



PATIENT

Smokey Bonventre

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Neutered Male

AGE

8 Years

WEIGHT

51

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Michael Ferber

HOSPITAL NAME

East Meadow VC

REFERRING VET

Michael Ferber

INVOICE

21144

DATE

2/17/23

PRESENTING CLINICAL SIGNS

History: Chronic history of primarily large bowel diarrhea. Best response was to pre and probiotics therapy and novel ag diet. Recently the diarrhea started to recur, with no response to treatment with probiotics or flagyl. 3 pounds of weight loss noted. Normal appetite. CBC Chem and fecal were unremarkable. Resting cortisol and B12 / Folate are pending. Will respond to symptomatic tx with lomotil, but signs recur when discontinued.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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. The region of the trigone and visible pelvic urethra were normal. This is a mild finding. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction. Iliac trifurcation was unremarkable.

The **left kidney** 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 5.6 cm.

The **right kidney** was not visualized.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

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 were noted.

Liver

The **liver** revealed mild coarse architecture and a 1.0 cm mixed hypoechoic nodule in the left cranial liver, adjacent to the falciform fat. This may represent abscessation or a complex cyst, as well as nodular change. Some minor heterogenous hepatic changes were noted elsewhere. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened, and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was



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present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. No loss of mural detail was noted.

Pancreas

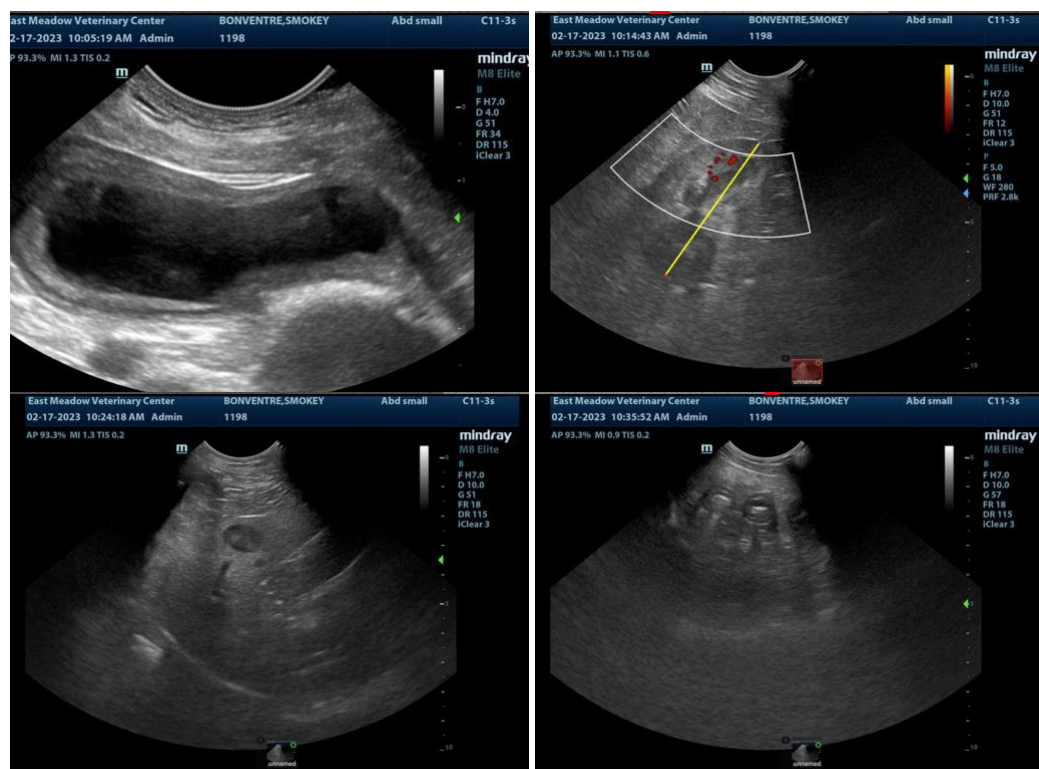
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Undefined hepatic nodular changes with focal nodular abscess
- Minor intestinal thickening
- Age-related urinary bladder changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend a fresh fecal smear and fecal floatation analysis. If liver enzyme elevations are present, then FNA of the liver nodule and general liver is recommended.





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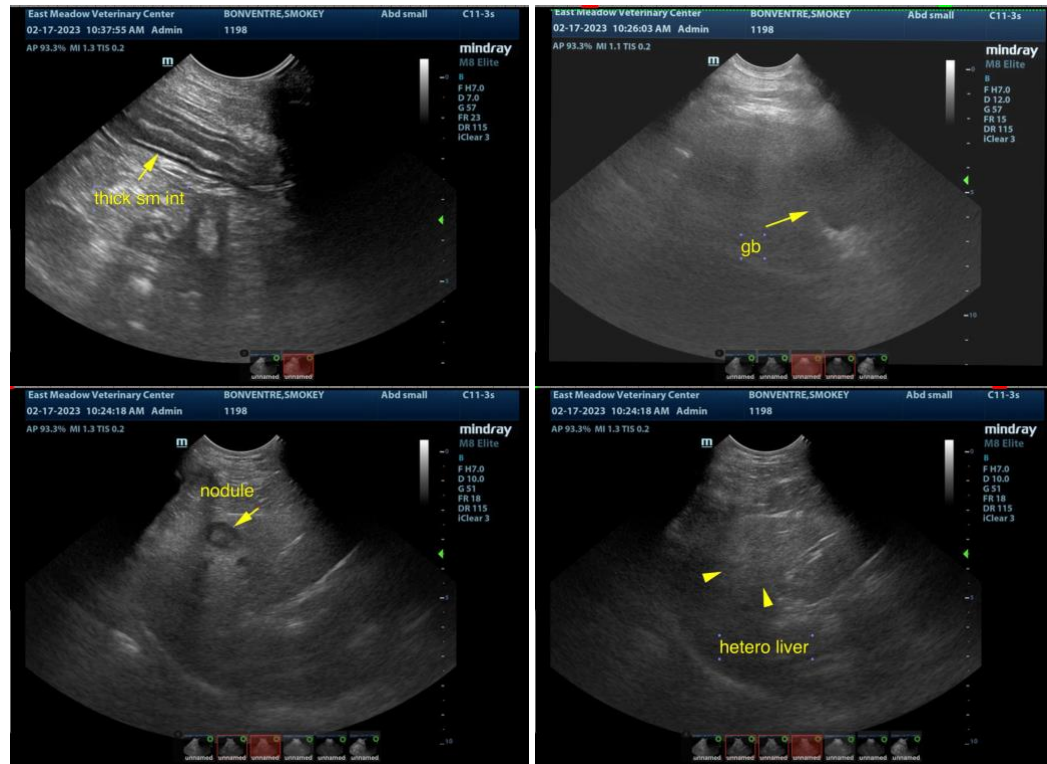
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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