



**PATIENT**

Coco Bisch

**PRESENTING CLINICAL SIGNS**

Prev. u/s showed FB and hepatopathy, NPO 24 hours.  
Abnormal PE/Chem/CBC/UA Results: Elevated GGT and ALP

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Jack Russell Terrier

The **urinary bladder** presented a minimal amount of urine. Minor bladder thickening present.

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. The right kidney measured 3.8 cm. The left kidney measured 3.79 cm with slight pyelectasia.

**SEX**

Female

**Adrenal Glands**

**AGE**

14 Years

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 1.42 cm x 0.62 cm at the cranial pole and 0.54 cm at the caudal pole. The left adrenal gland measured 1.27 cm x 0.34 cm at the cranial pole and 0.35 cm at the caudal pole.

**WEIGHT**

14.5 Pounds

**Spleen**

The **spleen** presented a focal hypoechoic 0.92 cm nodule at the mid cranial body.

**INTERPRETED BY**

Eric Lindquist, DMV

**Liver**

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**Gastrointestinal**

The **stomach** revealed persistent progressive shadowing pyloric material. The small intestine and colon were unremarkable.

**HOSPITAL NAME**

Rockaway AH

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**REFERRING VET**

Dr. Maniar

**INVOICE**

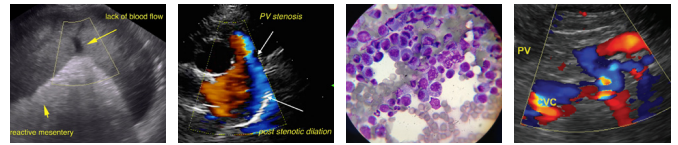
36108

**ULTRASONOGRAPHIC FINDINGS**

- Moderate degenerative renal changes
- Shadowing gastric material
- Splenic nodule

**DATE**

3/11/22



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**HOSPITAL NAME**

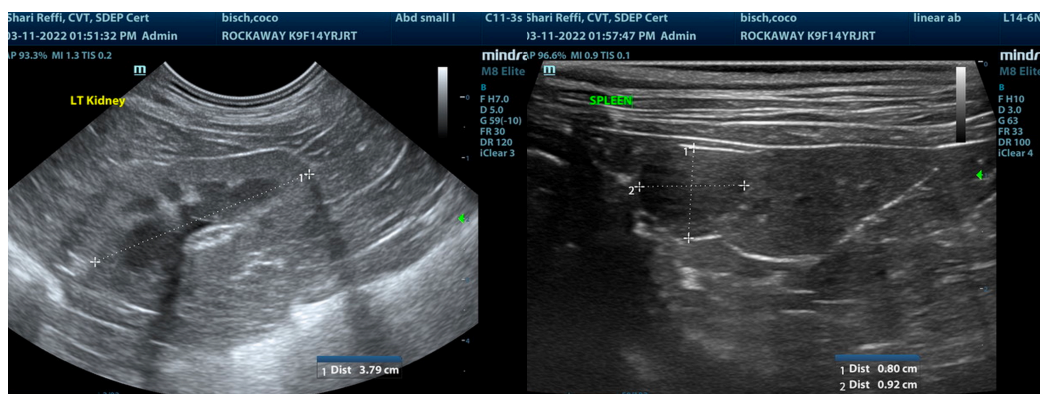
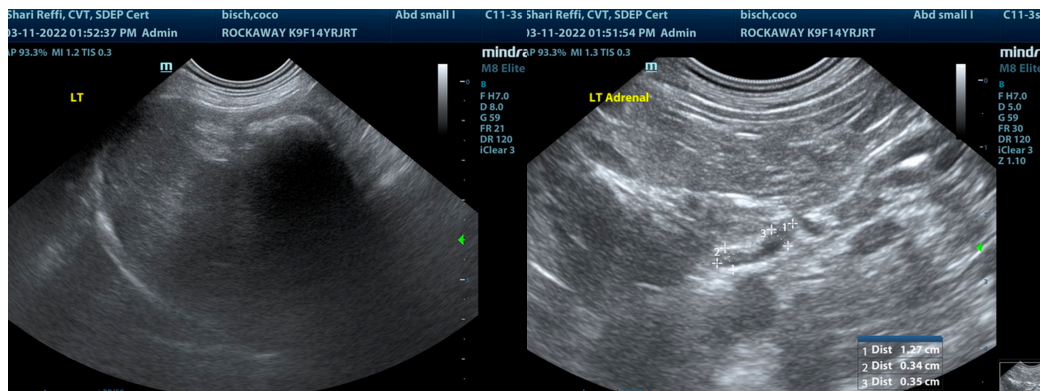
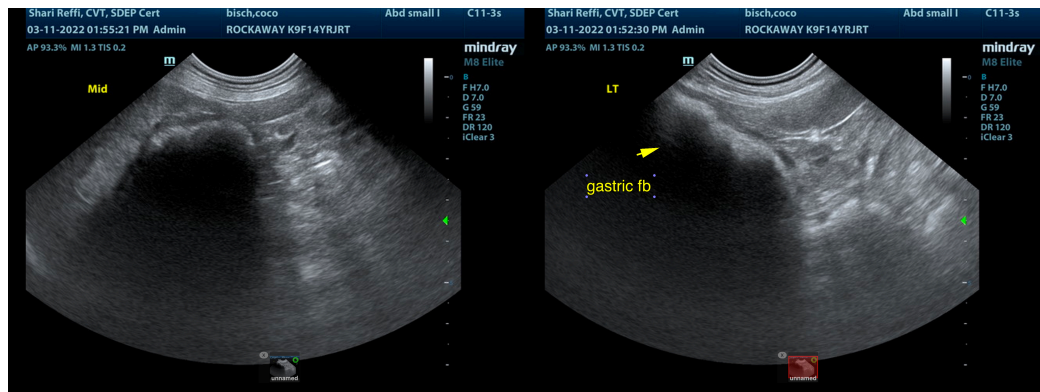
Rockaway AH

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming the patient is NPO, gastrotomy warranted. Grass ball or similar material likely. The shadowing material was present in multiple views.



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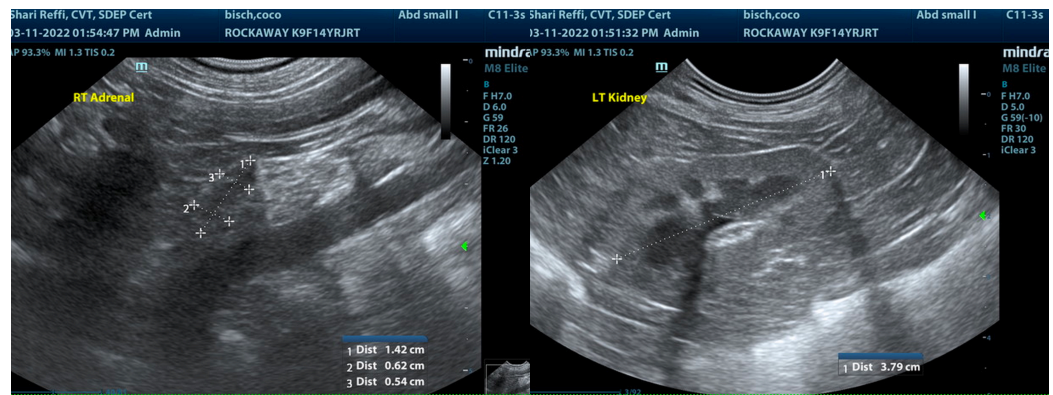
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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