



**PATIENT**

Jerome Nelson

**SPECIES**

Canine

**BREED**

Pitbull Cross

**SEX**

Neutered male

**AGE**

15 years

**WEIGHT**

25.6 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Nelson

**INVOICE**

95805

**DATE**

2/3/22

**PRESENTING CLINICAL SIGNS**

Presented at our hospital for; brought in by owner( Dr. Nelson) ; vomited tampon Monday; intermittent vomiting since, but still had good appetite. Vomited large amount dark fluid today; will admit per Dr. Nelson and treat aggressively for HGE, but have AUS tonight. Previous Health Concerns: chronic elevated ALP;

Abnormal PE/Chem/CBC/UA Results: Bloodwork: EPOC - TCO2 26.6; BUN 31; CHEM - BUN 35.9; ALT 183; ALP >993 (chronic); tbili <0.1; Amy 1661; CBC - NEU % 85.4; LYM % 9.4

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

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 left kidney measured 6.51 cm. The right kidney measured 7.08 cm.

**Adrenal Glands**

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 3.38 x 1.2 cm at the cranial pole and 0.59 cm at the caudal pole. The left adrenal gland was slightly enlarged and measured 2.71 x 0.84 cm at the cranial pole and 0.82 cm at the caudal pole.

**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.

**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



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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.

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**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. The stomach is largely empty. 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**

The **pancreas** revealed mixed echogenic changes noted in the right limb with hypoechoic edema. The parenchyma is edematous with enhanced surrounding mesentery.

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**Free Abdomen**

Enhanced mesentery was noted in the mid cranial abdomen and measures approximately 8.0 cm. This is likely an intraabdominal lipoma.

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**ULTRASONOGRAPHIC FINDINGS**

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Pancreatitis.

Space occupying intraabdominal lipoma, yet not pathological.

Empty GI tract.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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There is no evidence of foreign matter. Supportive care for GI upset and pancreatitis is indicated. A recheck sonogram is recommended if the patient is not responding to supportive care. FNA of the liver is warranted for further definition. The enhanced mesentery in the midabdomen appears to be an intraabdominal lipoma.

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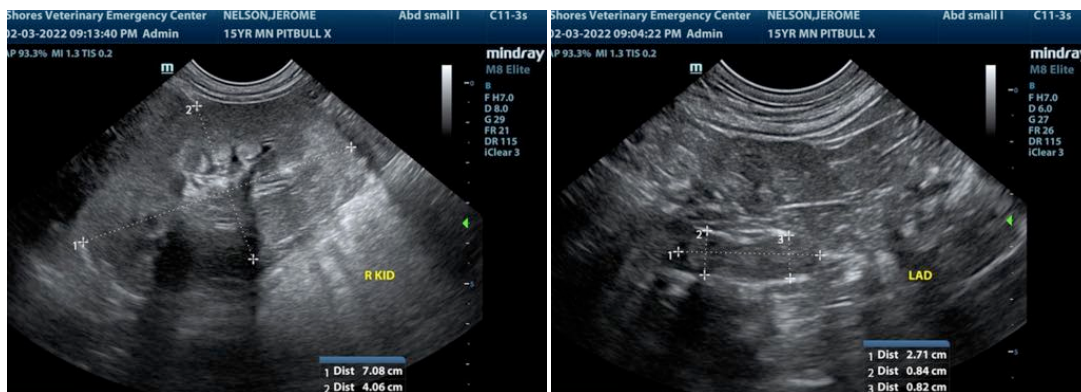
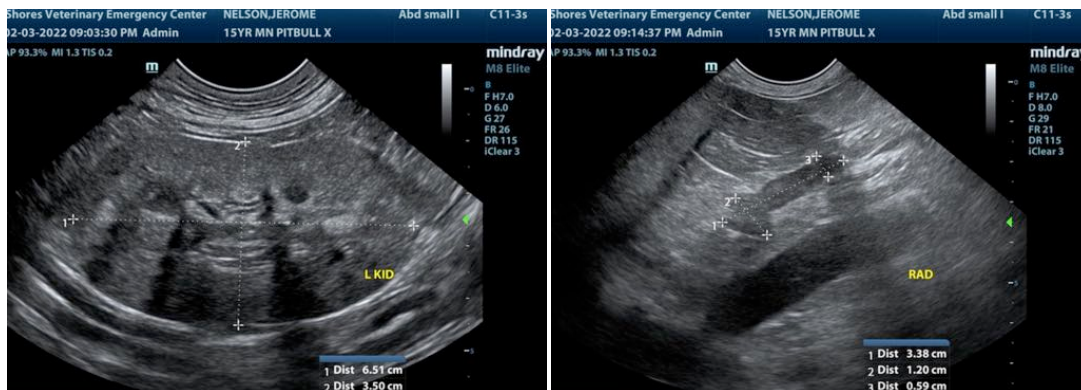
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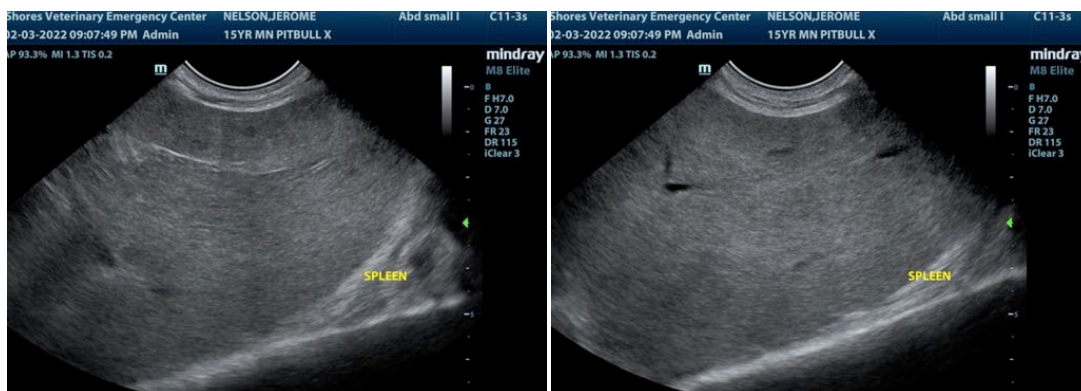
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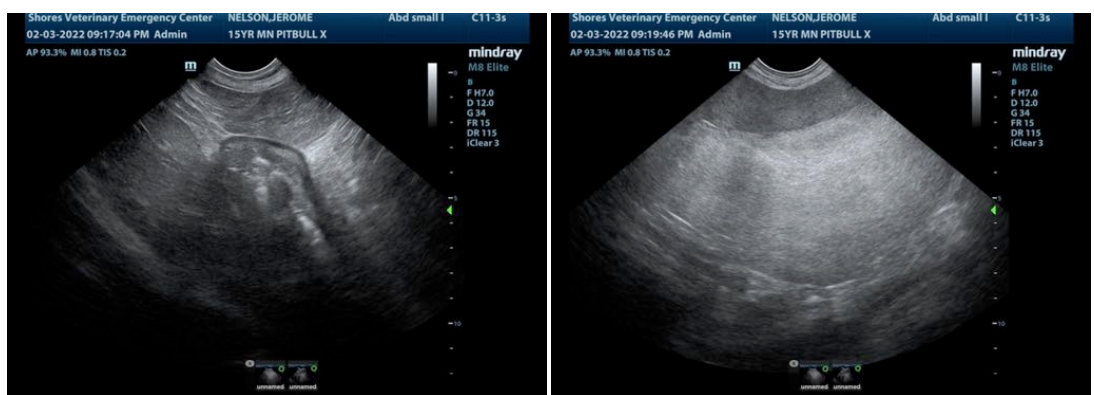
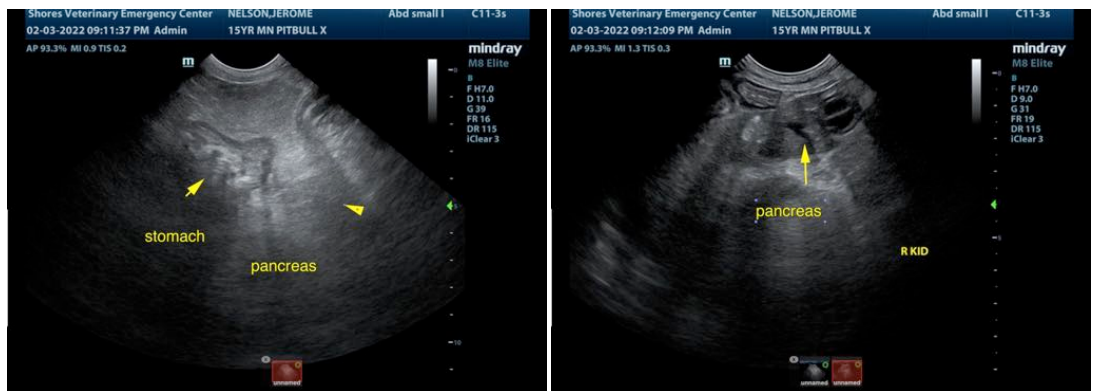
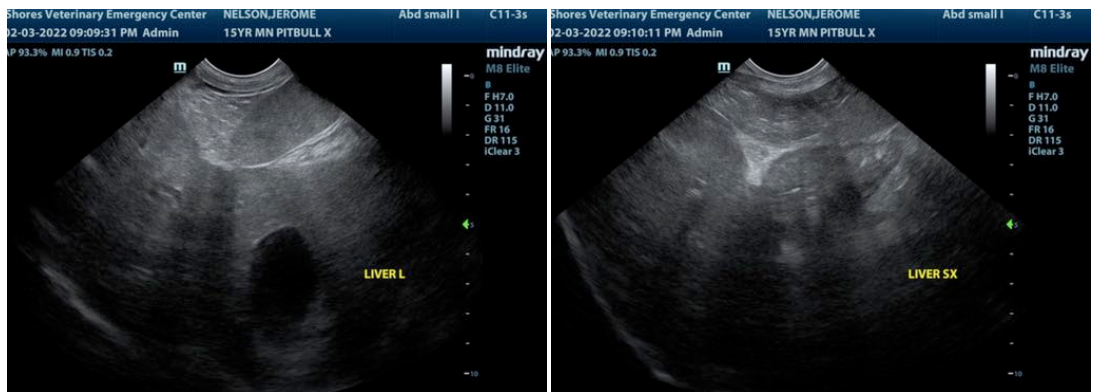
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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