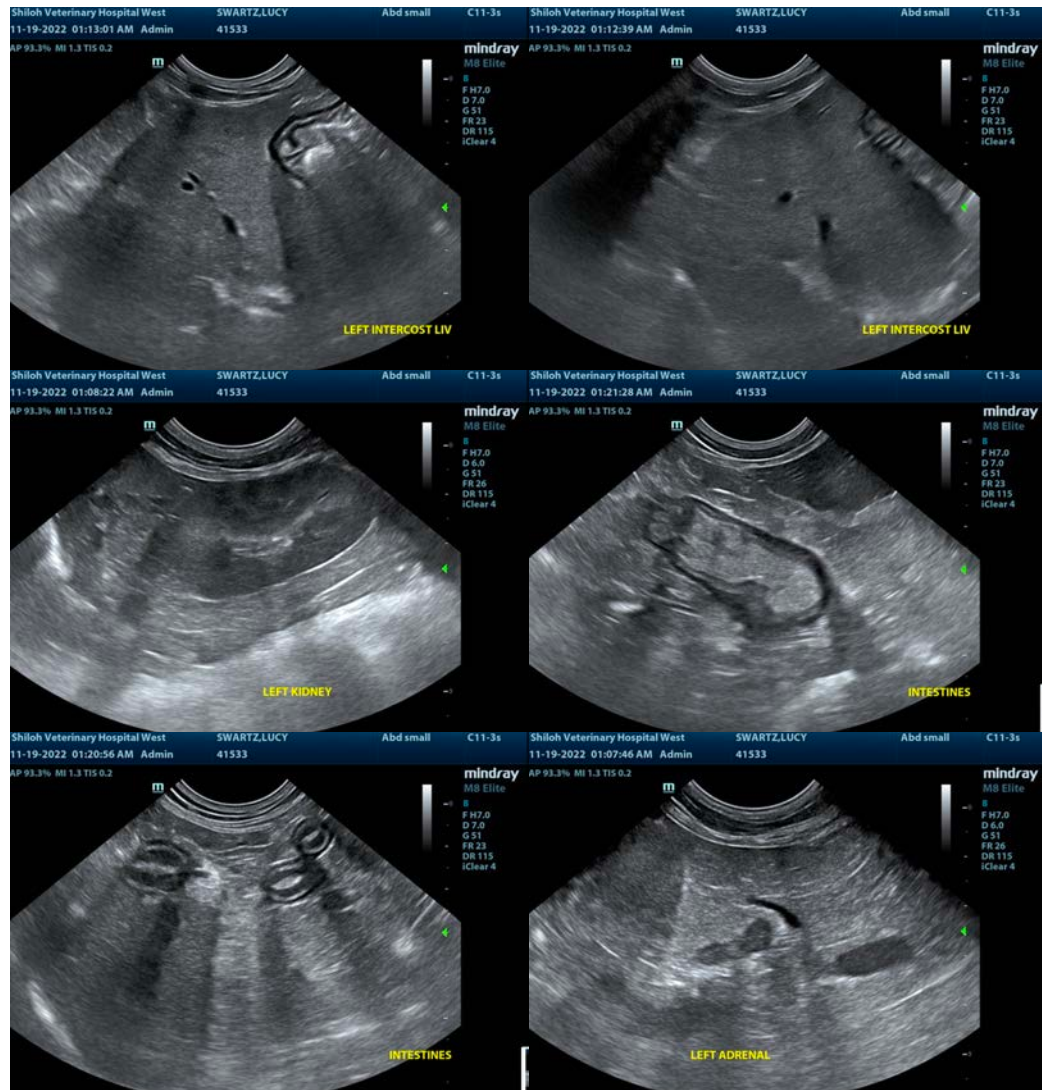
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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