



PATIENT

Cooper Butler

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

17

WEIGHT

1.5

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Carver

HOSPITAL NAME

Animal Emergency
Hospital, Volusia

REFERRING VET

Carver

INVOICE

20194

DATE

12/19/22

PRESENTING CLINICAL SIGNS

History: P presented as a transfer from the rDVM for continued care for pancreatitis. p has been slowly improving over the last few days at home.

Abnormal PE/Chem/CBC/UA Results: Mild to moderate azotemia Abnormal CPL

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 moderate degenerative changes with occasional cortical cysts. Corticomedullary mineralization was noted in both kidneys. The left kidney measured 3.0 cm. The right kidney measured 3.0 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 0.5 cm.

The **right adrenal gland** was not visualized.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder was not visualized, it may be collapsed or prior removal. This change is mild and is consistent with chronic inflammatory hepatopathy. Lobar biliary mineralization/calculi were noted, nonobstructive at the time of the sonogram.

Gastrointestinal

The **gastrointestinal tract** was structurally unremarkable; however, areas of spastic bowel were present. No evidence of foreign body or neoplastic criteria.

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 subxyphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected. Occasional parenchymal cysts were noted.



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ULTRASONOGRAPHIC FINDINGS

- Moderate nonspecific degenerative renal changes with mineralization
- Chronic pancreatic changes
- Minor irritable bowel/spastic intestine, consistent with enteritis, If azotemia is over 40, this may be azotemia induced
- Nonvisible gallbladder may be collapsed or embedded with calculi. Regardless, no evidence of active disease noted in the gallbladder fossa.
- Moderate degenerative hepatic changes with biliary calculi
- Volume contracted spleen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile is warranted. I recommend continuation of the current protocol. The pancreatic enzymes may be falsely elevated owing to poor renal function, as the pancreas appears to be stable. IV fluid support to correct azotemia and long term ursodiol therapy may be warranted to attempt to dissolve the biliary calculi, yet this is highly variable patient to patient. Prognosis long term is guarded, depending upon response to therapy.

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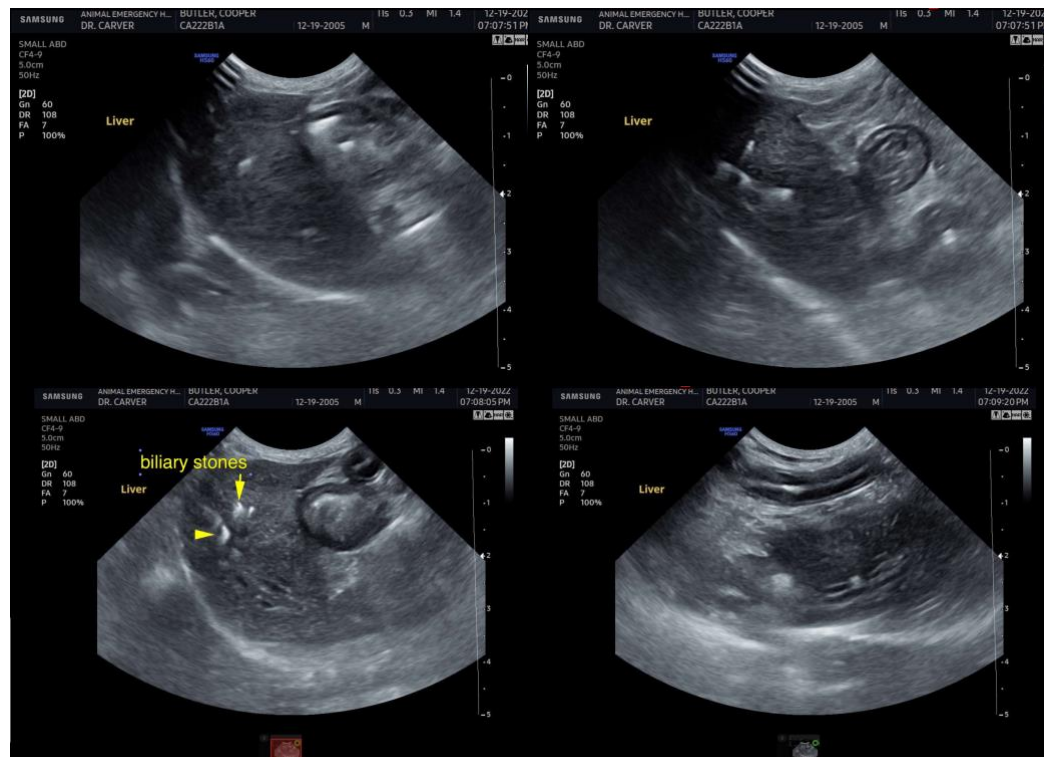
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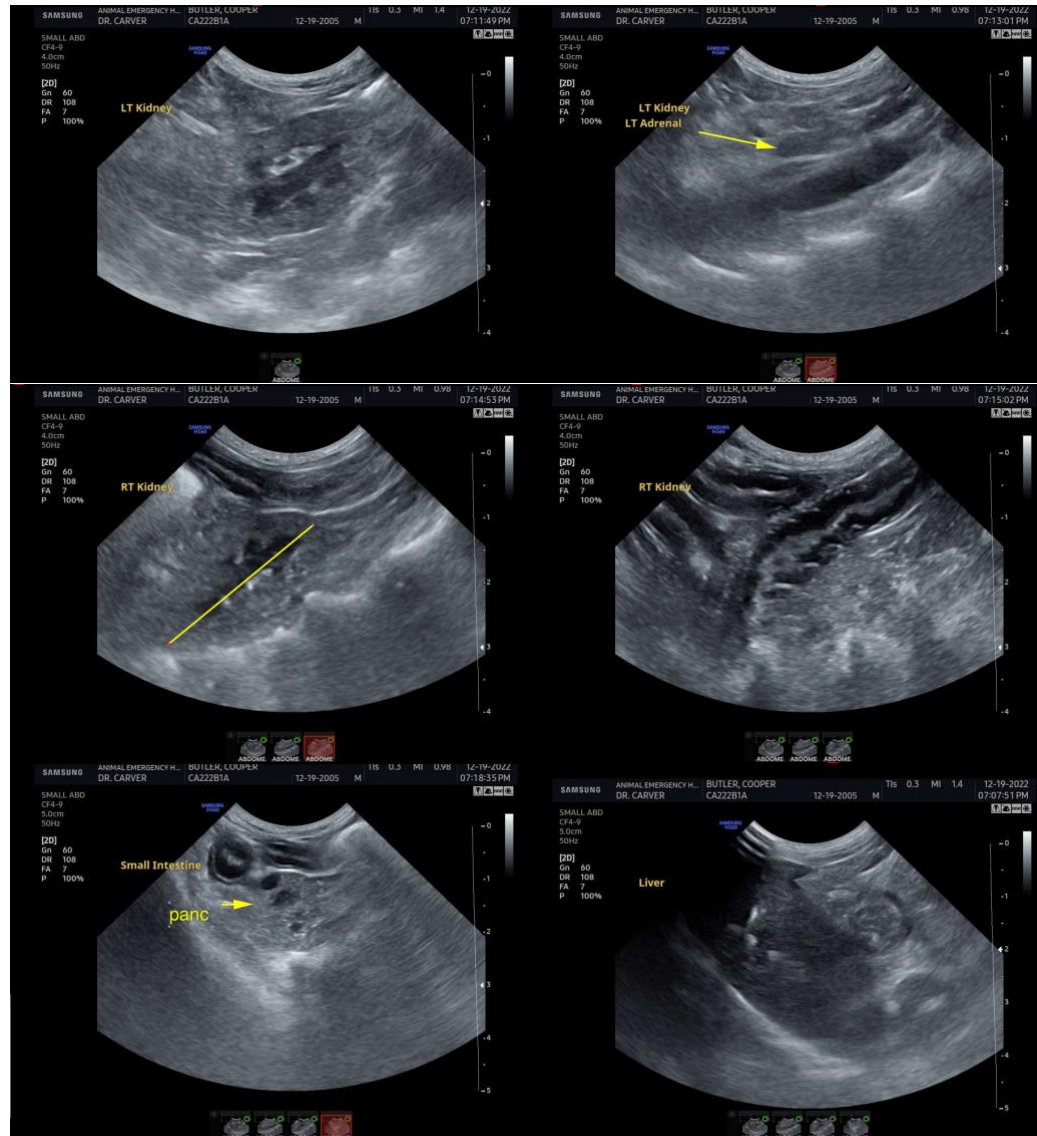
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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