

PATIENT

Tinkerbelle White

SPECIES

Canine

BREED

Silky Terrier

SEX

Spayed Female

AGE

15 Years

WEIGHT

14.1 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUS

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Powers

INVOICE NUMBER

21262

DATE

2/24/23

PRESENTING CLINICAL SIGNS

History: Chronic intermittent diarrhea for the past year. Mild improvement with diet change. No changes in appetite or energy level. No vomiting. Abdomen soft and non-painful; rectal exam WNL Primary Question/Differential to Be Answered in This Exam Cause of intermittent diarrhea. Evaluate the liver, pancreas, and adrenal glands.

Abnormal PE/Chem/CBC/UA Results: ALP (477), K+ (5.6), Na/K ratio (26), PSL (588). CBC/T4 WNL. UA: pH 8, protein 1+, USG 1.034. Fecal negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed an apical ventral polyp (0.87 cm x 0.4 cm). The remainder of the bladder wall appeared unremarkable, however, the polyp is mineralizing, which would strongly suggest carcinoma. The polyp appears resectable with apical ventral bladder resection.

The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. Iliac trifurcation was unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization was present in the kidneys. The right kidney measured 4.7 cm. The left kidney measured 3.95 cm. Minor cortical mineralizations were noted.

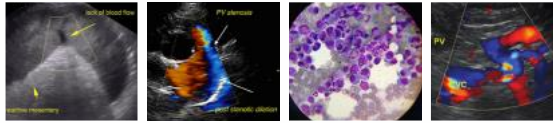
Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 3.06 cm x 1.02 cm at the cranial pole and 0.88 cm at the caudal pole. The left adrenal gland measured 2.81 cm x 0.68 cm at the cranial pole and 0.63 cm at the caudal pole.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver



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The **liver** was uniformly swollen. The caudate process was pronounced, measuring approximately 3.0 cm. 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. The gallbladder and common bile duct were unremarkable.

SPECIES

Canine **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. 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.

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Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some moderate 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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

AGE

15 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

14.1 Pounds

- Heterogenous adrenal glands
- Geriatric renal, pancreatic, splenic and hepatic changes
- Apical ventral bladder polyp (resectable) with mineralization, strong concern for carcinoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

Surgical resection of the polyp is recommended. Polypoid hyperplasia with mineralization is possible. Transitional cell carcinoma is strongly suspected. GI biopsies could be performed for convenience at the time of the eventual partial cystectomy in this patient, even though structurally the GI tract appears unremarkable. I recommend a fresh fecal smear and fecal floatation analysis. Diet changes to hydrolyzed diet and probiotics are potential options.

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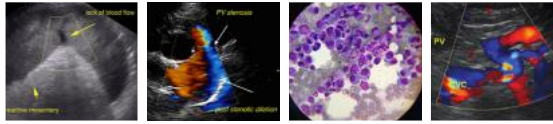
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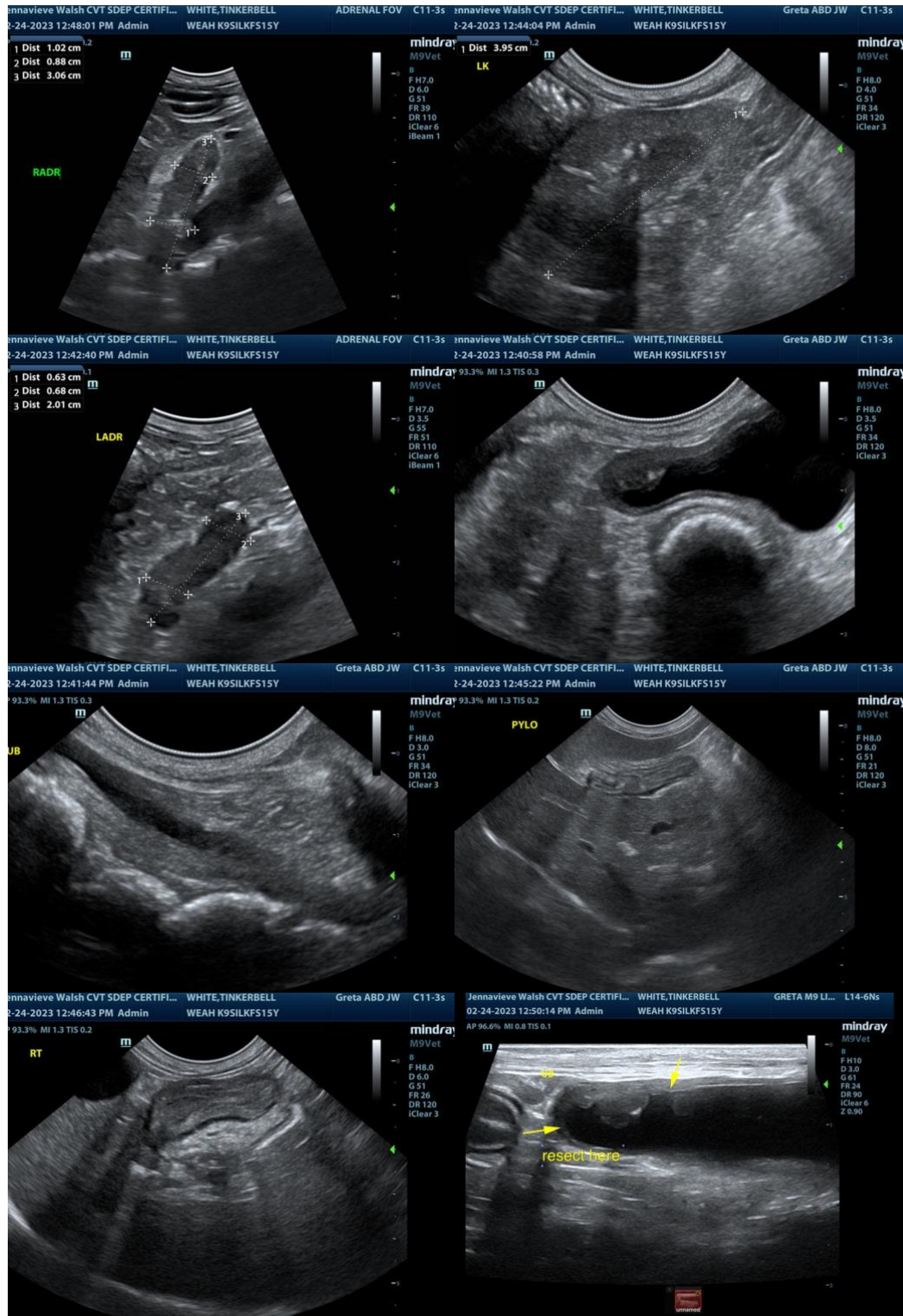
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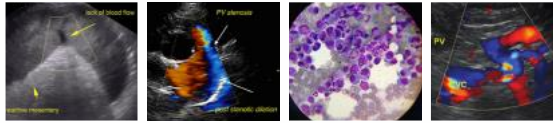
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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