



**PATIENT**

Piper Gilcrest

**SPECIES**

Canine

**BREED**

Welsh Corgi

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

25.8

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Aran Katugulla

**HOSPITAL NAME**

434 Animal Hospital

**REFERRING VET**

Aran Katugulla

**INVOICE**

21562

**DATE**

3/10/23

**PRESENTING CLINICAL SIGNS**

History: pet was presented for hematuria. on ultrasound of the bladder noticed a small growth near the ventral wall

Abnormal PE/Chem/CBC/UA Results: bloodwork is unremarkable except neutrophilia. UA - WBC,RBC > 50/hpf, nsEPI- 1-2/hpf

\*\*This image set was doubled.

**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 were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.5 cm. The right kidney measured 5.4 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 0.64 cm at the caudal pole and 0.69 cm at the cranial pole. The left adrenal gland measured 0.5 cm at the caudal pole and 0.38 cm at the cranial 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 were noted.

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**Gastrointestinal**

The **stomach** in this patient presented mild hypertrophy of the gastric wall. The small intestine and colon were unremarkable. The upper duodenum was enveloped by the pancreatic pathology.



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## Pancreas

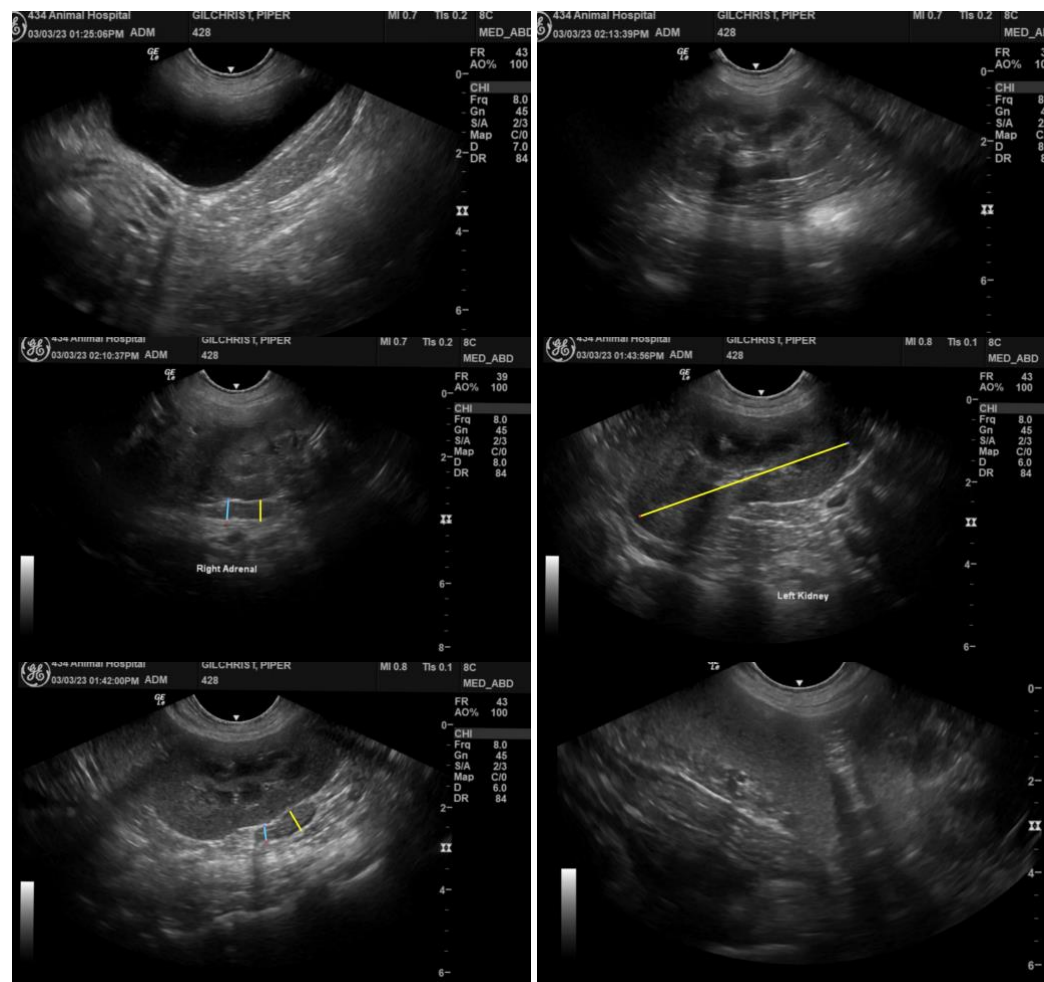
A 3.0 cm portion of the right **pancreatic** base revealed hypoechoic parenchyma with hyperechoic surrounding fat, consistent with pancreatitis.

## ULTRASONOGRAPHIC FINDINGS

- Gastric hypertrophy
- Mild pancreatitis pattern

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Even though the patient has not reported to be symptomatic, assessment for recent history of GI upset is warranted. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.





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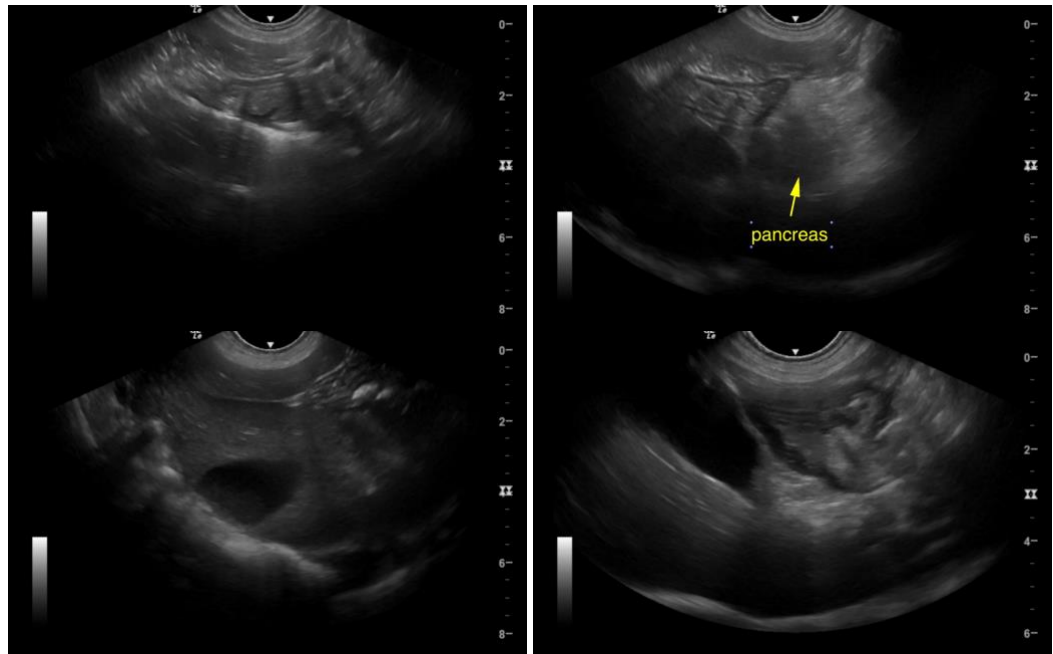
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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