

**PATIENT**

Samwise Bruton

**PRESENTING CLINICAL SIGNS**

History: PE fairly normal, but urinating in the house frequently and has been drinking increased amounts of water. Current Medications amlodipine and enalapril

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: UPC 2.5; historically elevated alt, negative urine culture; ACTH stim last year equivocal for Cushing's, BP elevated, responding to medication

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Scottish Terrier

**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 were noted. Ureteral papillae were normal.

**SEX**

Neutered Male

The **residual** prostate was uniform, measuring 1.03 cm. Pre- and post-prostatic urethra were unremarkable.

**AGE**

11 Years

The **kidneys** bilaterally revealed some loss of corticomedullary definition. Mild increased cortical echogenicity and subtle microcystic cortical changes were present. Slight pinpoint mineralization was noted, non-obstructive. The right kidney measured 6.67 cm. The left kidney measured 5.83 cm. Blood flow to the kidneys appeared to be adequate.

**WEIGHT**

24 Lbs.

**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 2.37 cm x 1.43 cm at the cranial pole and 0.53 cm at the caudal pole. The left adrenal gland measured 2.57 cm x 0.43 cm at the cranial pole and 0.54 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**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.

**HOSPITAL NAME**

Salem Oregon AR

**Liver**

The **liver** revealed coarse architecture and isoechoic nodular changes, mildly disruptive. Generalized hepatomegaly present. The gallbladder presented a minor amount of sand and coalesced debris, echogenic wall and minor polyps. The portal vein to vena cava ratio was 1:1- no evidence of pathology.

**REFERRING VET**

Dr. Rowley

**INVOICE NUMBER**

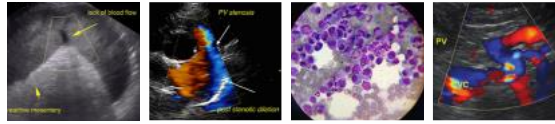
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**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No

**DATE**

2/4/22



**PATIENT** obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Samwise Bruton

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**SPECIES**

Canine

**Other**

**BREED**

A rapid view of the **heart** revealed no evident pathology.

Scottish Terrier

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Moderate degenerative renal changes with degenerative cysts and slight mineralization (non-obstructive).
- Nodular hyperplasia, vacuolar hepatopathy liver pattern

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

Bile acid profile, given the diffuse hepatic changes, to assess for early hepatic dysfunction is warranted. The patient may be periodically passing small mineralization noted in the kidney, yet this does not appear to be an active issue at this time. The kidneys subjectively appear approximately 50-60% compromised, early PU/PD or owing to emerging renal failure could be considered, if urine specific gravity is <1.020. The adrenal glands appear structurally normal, however, early PDH cannot be completely ruled out. No evidence of neoplasia.

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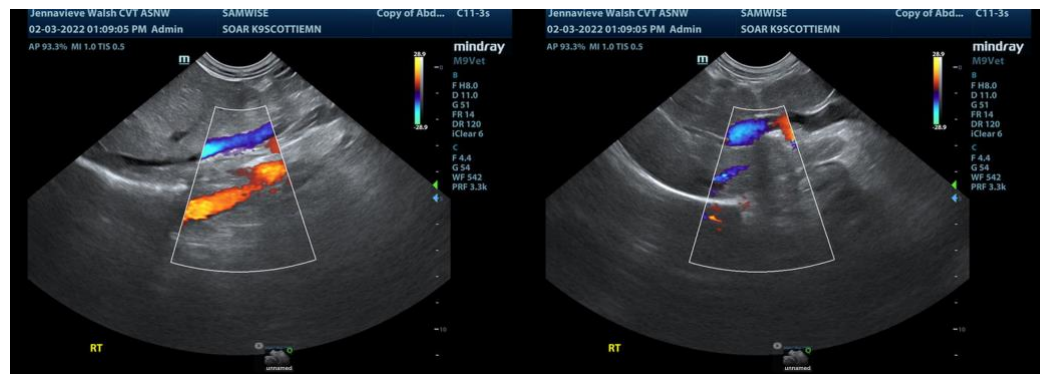
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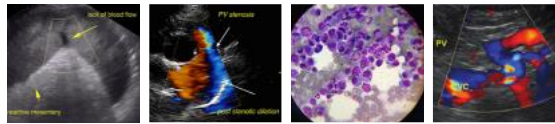
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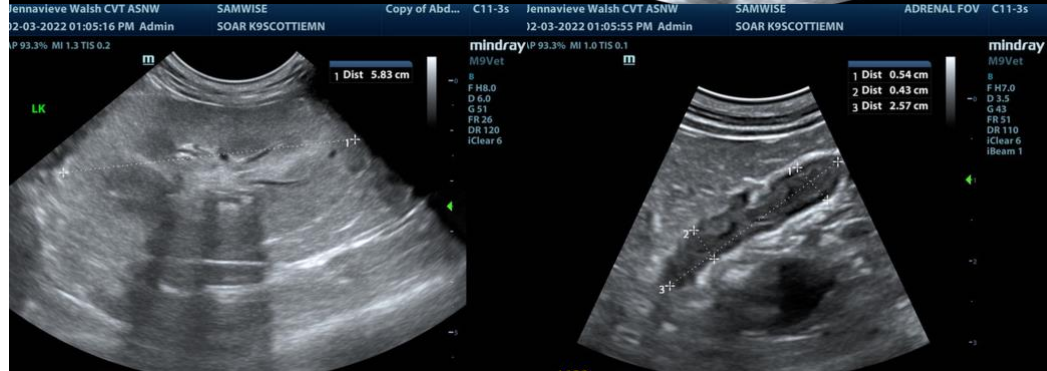
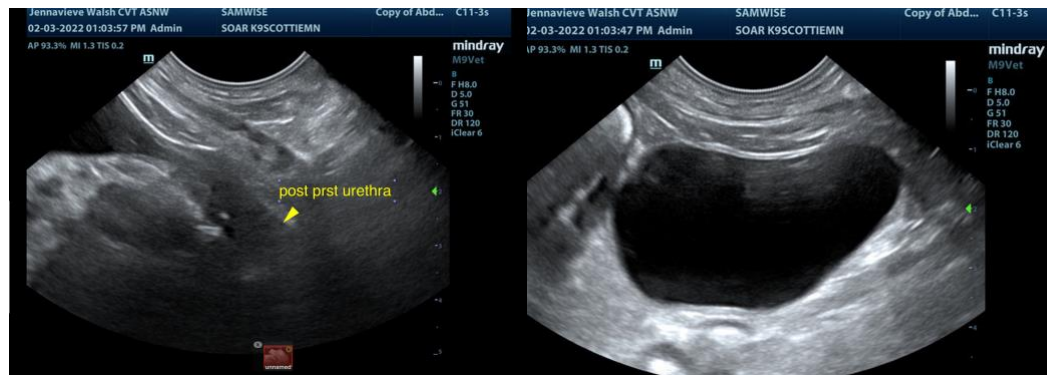
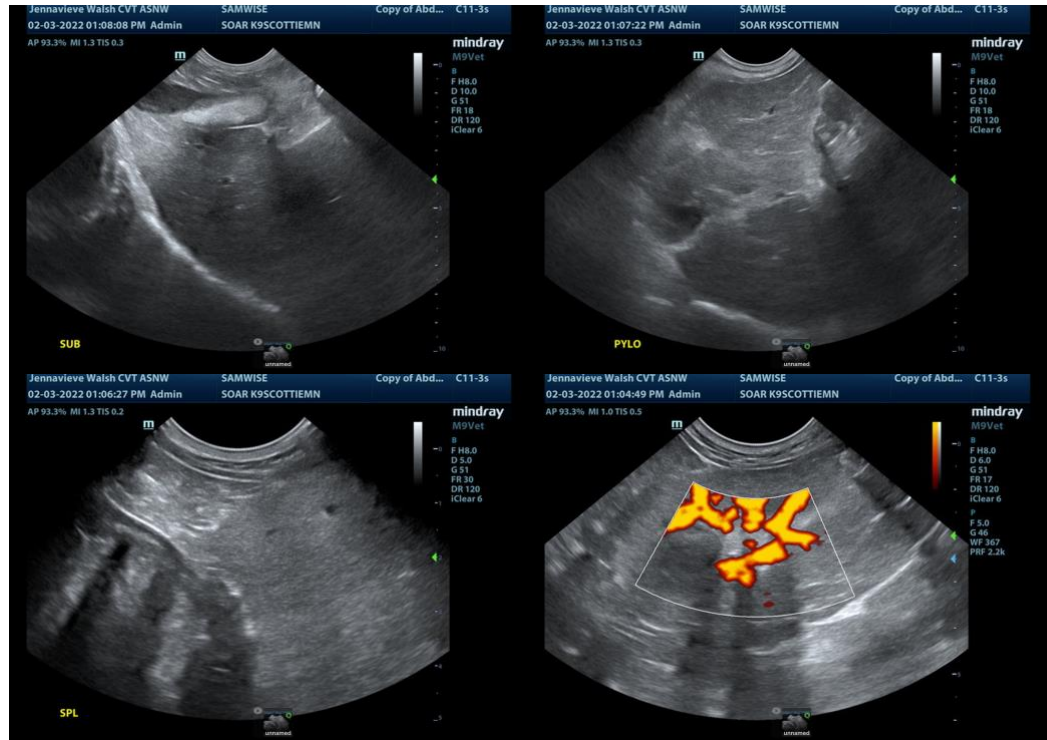
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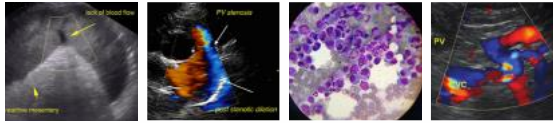
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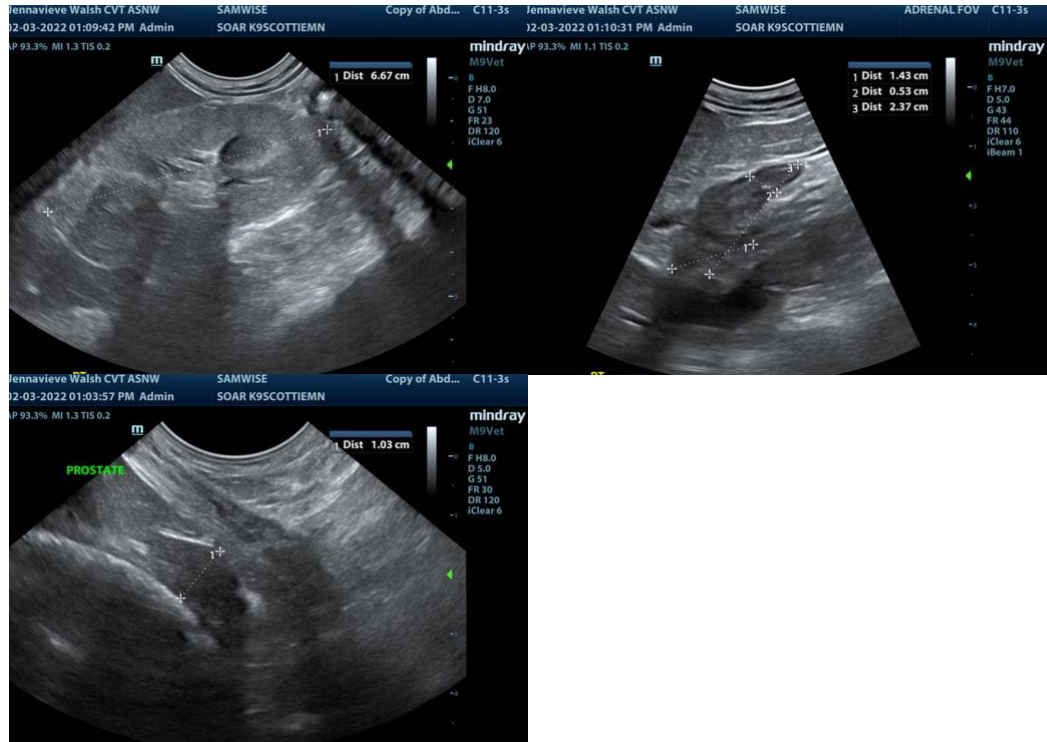
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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