



**PATIENT PRESENTING CLINICAL SIGNS**

Sadie Butera Possible pancreatitis with vomiting last week.  
Abnormal PE/Chem/CBC/UA Results: elevated PLI last week, rads WNL

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Rhodesian Ridgeback Mix

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present.

**SEX**

Spayed Female

The region of the trigone and visible pelvic urethra were normal.

**AGE**

10 years

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 7.22 cm. The right kidney measured 6.79 cm.

**WEIGHT**

78 lbs

**Adrenal Glands**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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 adrenal gland measured 2.82 x 0.6 cm at the caudal pole and 0.43 cm at the cranial pole. The right adrenal gland measured 3.06 x 0.51 cm at the caudal pole and 0.84 cm at the cranial pole.

**IMAGING PERFORMED BY**

Jessica Miller, RDMS

**Spleen**

**HOSPITAL NAME**

Willowbrook AC

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. Palescandolo

**Liver**

**INVOICE**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**DATE**

12/15/21



**PATIENT**

**Gastrointestinal**

Sadie Butera

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The small intestine revealed minor muscularis thickening with increased submucosal echogenicity. There was no loss of curvilinear detail and no evidence of foreign bodies.

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Mix

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**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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**AGE**

10 years

**ULTRASONOGRAPHIC FINDINGS**

Minor intestinal thickening inflammatory bowel type presentation.

**WEIGHT**

78 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend changing the patient to a hydrolyzed diet may prove effective for long term management. There was no evidence of active inflammation even though some minor remodeling was noted.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Miller, RDMS

**HOSPITAL NAME**

Willowbrook AC

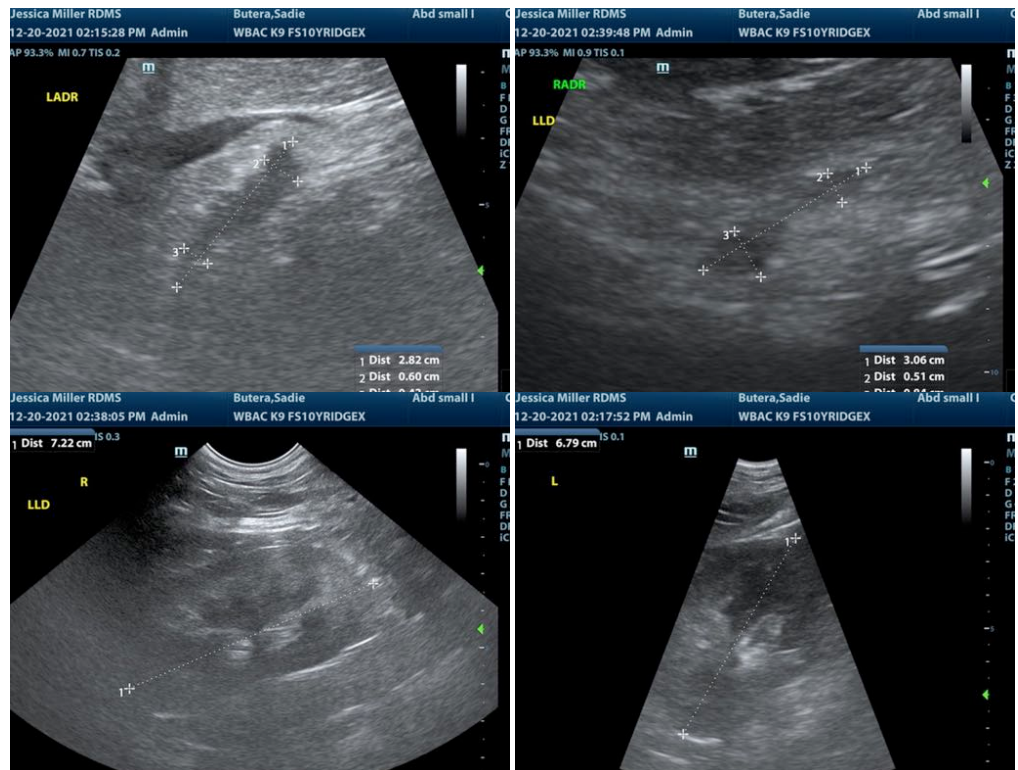
**REFERRING VET**

Dr. Palescandolo

**INVOICE**

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**PATIENT**

Sadie Butera

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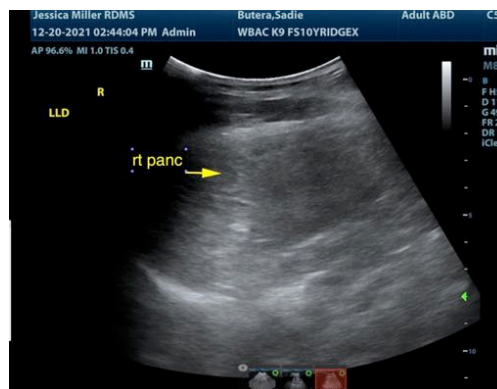
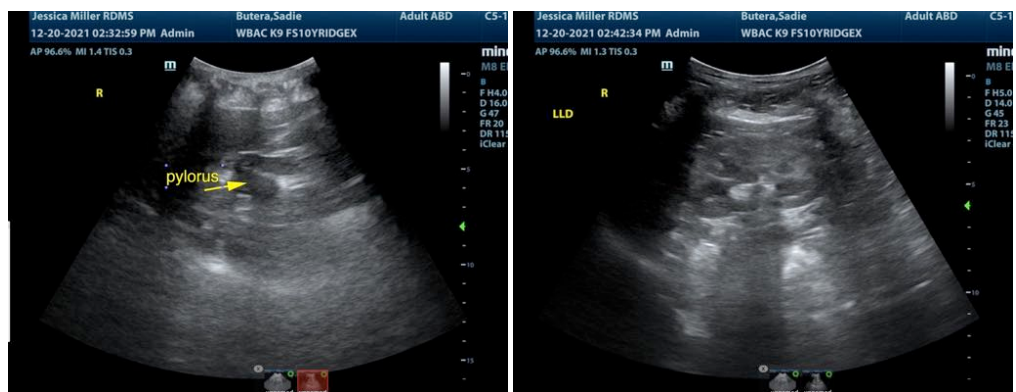
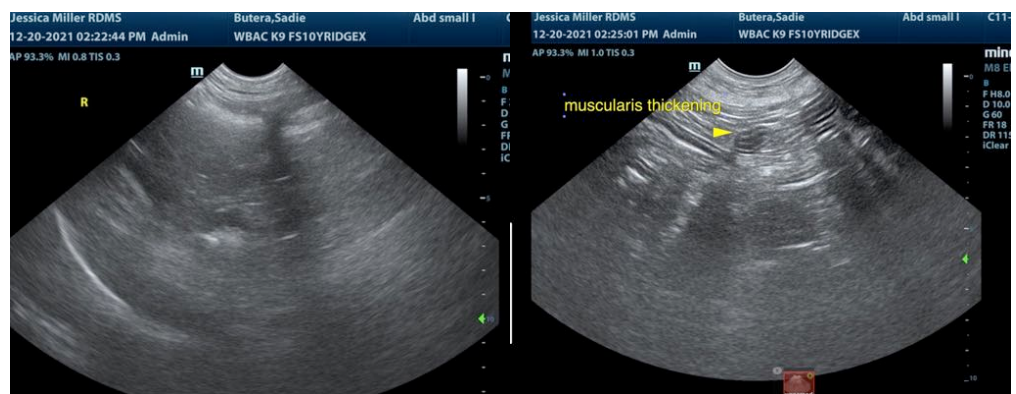
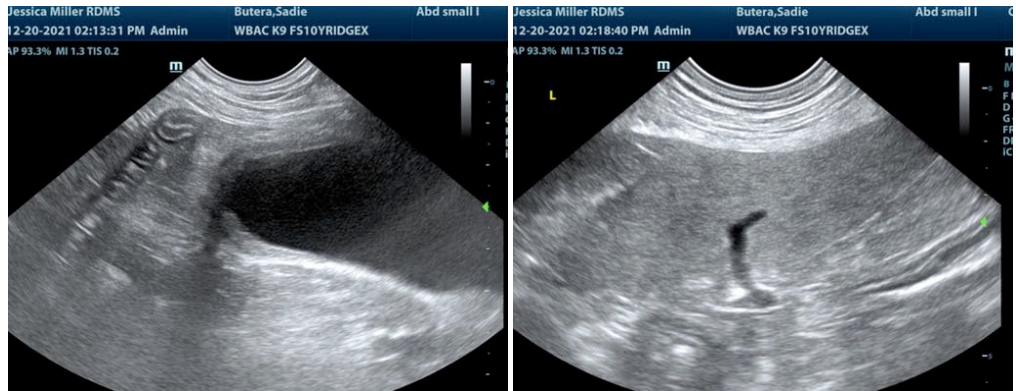
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**PATIENT**

Sadie Butera

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.

**SPECIES**

Canine

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.

**BREED**

Rhodesian Ridgeback  
Mix

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

**SEX**

Spayed Female

**AGE**

10 years

**WEIGHT**

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