

PATIENT PRESENTING CLINICAL SIGNS

Dundee Dunn
History: Dundee presented to the ER on 3/6 for V and D. Diagnosed with giardia and treated with SQ fluids, panacur, propectalin, cerenia, metronidazole and probiotic. P is chronically on Carprofen and Amitriptyline. Presented today (3/10) with continued diarrhea and vomiting despite tx. Little interest in food. Treated today with Entyce, SQ LRS, Cerenia and B12. Not sedated for image collection.

Canine
Abnormal PE/Chem/CBC/UA Results: ALP chronically elevated since 2019. 1188 U/L today (23-212). Historically 318, 257, 510, 752, 1080, 591 on 1/4/23. Na elevated 166 mmol/L (144-160) cPL: Negative

BREED

Maltese

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

SEX

AGE

14 years

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Cortical cysts were noted as well as areas of mineralization. The left kidney measured 4.0 cm. The right kidney measured 3.65 cm.

WEIGHT

10.92 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 left adrenal gland measured 0.34 cm and 0.48 cm at the caudal pole. The right adrenal gland measured 0.6 cm at the cranial pole and 0.5 cm at the caudal pole.

IMAGING PERFORMED BY

Dr. Rudie

HOSPITAL NAME

Sherwood Family Pet
Clinic

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially with uniform parenchyma. This is a positional variant and is not pathological. There was no evidence of significant disease.

REFERRING VET

Dr. Rudie

Liver

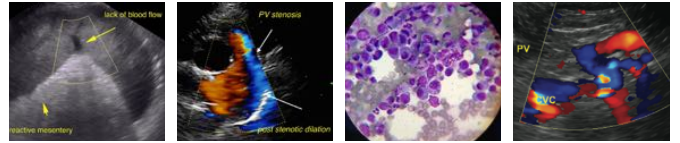
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The **liver** revealed uniform hepatomegaly. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

DATE

3/10/23



PATIENT

Gastrointestinal

Dundee Dunn

SPECIES

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SEX

Neutered male

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WEIGHT

10.92 lbs

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. Soft stool was noted in the colon. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

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.

ULTRASONOGRAPHIC FINDINGS

Benign hepatopathy.

Minor gastrointestinal thickening, Chronic inflammatory bowel.

Age related renal changes with mineralization.

Minor hypersplenism.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of immune stimulation should be considered. FNA of the spleen would be ideal. Fecal exam and anti-parasitic protocol as well as hydrolyzed diet all indicated. Endoscopy can be considered for further definition from a non-invasive standpoint.

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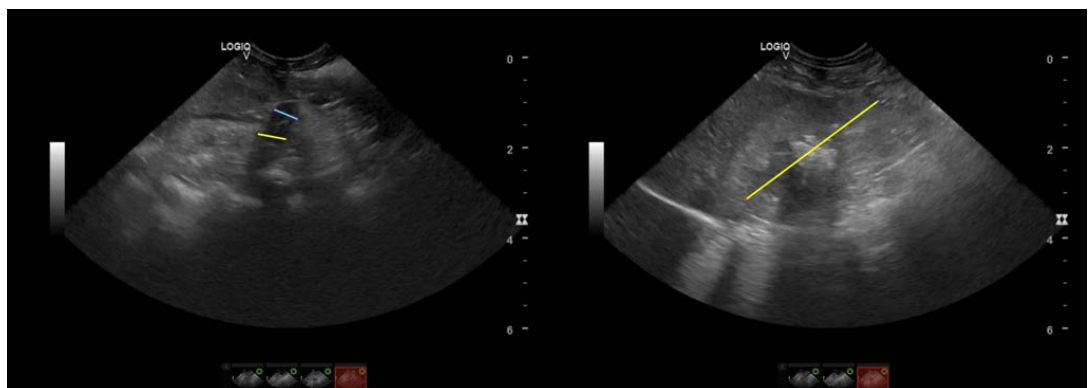
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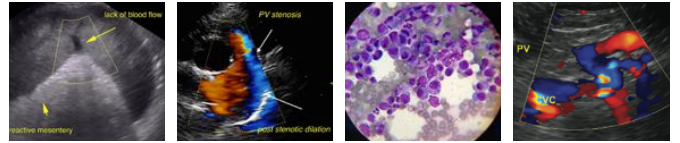
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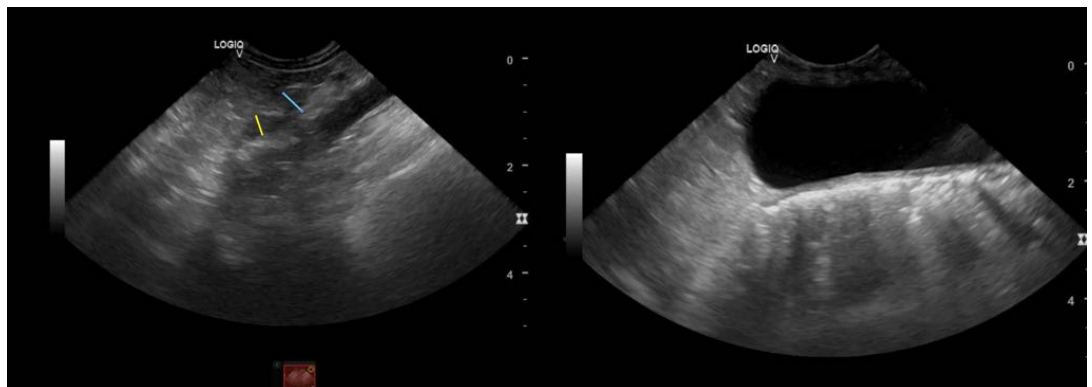
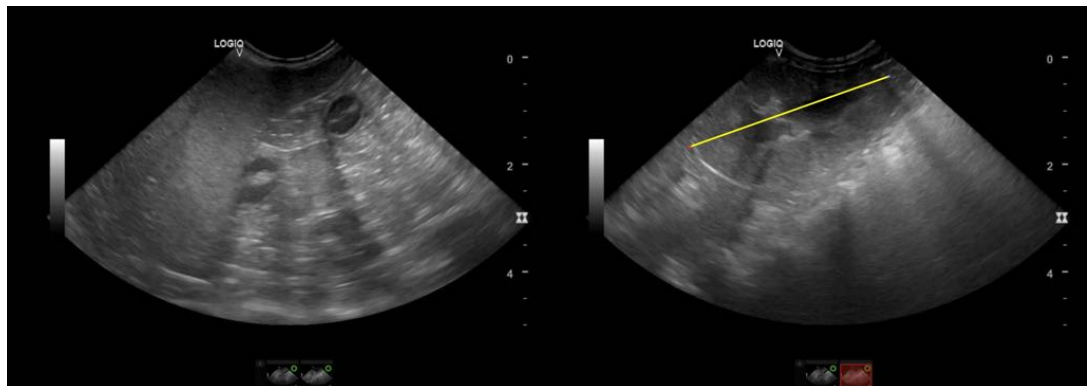
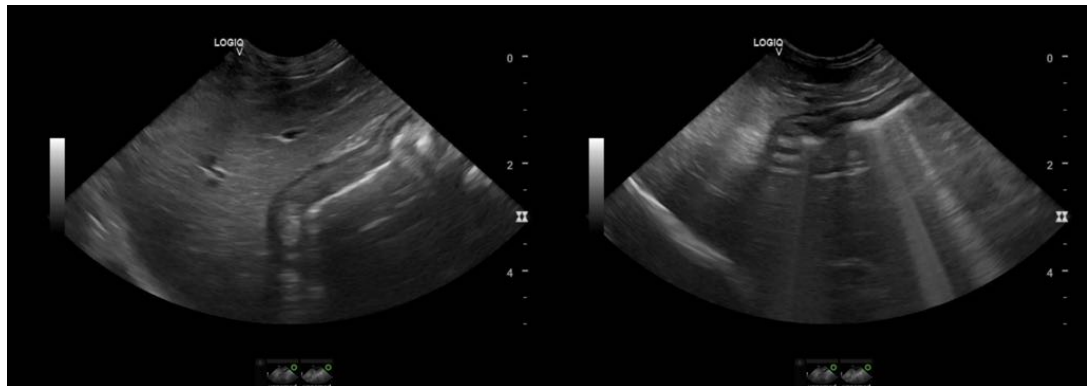
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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