



**PATIENT**

**PRESENTING CLINICAL SIGNS**

Brian Danish

History: Hx of DM, suspect pancreatitis secondary to dietary indiscretion.  
Abnormal PE/Chem/CBC/UA Results: Elevated neuts, monos, chol, glu. Decreased CL.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

Shih Tzu Mix

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. 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.

**SEX**

Neutered male

The prostate measured 0.6 cm.

**AGE**

15 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization was noted in the kidneys. The right kidney measured 5.5 cm. The left kidney measured 4.74 cm.

**WEIGHT**

21.4 lbs

**Adrenal Glands**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The right adrenal gland revealed a nodular enlargement that measured 2.88 x 1.29 cm at the cranial pole and 0.63 cm at the caudal pole. Capsular expansion without capsular escape or vascular invasion was noted. Focal areas of mineralization were also noted in the right adrenal gland. The vena cava appears free of evident pathology. The left adrenal gland was normal in size and contour measuring 1.71 x 0.42 cm at the cranial pole and 0.49 cm at the caudal pole.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**Spleen**

**HOSPITAL NAME**

Rockaway AH

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.

**REFERRING VET**

Dr. Kahn

**Liver**

**INVOICE**

94522

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.

**DATE**

12/13/21



**PATIENT** *Gastrointestinal*

Brian Danish Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Retention of ingesta was noted in the stomach. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The descending colon in this patient was thickened with a stricturing lumen at the level of the cystourethral junction in the descending colon.

**SPECIES**

Canine

**BREED** *Pancreas*

Shih Tzu Mix Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. The caudal aspect of the right limb of the pancreas was hypoechoic and irregular. Enhanced, surrounding mesentery was noted. This is strongly suggestive for pancreatitis. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially given the positive Murphy's sign.

**SEX**

Neutered male

**AGE**

15 years

**ULTRASONOGRAPHIC FINDINGS**

Chronic active pancreatitis, low-grade presentation.

Colitis pattern.

**WEIGHT**

21.4 lbs

Enlarged, irregular right adrenal gland. Carcinoma versus pheochromocytoma or adenoma.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a mild potential for emerging colonic neoplasia. This should be monitored carefully. If clinical signs are present then colonoscopy would be ideal. The right adrenal gland appears resectable. Serial blood pressure measurements are warranted as the patient appears Cushingoid. Work-up for adrenal dependent Cushing's is indicated. Treatment for pancreatitis and colitis is warranted in the meantime. Enrofloxacin and Metronidazole are recommended over a 10-14 day period, hydrolyzed diet, I/D or similar can be considered. Anti-parasitic protocol is indicated.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

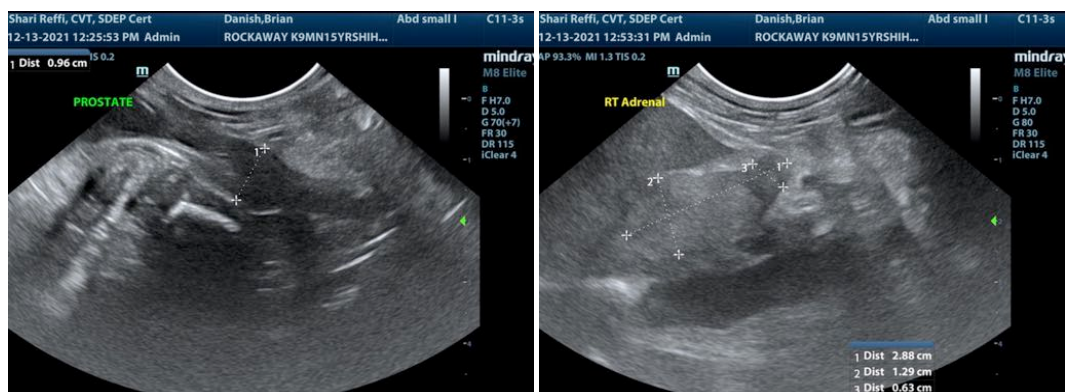
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**PATIENT**

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**SPECIES**

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**BREED**

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**SEX**

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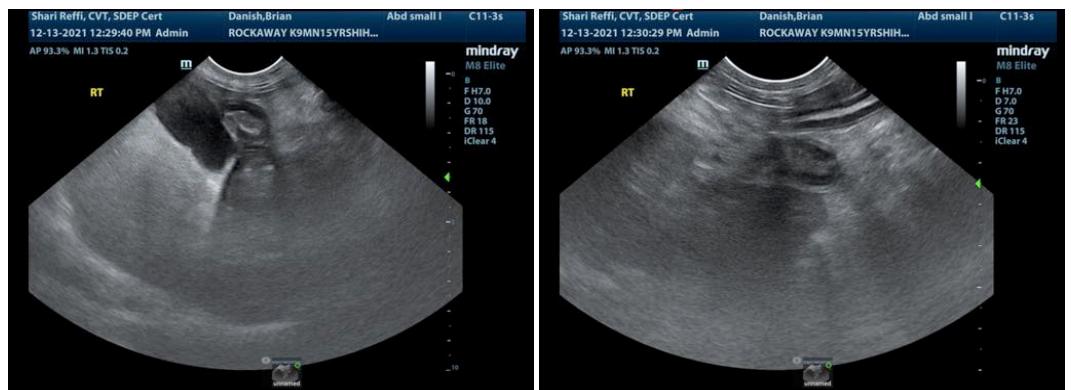
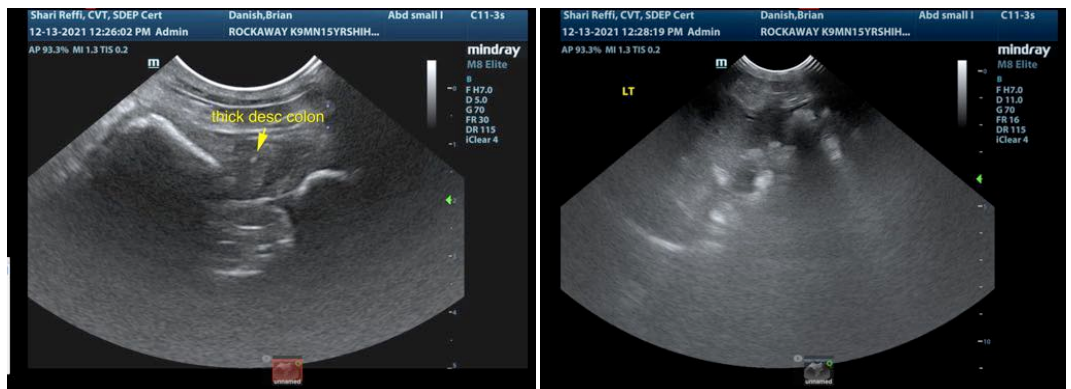
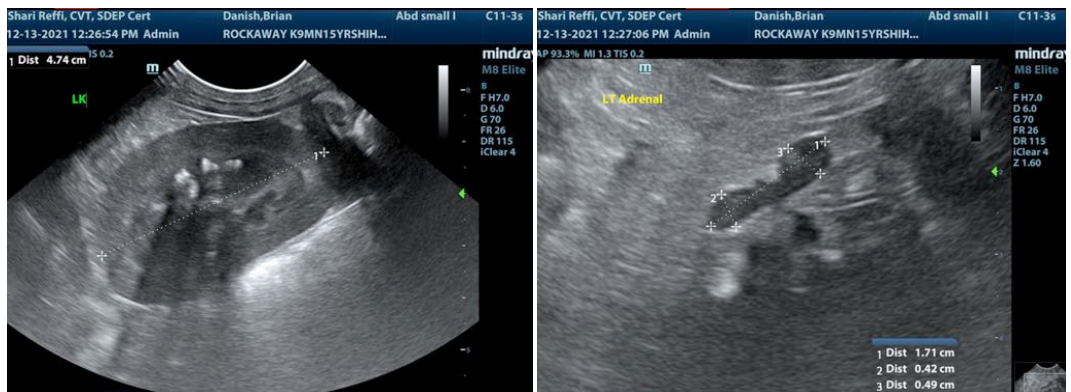
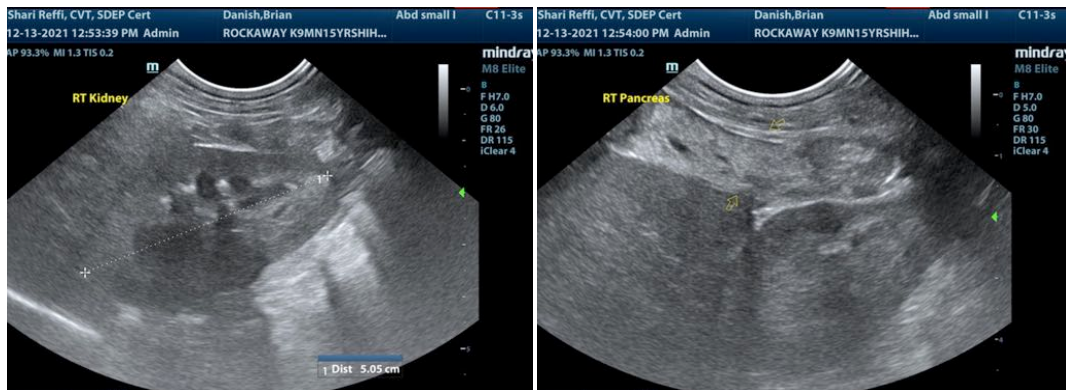
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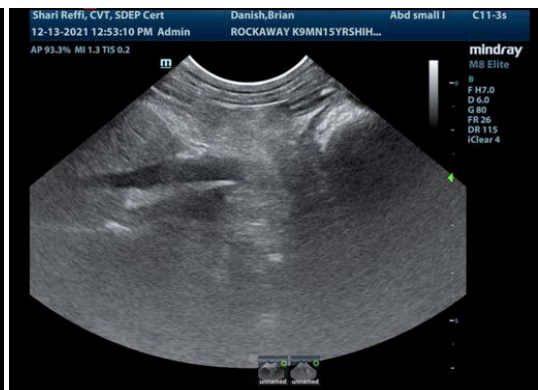
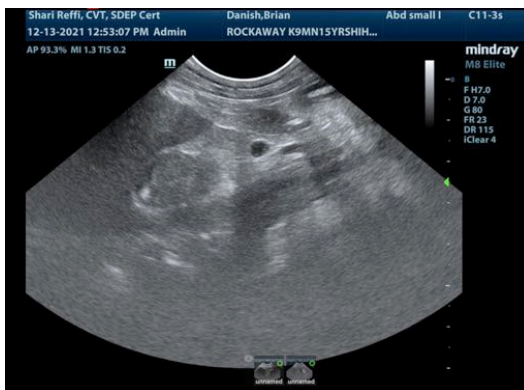
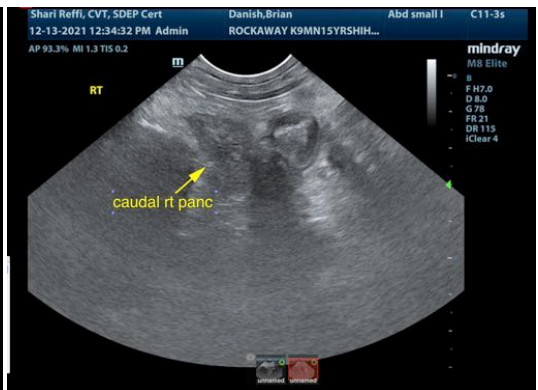
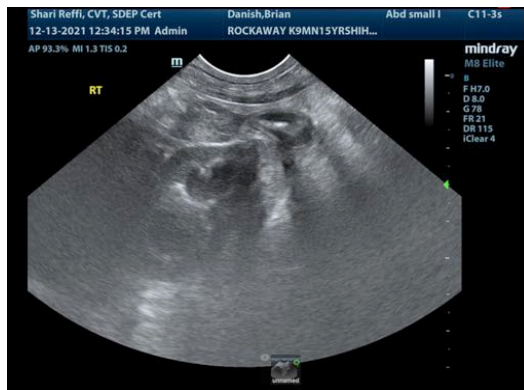
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**AGE**

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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