



PATIENT PRESENTING CLINICAL SIGNS

Hank Willis Diagnosed Addisonian with a cruciate lameness on the left hind . History of eating socks. Has not eaten since Sat and is lethargic and anorexic
SPECIES Abnormal PE/Chem/CBC/UA Results: Mild elevation of liver enzymes

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Chesapeake Bay Retriever

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. Suspended and dependent debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

SEX

Neutered male

The residual prostate measured 1.35 cm.

AGE

7 years

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. The right kidney measured 5.76 cm. The left kidney measured 7.1 cm.

WEIGHT

36 kg

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

The **adrenal glands** were flattened and isoechoic, which is expected for an Addisonian patient. The right adrenal gland measured 0.28 cm at the caudal pole and 0.35 cm at the cranial pole. The left adrenal gland measured 0.36 cm in width.

IMAGING PERFORMED BY

Dr. Belan

Spleen

HOSPITAL NAME

Aspen Landing AH

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. Aspen

Liver

INVOICE

95708

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 was over distended with suspended debris. Gallbladder polyps were noted.

DATE

2/1/22



PATIENT

Gastrointestinal

Hank Willis

The **stomach** revealed a minor amount of fundic fluid. The pylorus was obstructed by a 4.0 cm shadowing structure with prior stasis. The foreign body continued into the duodenum anchored in the jejunum with accordion pleating and intussusception. The jejunum revealed shadowing fabric type foreign structure that measured 2.0 cm. The descending colon was unremarkable with a minor amount of soft stool. Slight colonic wall thickening was noted. Mesenteric lymph nodes were enlarged, rounded and hypochoic measuring up to 0.68 cm.

SPECIES

Canine

BREED

Chesapeake Bay Retriever

Pancreas

The **pancreas** was mildly heterogenous and coarse in architecture. There was no evidence of overt inflammation. However, past episodes of pancreatitis is likely.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

7 years

Gastrointestinal fabric type foreign body with concurrent intussusception.

Minor mesenteric lymphadenopathy.

WEIGHT

36 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastrotomy and enterotomy with GI biopsies are recommended. Manual expression of the gallbladder is recommended at the time of surgery. Dexamethasone injection is recommended as a presurgical preparation given the Addisonian state.

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

According to Sonopath research presented at ECVIM 2016 (Stockholm, Sweden), Advances in Small Animal Medicine and Surgery (May 2017), and EVDI 2017 (Verona, Italy), concurrent underlying chronic inflammatory neoplastic intestinal disease can often reside in PICA patients. Therefore, surgical biopsies are essential in this case regardless of the exploratory findings.

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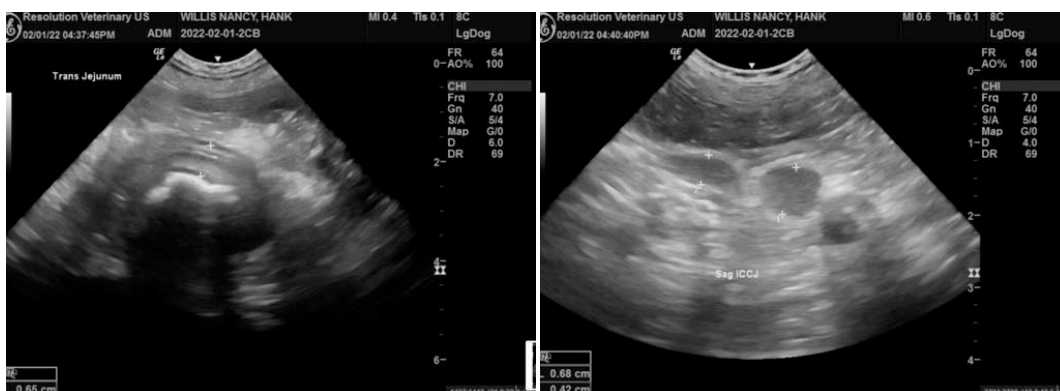
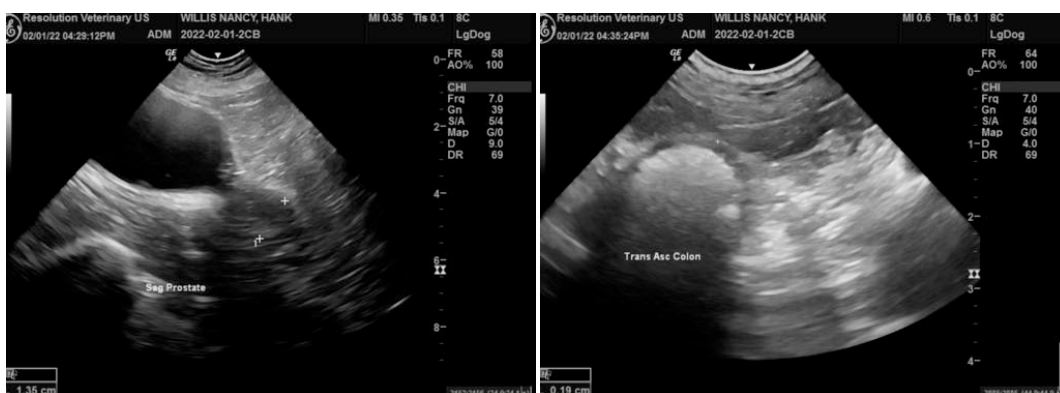
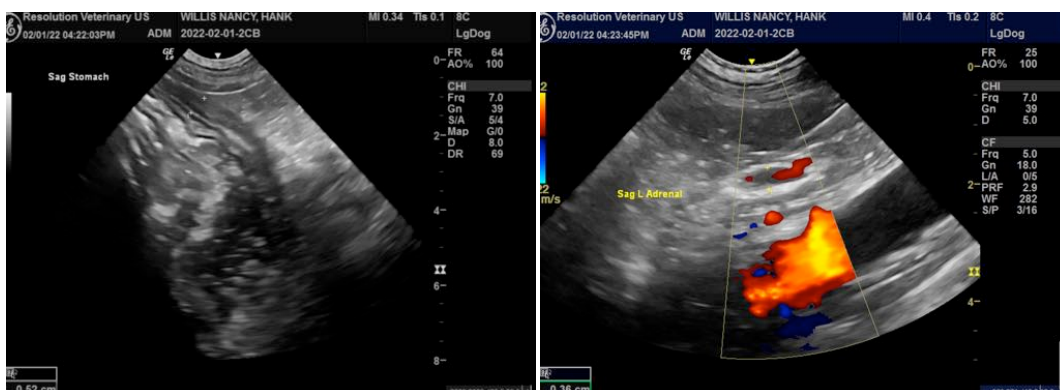
Dr. Aspen

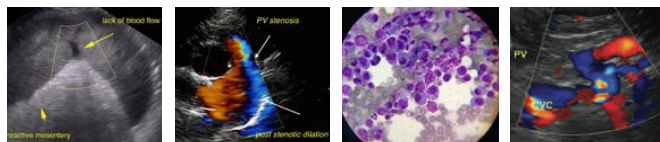
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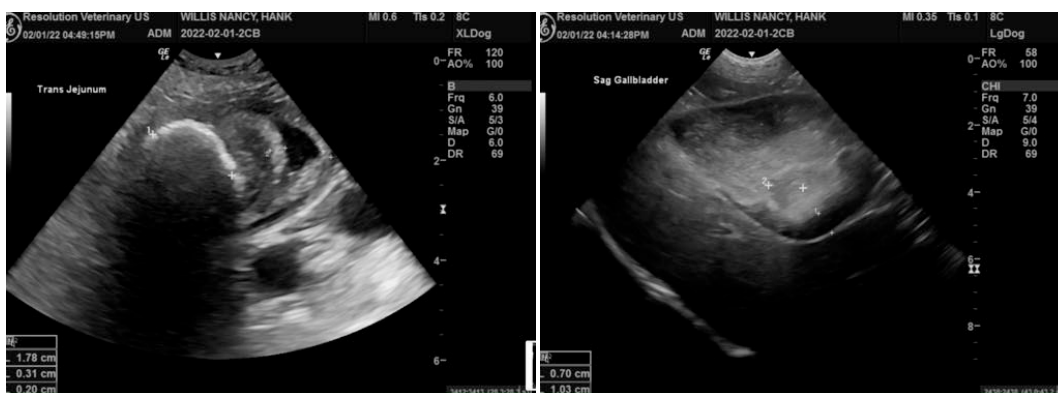
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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