



PATIENT

Bandit Shepherd

SPECIES

Canine

BREED

Border Terrier Cross

SEX

Neutered male

AGE

6 years

WEIGHT

58 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Animal Hospital of
Roxbury

REFERRING VET

Dr. Hickenbottom

INVOICE

94638

DATE

12/15/21

PRESENTING CLINICAL SIGNS

History: Fast weight gain over summer (10+ lbs), lethargy, panting, pendulous / pot bellied abd.
Abnormal PE/Chem/CBC/UA Results: WBC 17.2, Neutrophils 79, Abs Neutrophils 13588, Abs Monocytes 1204, Alk Phos 429, Triglyc 324

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 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.

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. The left kidney measured 6.65 cm. The right kidney measured 6.93 cm.

Adrenal Glands

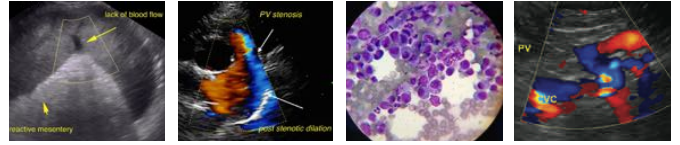
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.6 x 0.56 cm. The left adrenal gland measured 2.57 x 0.44 cm at the caudal pole and 0.46 cm at the cranial 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

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other



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disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

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Gastrointestinal

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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.

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Border Terrier Cross

Pancreas

SEX

The right limb of the **pancreas** was mildly heterogenous and hypoechoic. The patient likely has a history of pancreatitis. Low-grade active inflammation is possible. .

Neutered male

AGE

Free Abdomen

6 years

A large amount of abdominal fat was noted in this patient.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

Minor heterogenous pancreas.

INTERPRETED BY

Benign hepatopathy.

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DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. There is no evidence of pathology. Thyroid assessment is warranted given the patient's history. Structurally unremarkable adrenal glands. However, emerging PDH is a potential. Work-up for PDH/Cushing's is warranted if the urine specific gravity is less than 1.020.

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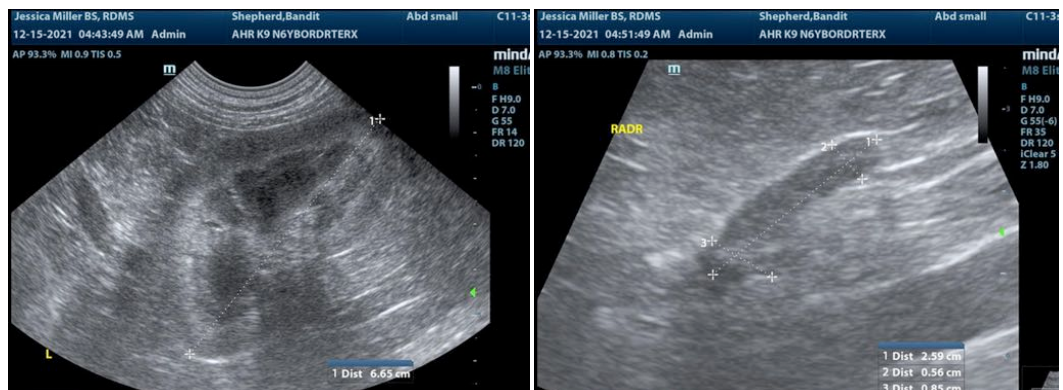
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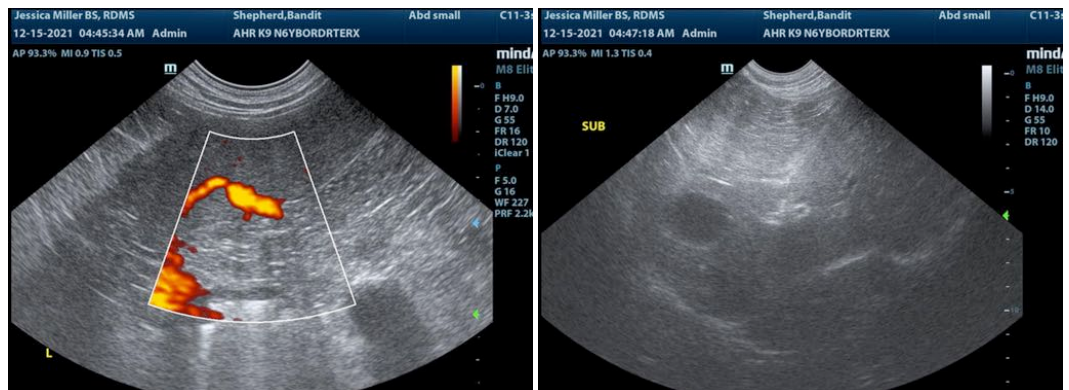
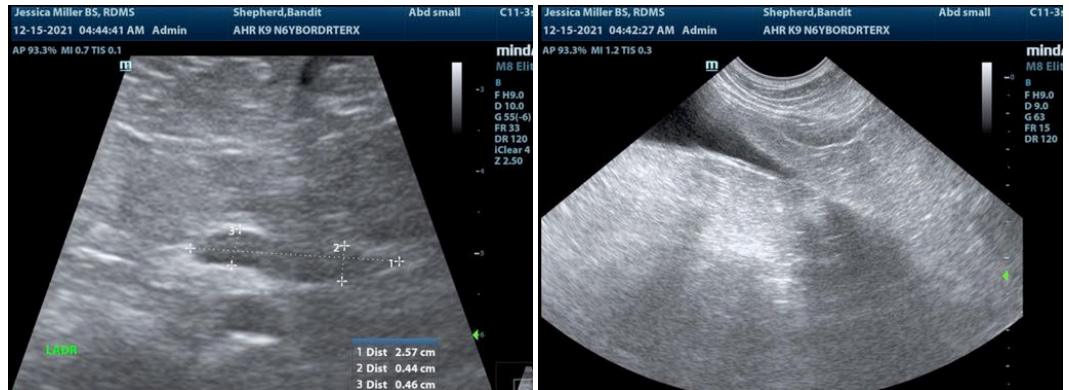
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com