



PATIENT

Oscar Malfara

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

14 Years

WEIGHT

8.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Deml

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Galanti

INVOICE

20970

DATE

2/3/23

PRESENTING CLINICAL SIGNS

History: Patient is a 14yr 5mo MN terrier mix presented for unresolved diarrhea and vomiting. P was seen a few weeks ago for diarrhea and one episode of vomiting. P was prescribed metronidazole and Proviab. O reports that the diarrhea resolved while on the medicine but the diarrhea came back about 5 days after last dose of metronidazole. P has had 7-8 episodes of vomiting since yesterday. P still eating well and acting like he can't get enough food. O currently feeding P 5 small meals per day consisting of rice, chicken, bone broth without seasoning and green beans. Owner reports no coughing, or sneezing.

Abnormal PE/Chem/CBC/UA Results: BCS 2/9 Azotemia: BUN of 46 (7-25); Creatinine 1.7
Hyperkalemia: 6.1 (3.7-5.8) Hyperchloridemia: 121 (95-119) Elevated ALT: 134 (12-118)
Thrombocytosis: 483,000 (170,000-400,000) Negative parasite PCR Unremarkable thoracic radiographs

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 change.

The **kidneys** revealed moderate degenerative changes with increased cortical echogenicity and microcystic cortices. Slight pyelectasia (1.0 cm) was present. Subjectively, the kidneys appear to be near end-stage.

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 mild 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 left adrenal gland measured 0.66 cm at the caudal pole and 0.69 cm at the cranial pole. The right adrenal gland measured 1.1 cm.

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** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. Gallbladder polyps and debris were noted. This is consistent with chronic inflammatory hepatopathy. Hypoechoic nodular changes were noted throughout the liver. Hepatic lymph nodes were enlarged, up to 2.0 cm.



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Gastrointestinal

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The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

SPECIES

Canine

Pancreas

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Terrier Mix

Free Abdomen

Reactive mesentery and slight areas of free fluid were noted.

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ULTRASONOGRAPHIC FINDINGS

AGE

14 Years

- Chronic hepatic remodeling and hepatic lymphadenopathy
- Near end-stage renal disease
- Chronic pancreatic changes and remodeling
- Reactive mesentery and free fluid
- Age-related GI, adrenal and urinary bladder changes

WEIGHT

8.4 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is warranted. Bile acid profile is warranted. The free fluid may be owing to occult neoplasia, inflammation or portal hypertension. Regardless, prognosis is guarded, especially given the hepatic lymphadenopathy.

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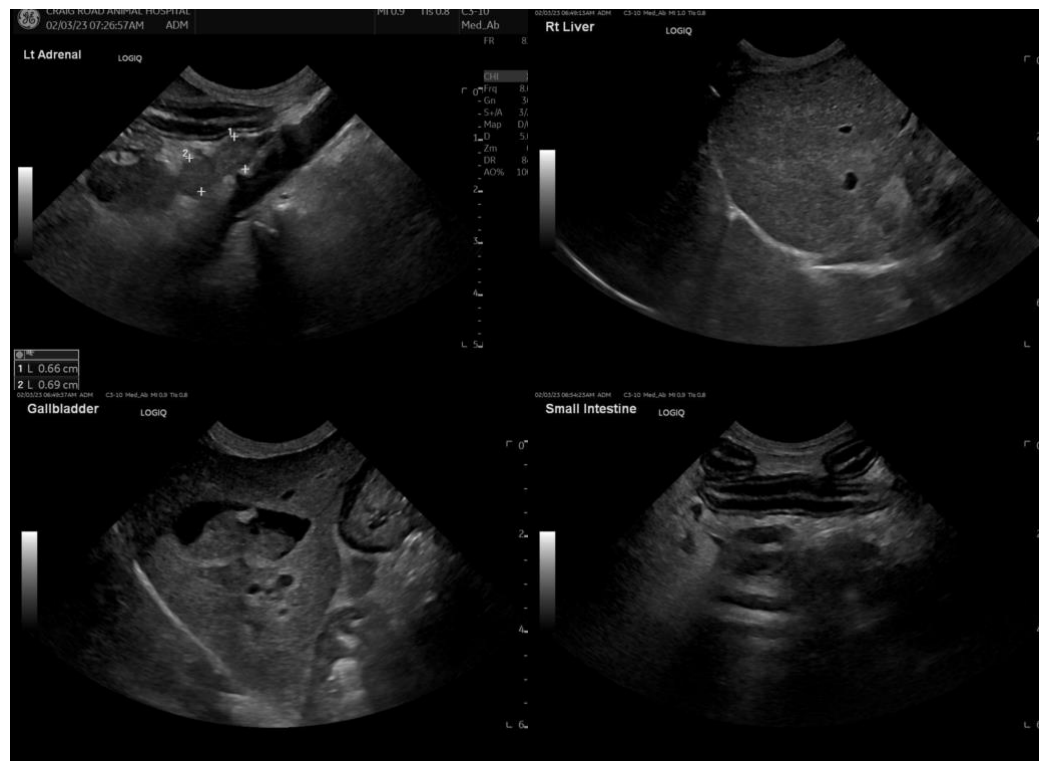
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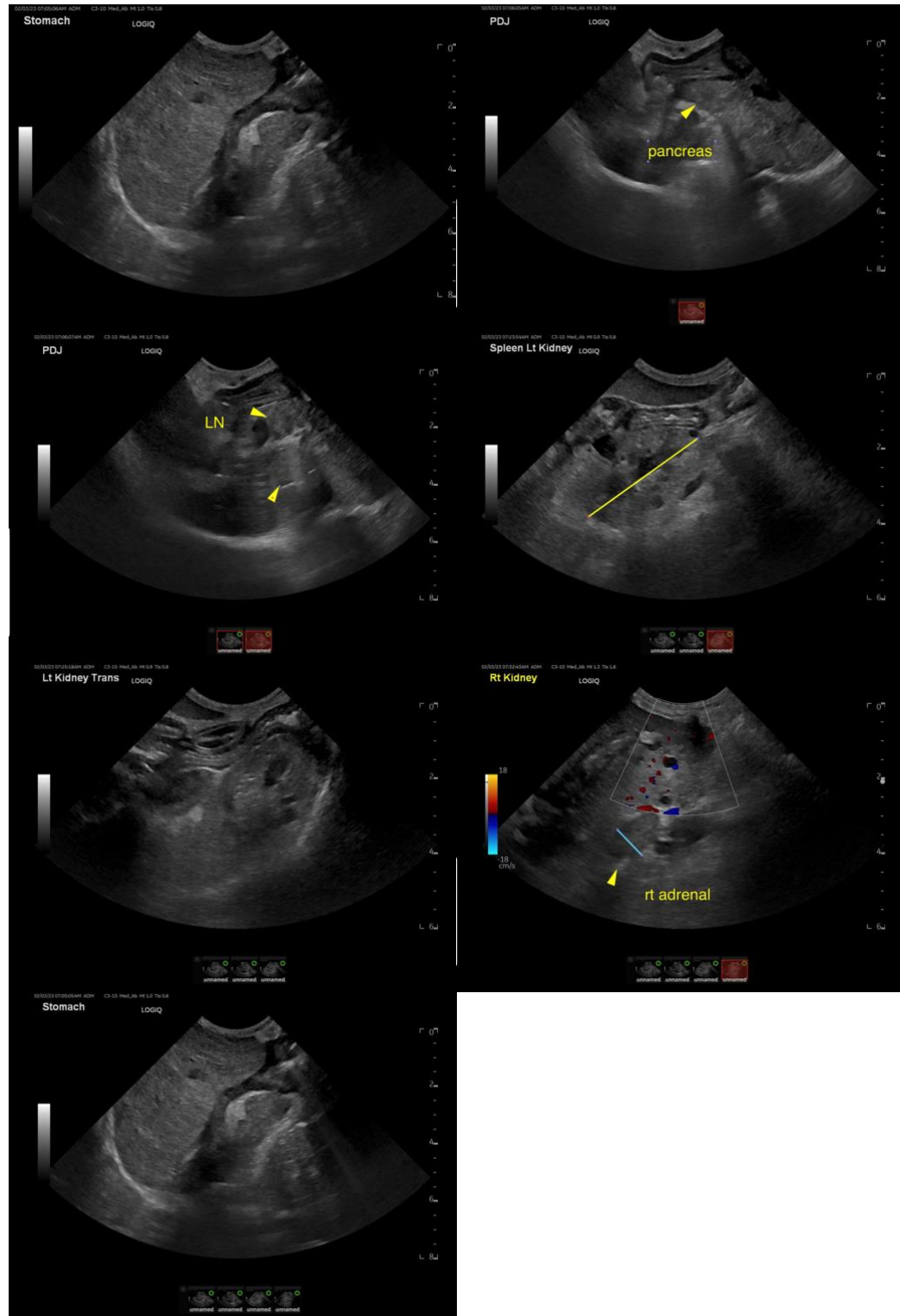
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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