



PATIENT PRESENTING CLINICAL SIGNS

Colman Hogg

Grade II-III heart murmur History of decreased eating and drinking.

SPECIES

Abnormal PE/Chem/CBC/UA Results: -Mild ALP elevation- r/o secondary to chronic steroids vs. other -Abnormal CPL (2/5/22), r/o chronic pancreatitis vs. other 2/5/22 -CBC: RETIC 7.6, BASO 0.12, MPV 13.4 -Chem: ALP 219 -SDMA: WNL -TT4: 3.2 ug/dl (1.0-4.0 ug/dl) -CPL: Abnormal Radiographs 2/5/22 THX- VHS 9.84 left lateral view. Cardiac silhouette appears appropriate in size/shape. No obvious pulmonary infiltrates noted. ABD- -formed stool in colon -moderately distended urinary bladder MS- -L4-5 minor narrowing of disk space -Ventral spondylosis L7-S1 -metallic crimps both stifles from previous CCL sx -DJD changes in both stifles -right hip dysplasia with thickened femoral neck and remodeling femoral head

Canine

BREED

Bichon Frise Cavalier
King Charles Spaniel
Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Neutered male

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

12 years

WEIGHT

24.3 lbs

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. Occasional cortical cyst and slight pinpoint mineralization was noted. The left and right kidney measured 4.0 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

IMAGING PERFORMED BY

Dr. Mack

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 0.4 cm. The right adrenal gland measured 0.6 cm at the cranial pole and 0.5 cm at the caudal pole.

HOSPITAL NAME

Northside

Spleen

REFERRING VET

Dr. Mack

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.

INVOICE

96174

DATE

2/21/22



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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.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Minor retention of ingesta was noted in the stomach. The material was progressively shadowing. This is consistent with post prandial ingesta. However, if the patient was n.p.o. then soft foreign matter is possible. 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.

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.

ULTRASONOGRAPHIC FINDINGS

Full stomach.
Age related pancreatic changes.
Vacuolar hepatopathy liver pattern.
Otherwise, unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of significant disease.



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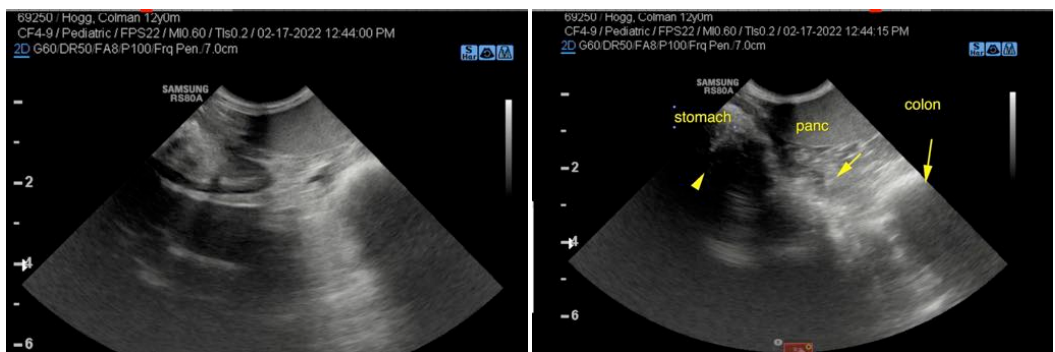
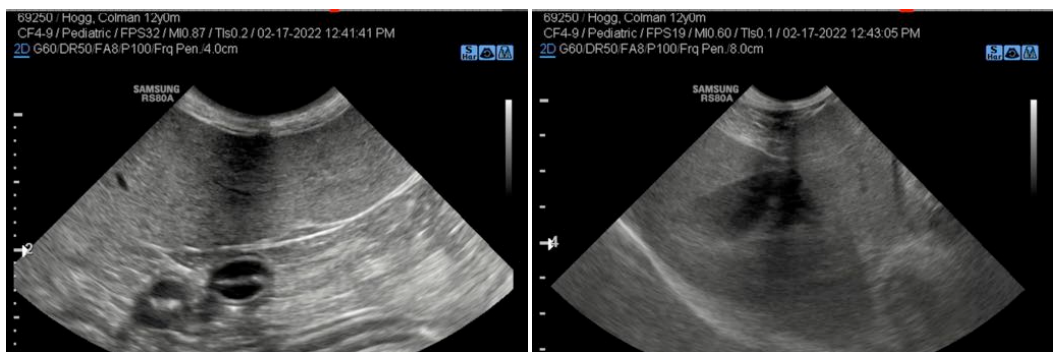
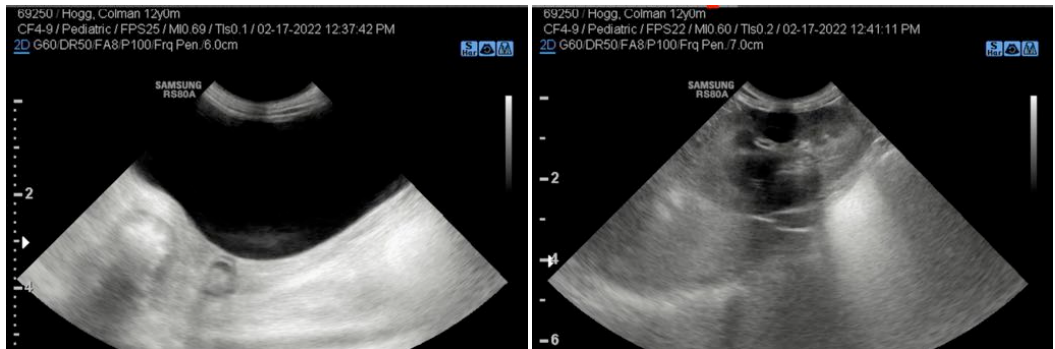
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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