



PATIENT

Oscar Peacock

SPECIES

Canine

BREED

Beagle X

SEX

Male

AGE

13 Years

WEIGHT

35.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gordon Brackee

HOSPITAL NAME

Bradentown VH

REFERRING VET

Dr. Gordon Brackee

INVOICE

43710

DATE

12/22/22

PRESENTING CLINICAL SIGNS

vomiting on and off for weeks. Intermittent eater and must be encouraged to drink water. Occasionally eats grass.

Abnormal PE/Chem/CBC/UA Results: blood screen from 12-6-2022 WNL. T4 and UA WNL.

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 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 5.0 cm. The right kidney revealed a cortical infarct at the caudal pole. The right kidney measured 5.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** revealed hypoechoic nodules, measuring up to 1.0 cm. Some areas of cavitation and disrupted architecture noted. FNA of the spleen warranted. However, direct splenectomy may be in this patient's best interest. These may be benign lesions. However, they are somewhat precarious regarding disruption of architecture.

Liver

The visible **liver** was unremarkable, yet not completely visualized.

Gastrointestinal

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.

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.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable GI tract
- Hypoechoic splenic nodules
- Pancreatic remodeling



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs, splenectomy, and GI biopsies as well as liver inspection and biopsy could be justified in this patient. The focal splenic lesions may be a manifestation of more systemic disease, yet no other similar lesions noted in the viscera. Given the age, other causes of intermittent hyporexia or anorexia such as CNS, thoracic disease, or orthopedic pain all possible.



