



PATIENT PRESENTING CLINICAL SIGNS

Patient: Brutus Rupert
Species: Canine
Presenting Clinical Signs: Patient presented for vaccines during that appointment patient had large BM with significant amount of blood in it which prompted us to recommend geriatric workup.
 Abnormal PE/Chem/CBC/UA Results: PE: BCS 8/9 with poor quality hair coat CBC: RBC 5.43, HCT: 36%, WBC 19.22%, Neut 11.83, Lymp 5.14, Mono 1.53 CHEM: Lipase 4487U/L U/A: USG: 1.047, protein 30mg/dL, pH 7.0, no bacteria Rads: No evidence of mass in chest, spleen and liver are enlarged

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Breed: Cockapoo
Urinary System

Sex: Neutered male
Sex: 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.

Age: 11 years
Weight: 24.5 lbs
Age: 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. Both kidneys measured 5.0 cm.

INTERPRETED BY Adrenal Glands

Eric Lindquist, DMV DABVP, Cert. IVUSS
Interpreted by: 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 0.6 cm at the cranial pole and 0.5 cm at the caudal pole. The left adrenal gland measured 0.6 cm.

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Griffin

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 was noted.

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Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.



PATIENT

Brutus Rupert

Gastrointestinal

SPECIES

Canine

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Retention of ingesta was noted in the stomach. 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.

BREED

Cockapoo

Pancreas

SEX

Neutered male

The **pancreas** revealed mild, mixed echogenic areas of remodeling. Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected.

AGE

11 years

ULTRASONOGRAPHIC FINDINGS

Mild pancreatic remodeling.

WEIGHT

24.5 lbs

Benign hepatopathy with mild remodeling.

Retention of ingesta or soft foreign matter in the stomach.

Age related renal changes.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a potential for low-grade pancreatitis. Otherwise, the abdomen was unremarkable. If the patient was n.p.o. at the time of the sonogram soft foreign matter should be considered and/or recheck sonogram at complete n.p.o. status. The material in the stomach may be irritative, but is not obstructive.

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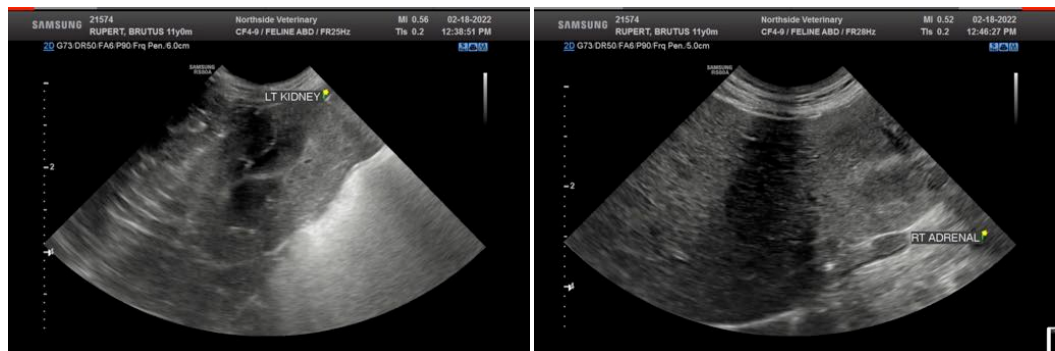
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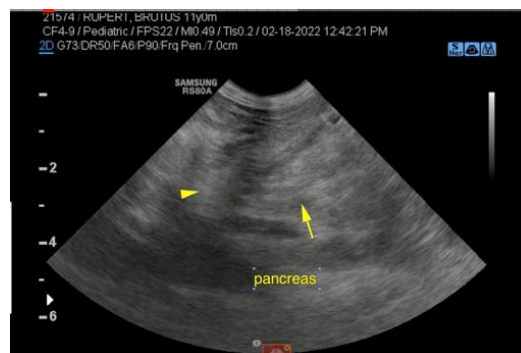
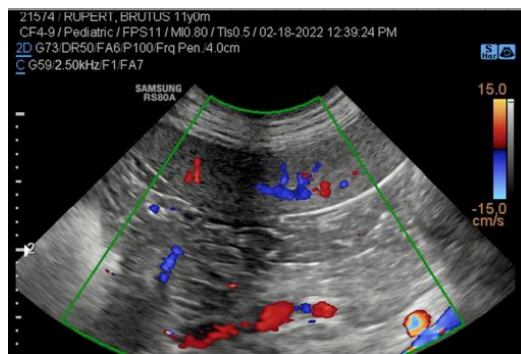
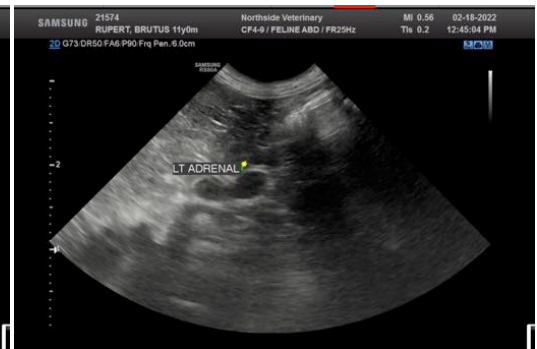
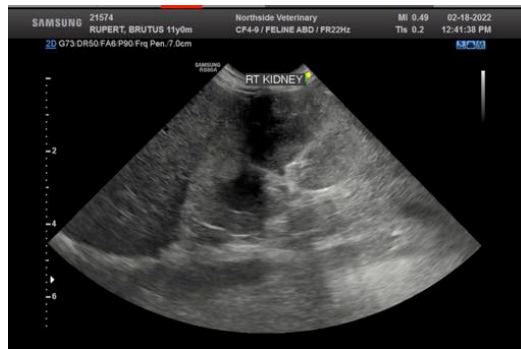
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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