

**PATIENT**

Bridger Brooks

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Neutered male

**AGE**

9 years

**WEIGHT**

15.8 lbs

**PRESENTING CLINICAL SIGNS**

History: Inappetent 2 days prior to coming in, No GI Upset. Tachycardic. Only vomited in car once. Very lethargic and sleeping more. Owner noticed shallow breaths at home.

Abnormal PE/Chem/CBC/UA Results: In house PLI- Abnormal 2 days ago Tachyarrhythmia 2 days ago. BP - Normal ECG - Normal

**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. Nebulous corticomedullary definition was noted along with an occasional cortical cyst. The left kidney measured 4.9 cm. The right kidney measured 4.9 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Whitcraft

**HOSPITAL NAME**

Craig Road AH

**REFERRING VET**

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**INVOICE**

94349

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12/7/21

**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 adrenal gland measured 0.5 cm. The right adrenal gland measured 0.5 cm.

**Spleen**

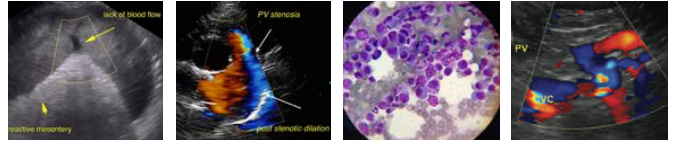
The **spleen** revealed multi-focal, disruptive, hypoechoic nodular changes. The largest of which measured up to 1.0 cm. Swollen, irregular contour was noted with enhanced surrounding mesentery. Generalized enlargement was noted and measured up to 2.5 cm in width. The spleen was also folded upon itself.

**Liver**

The **liver** revealed subtle, coarse architecture. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Areas of mucosal fogging and striations were



<b>PATIENT</b>	noted without curvilinear pattern loss. The mesenteric lymph node was enlarged, rounded and hypoechoic measuring 1.0 x 1.0 cm with enhanced surrounding mesentery.
Bridger Brooks	
<b>SPECIES</b>	<b><i>Pancreas</i></b>
Canine	Minor, heterogenous <b>pancreatic</b> changes were noted, yet this is adjacent to the mesenteric lymph node. Extension of inflammation from lymphadenopathy may be playing a role in the PLI elevations.
<b>BREED</b>	
Terrier Mix	<b>ULTRASONOGRAPHIC FINDINGS</b>
	Mesenteric lymphadenopathy.
<b>SEX</b>	Enlarged, irregular nodular spleen.
Neutered male	Heterogenous pancreatic changes.
<b>AGE</b>	
9 years	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
<b>WEIGHT</b>	There is a strong concern for infiltrative disease. FNA of the spleen, liver and lymph node is recommended in this patient. Differentials include splenitis, lymphadenitis versus round cell neoplasia. Guarded prognosis.
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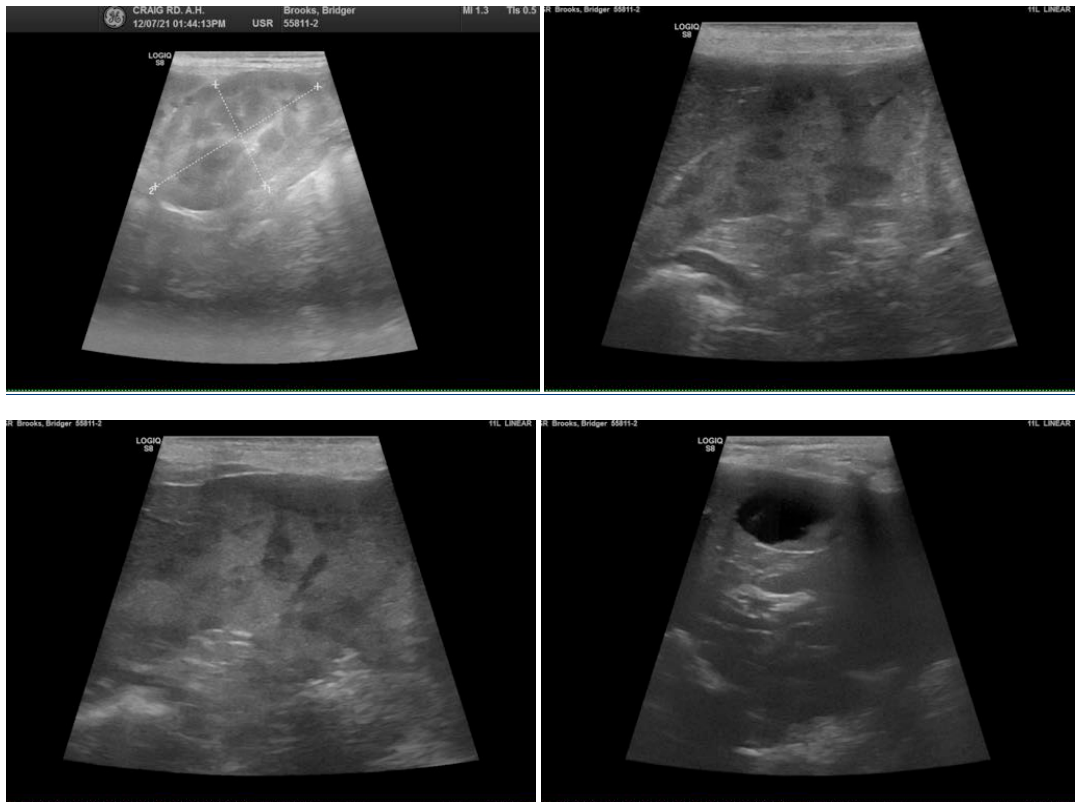
Dr. Whitcraft

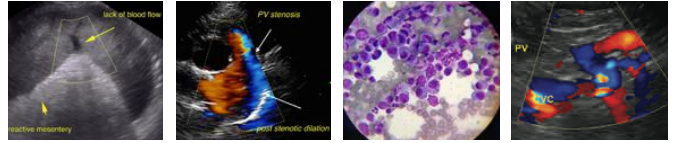
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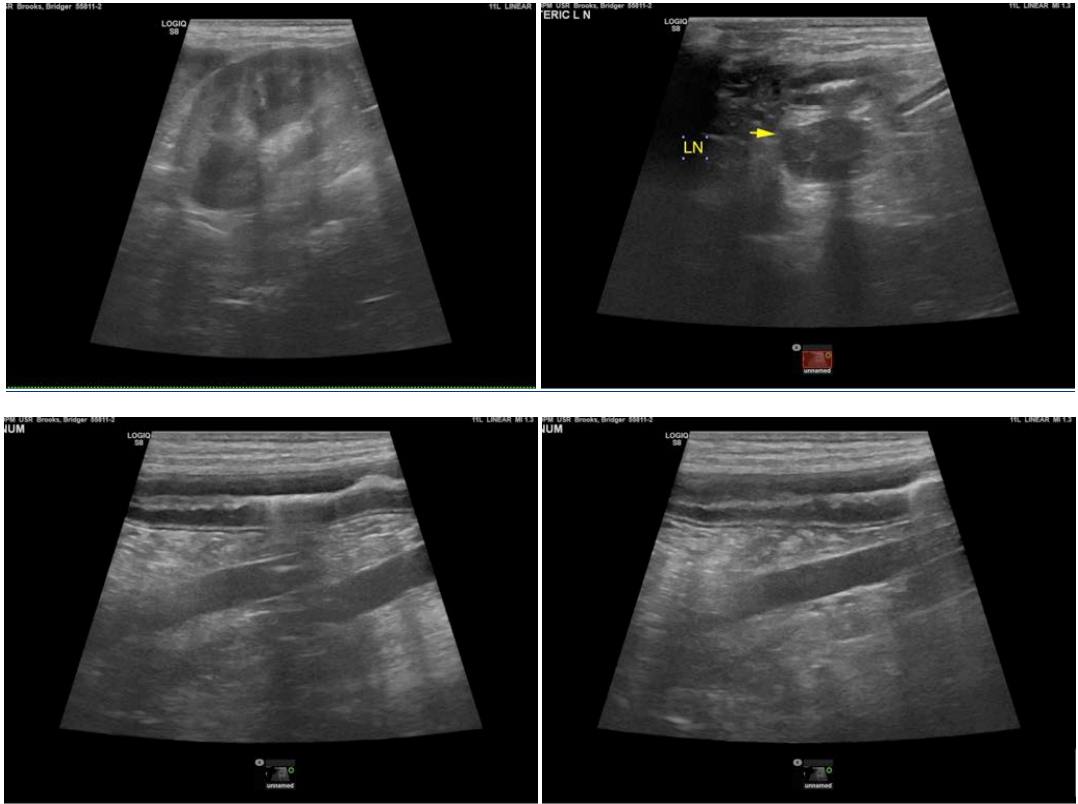
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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