



PATIENT

Bently Washburn

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

9 years

WEIGHT

54 lbs

PRESENTING CLINICAL SIGNS

History: Patient is anorexic, vomiting and losing weight that started November 1st Medical management with metronidazole, pro-pectalin, cerenia, pepsid, omeprazole and gabapentin have not helped this patient

Abnormal PE/Chem/CBC/UA Results: WBC: 4.79%, lymphopenia 0.35 K/uL ALKP < 10 U/L CPL normal SDMA/T4 normal Rads: small intestines appeared thickened U/A: USG 1.006, neg bacteria, neg protein

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 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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

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INVOICE

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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 and right adrenal gland measured 0.6 cm.

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** revealed increased portal markings and coarse architecture with mildly, irregular contour. The gallbladder and common bile duct were unremarkable.



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Gastrointestinal

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The upper duodenum was particularly thickened in this patient with hypertrophied muscularis and thickened submucosal layering. The wall thickness measured up to 1.0 cm. The mesentery was reactive around the upper duodenum and pyloric outflow. The gastric wall was mildly thickened. Reactive mesentery was noted around the duodenum.

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Pancreas

Minor heterogenous pancreatic changes were noted.

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ULTRASONOGRAPHIC FINDINGS

Mild to moderate upper GI thickening involving the pylorus and upper duodenum.

Heterogenous pancreatic changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy or upper duodenal and gastric biopsies would be ideal. Chronic duodenitis with reactive mesentery versus emerging round cell neoplasia/lymphoma. Given that medical management has not been effective in this patient I strongly recommend surgical or endoscopy guided biopsies. Surgical would be performed as the pathology appears to be intramural. Portions of the duodenum meet neoplastic criteria such as that of lymphoma. However, it is not completely definitive as a neoplastic presentation.

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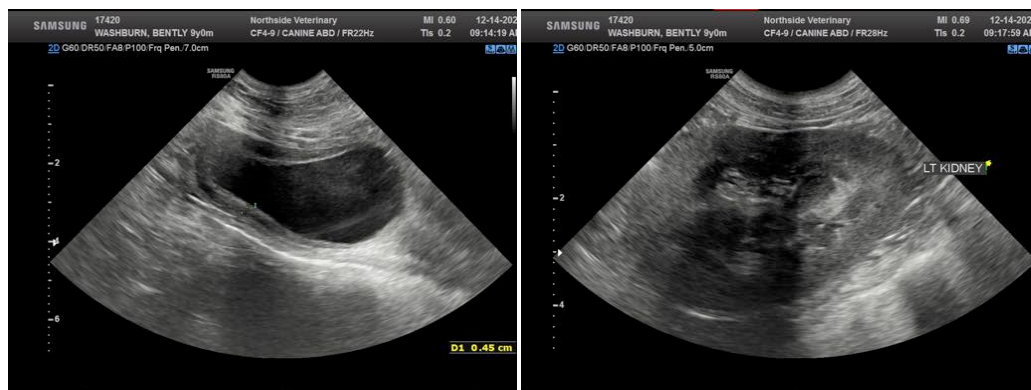
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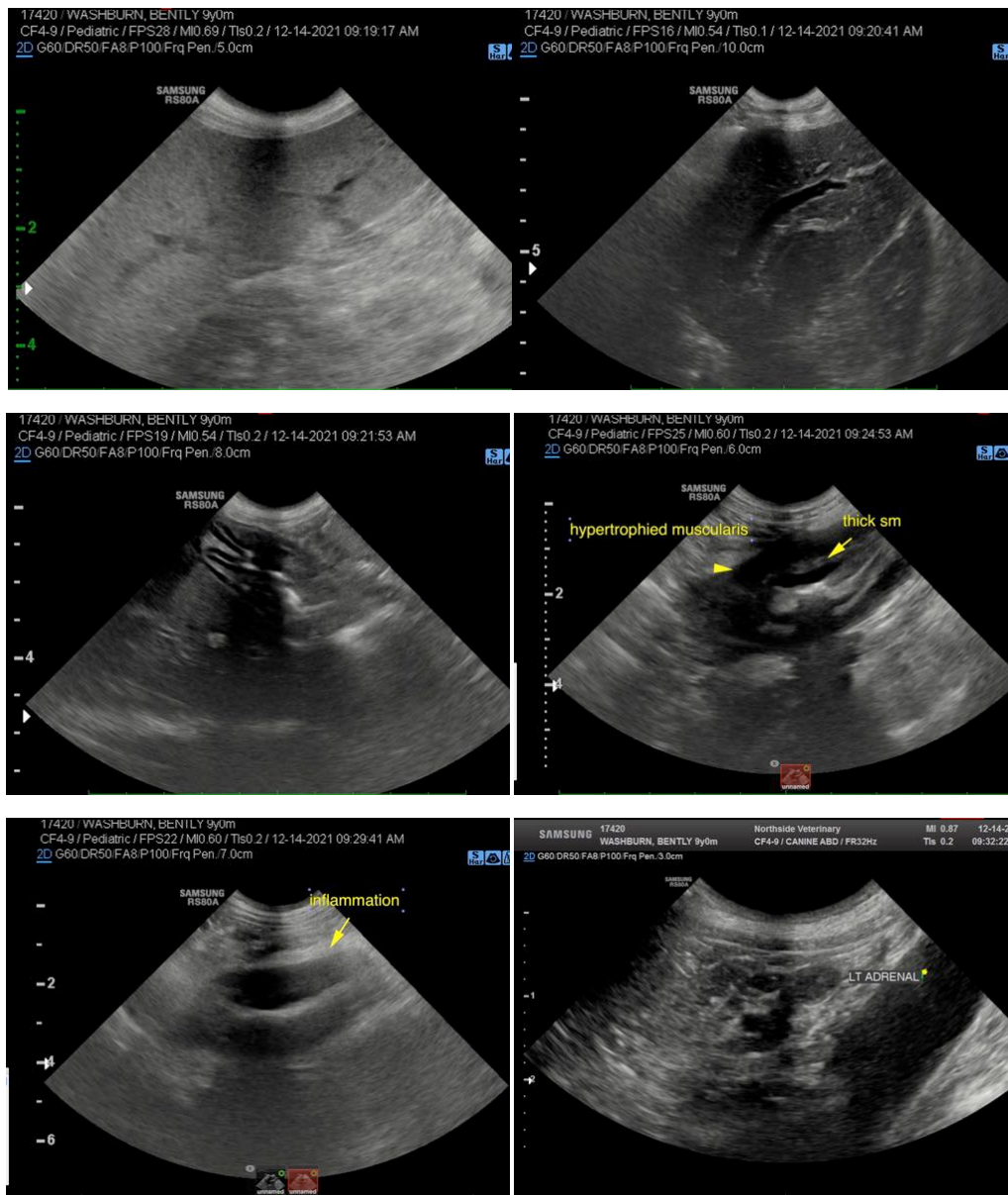
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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