



PATIENT

PRESENTING CLINICAL SIGNS

Biscuit Matheson

History: Three days not eating, dull, depressed, falling down with hind quarters. Weak, urinated where lying, no vomiting. Has been on Urso for GB sludge. Previous concern for Urinary bladder polyps. Last AUS 8/12/2020

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Slight anemia HCT 26.6% (N 37.3-61.7), WBC 22.82 (N 2.95-11.64), bands left shift. Urea 12.6 (N 2.5-9.6) Creat normal, SDMA 49 (N 0-14), ALKP 1859 (N 23-212), GGT 39 (N 0-11), ALT High, TT4 low, Snap cpl Normal

BREED

Maltese

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered male

The **urinary bladder** revealed apical polypoid proliferative tissue occupying the cranial half of the bladder. This created a 2.0 x 1.5 cm region. There is a polyp adjacent to the right ureteral papilla. The cystourethral junction and proximal urethra was unremarkable.

AGE

3.75 kg

The **kidney** changes presented moderate degenerative hyperechoic cortical changes with irregular contour. There was some loss of corticomedullary definition was noted. The left kidney in this patient measured 3.8 cm.

WEIGHT

3.75 kg

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 right adrenal gland measured 1.36 x 0.38 cm at the caudal pole and 0.42 cm at the cranial pole. The left adrenal gland measured 1.38 x 0.49 cm at the cranial pole and 0.43 cm at the caudal pole.

IMAGING PERFORMED BY

Dr. Barnes

Spleen

HOSPITAL NAME

Westview VH

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. Barnes

Liver

INVOICE

94433

The **liver** revealed increased portal markings and thickened gallbladder with suspended debris. The wall was echogenic with polypoid changes. This is consistent with chronic cholangitis/cholecystitis. There was no overt evidence of masses. Increased portal markings and remodeling was noted throughout the liver.

DATE

12/8/21



PATIENT *Gastrointestinal*

Biscuit Matheson 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.

SPECIES

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BREED

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SEX

Neutered male

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

3.75 kg

ULTRASONOGRAPHIC FINDINGS

Moderate degenerative renal changes.

Chronic cholangitis.

WEIGHT

3.75 kg

Polypoid bladder changes, appear potentially resectable. However, the cranial half of the urinary bladder has to be removed.

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Eric Lindquist, DMV
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Emerging renal failure is possible given the isosthenuria and elevated BUN and SDMA elevations. Leptospirosis titers are indicated. Traumatic catheterization with ultrasound-guidance would be optimal in this patient with culture and sensitivity. 72 hour IV fluid protocol, Leptospirosis titers, Enrofloxacin and Metronidazole combination along with GI protectants and Ursodiol therapy could all be considered from a medical approach. Eventual cholecystectomy may be necessary in this patient. CBC path review is recommended given the anemia. Blood pressure measurements are warranted. Both the hepatic and renal presentation could both be contributing to the clinical signs.

IMAGING PERFORMED BY

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HOSPITAL NAME

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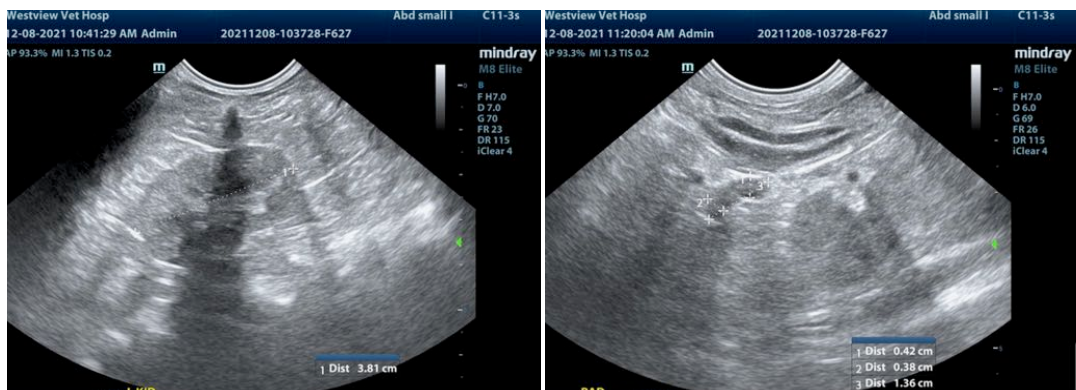
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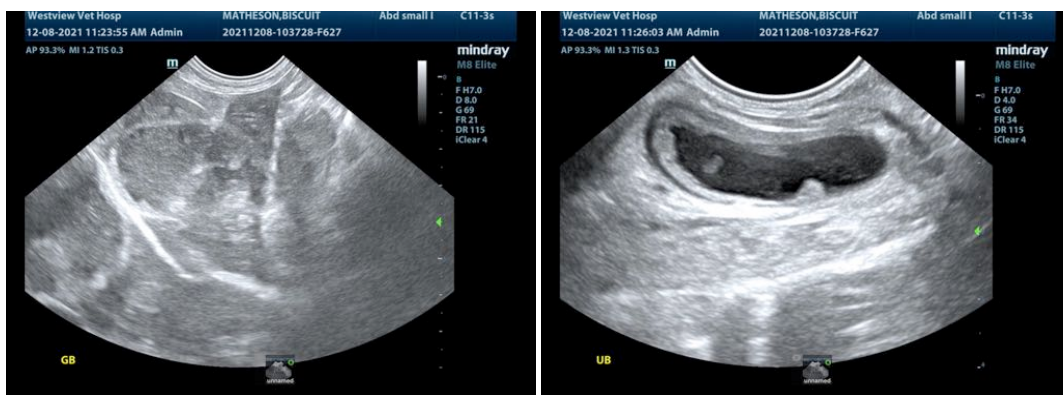
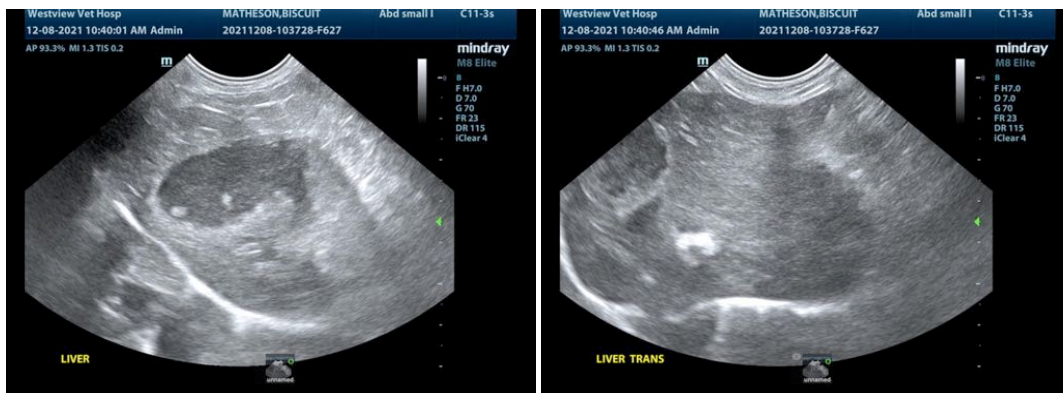
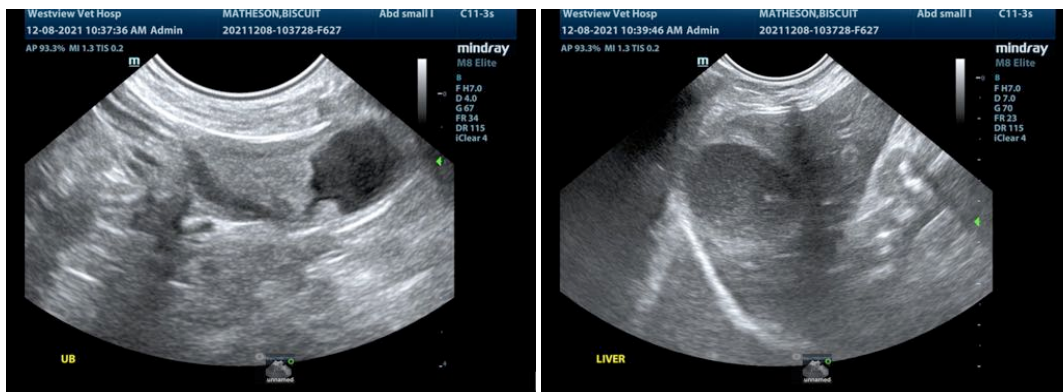
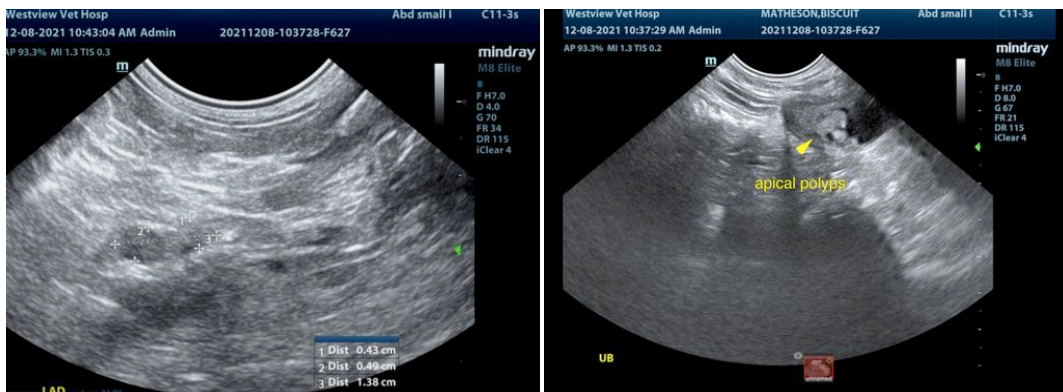
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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