



PATIENT

Charlie Woodruff

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

8 Years

WEIGHT

17.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Ascot

INVOICE

36107

DATE

3/11/22

PRESENTING CLINICAL SIGNS

Anorexia, vomiting, concern for smoldering pancreatitis vs Cushings Dz vs IBD vs other. Current meds: IVF, Metro, Cerenia

Abnormal PE/Chem/CBC/UA Results: PLT 579, ALT 190, CPL abnormal, Hookworm +, 4dx-neg

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. The residual prostate measured 7.0 mm.

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. The left kidney measured 4.5 cm. Slight pinpoint mineralizations noted. The right kidney measured 5.13 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 2.5 cm x 0.65 cm at the cranial pole and 0.49 cm at the caudal pole. Slight hyperechoic lipogranulomatous nodule noted at the cranial pole of the right adrenal gland. The left adrenal gland measured 2.05 cm x 0.57 cm at the cranial pole and 0.54 cm at the caudal pole.

Spleen

The **spleen** revealed an isoechoic nodule measuring 1.15 cm x 0.75 cm.

Liver

The left lateral **liver** revealed a mixed echogenic and microcystic lesion measuring 2.02 cm x 1.28 cm. The liver was normal otherwise. The gallbladder was unremarkable.

Gastrointestinal

The **stomach** was overdistended with fluid and suspended debris. The pylorus was thickened with echogenic mucosal remodeling, consistent with chronic gastritis. Pyloric dysfunction likely, given the amount of stasis present. Reflux from the duodenum to the pylorus was evidence. The duodenum was spastic. The distal duodenum was unremarkable other than a minor amount of anechoic luminal stasis. No overt foreign body or obstruction. However, enteritis pattern did appear present.

Pancreas

Minor heterogeneous parenchymal changes noted in the **pancreas**.

Heart

Rapid view of the heart revealed no evident pathology.



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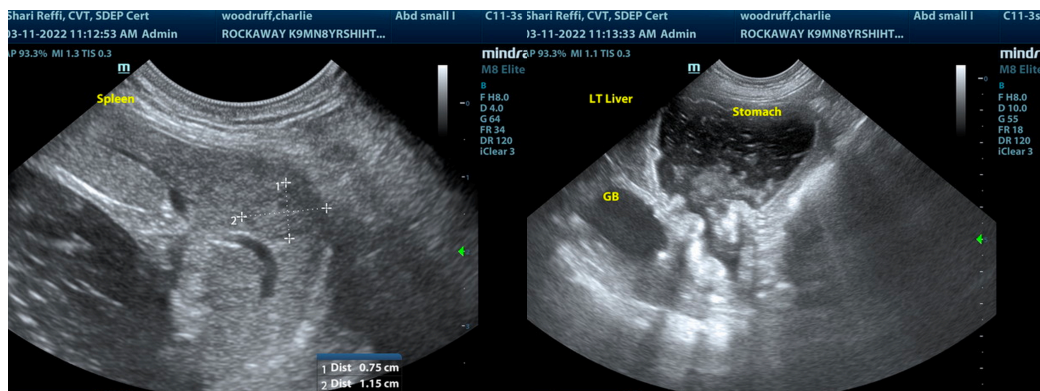
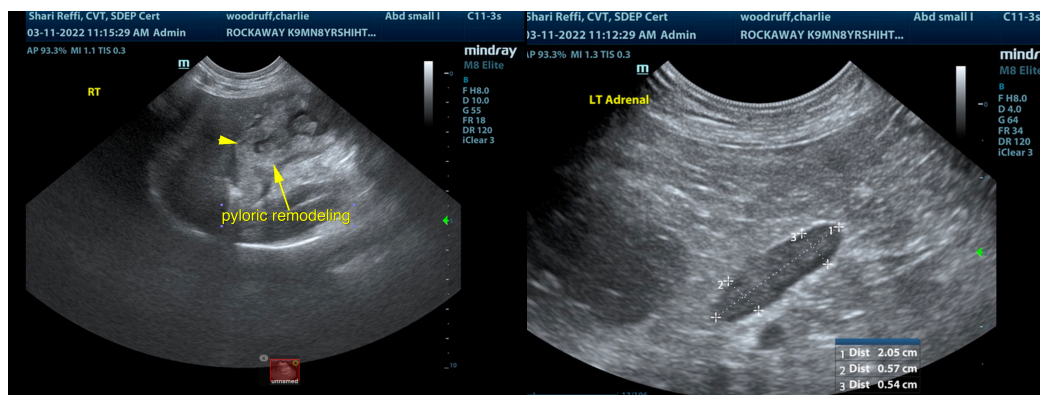
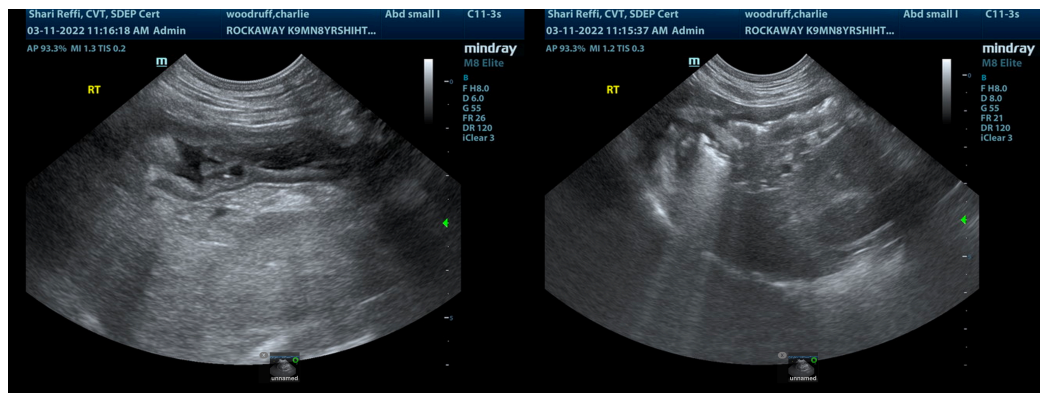
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ULTRASONOGRAPHIC FINDINGS

- Pyloric outflow delay with chronic gastritis/duodenitis pattern
- Pancreatitis pattern
- Splenic nodule
- Left lateral liver nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic nodule and left lateral liver nodule recommended. No overt foreign body noted. 24-hour NPO, GI protectant protocol, pain management, recheck sonogram warranted if clinical signs persist. Fecal test recommended to assess for underlying worm burden. The splenic and hepatic changes are likely nodular hyperplasia, possibility of hepatic abscessation or granulomatous disease. Minor potential for carcinoma.





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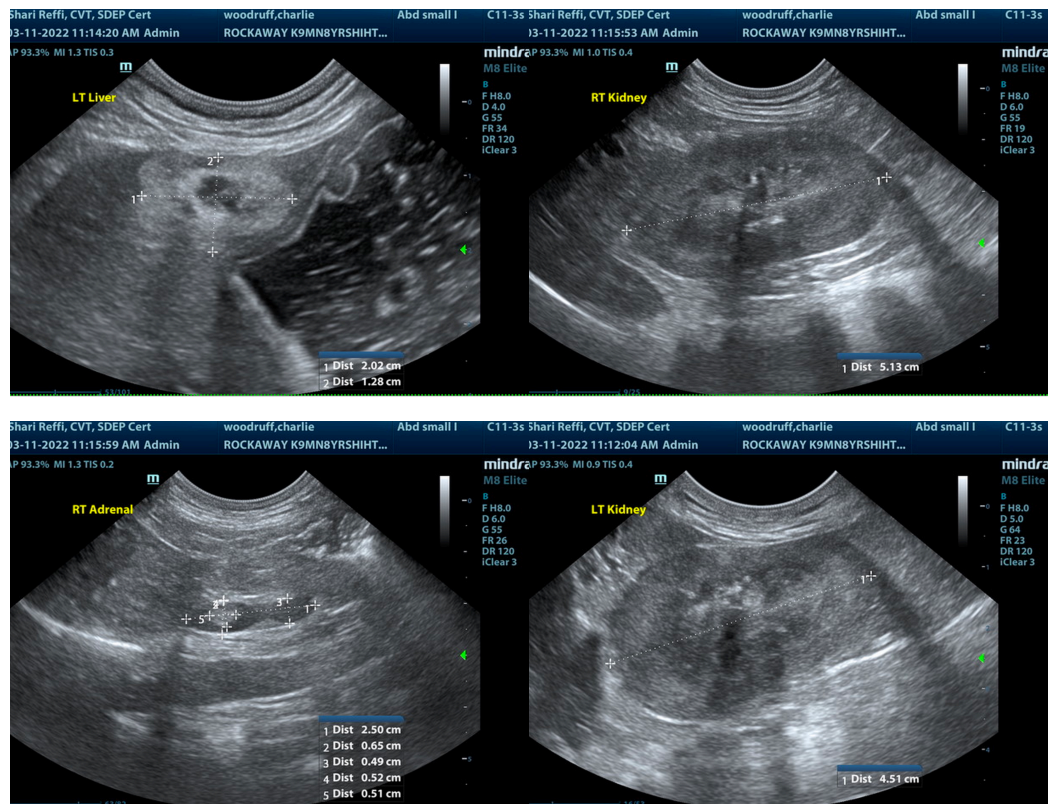
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com