



PATIENT

Daisy Duke Ford

SPECIES

Canine

BREED

Walker Hound

SEX

Spayed Female

AGE

10 years

WEIGHT

104 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Chabora

INVOICE

96992

DATE

3/21/22

PRESENTING CLINICAL SIGNS

History: Pancreatitis, vomiting coffee grounds, bloody diarrhea Current meds: soloxine 0.5mg BID, apoquel 16mg 1 1/2 SID, Fortiflora, Deramax, Metronidazole, Sucralfate, Buprenex
Abnormal PE/Chem/CBC/UA Results: CPL- abnormal, ALP 319, BUN 29.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 8.01 cm with a slight cortical cyst. The left kidney measured 8.34 cm.

Adrenal Glands

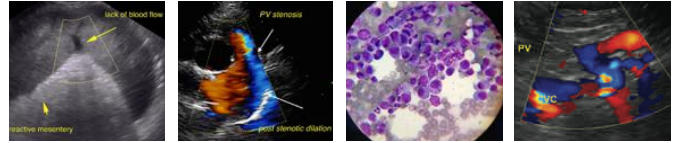
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.9 x 1.0 cm at the cranial pole and 0.8 cm at the caudal pole. The left adrenal gland measured 3.42 x 0.65 cm at the caudal pole and 0.51 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 was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. 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



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regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable. Pleural effusion was noted through the diaphragm.

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Gastrointestinal

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The stomach is mildly thickened. There was no overt ulcerative disease noted. However, given the patient's history microulcerative disease is likely.

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Pancreas

The **pancreas** revealed had heterogenous parenchymal changes in the right limb with areas of enhanced mesentery. This is consistent with mild pancreatitis.

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Free Abdomen

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The iliac lymph nodes were mildly enlarged and measured 3.3 x 1.4 cm. A large amount of abdominal fat was noted in the patient.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable GI tract with likely gastritis given the patient's microulcerative disease without macroulcerative changes.

INTERPRETED BY

Chronic active pancreatitis.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Moderate degenerative renal changes.

Pleural effusion was noted through the diaphragm.

IMAGING PERFORMED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Jessica Miller, RDMS

Thoracic work-up is recommended. GI protectants, IV fluid support and further investigation of a thoracic presentation through radiographs or CT and/or intercostal ultrasound with pleurocentesis is recommended.

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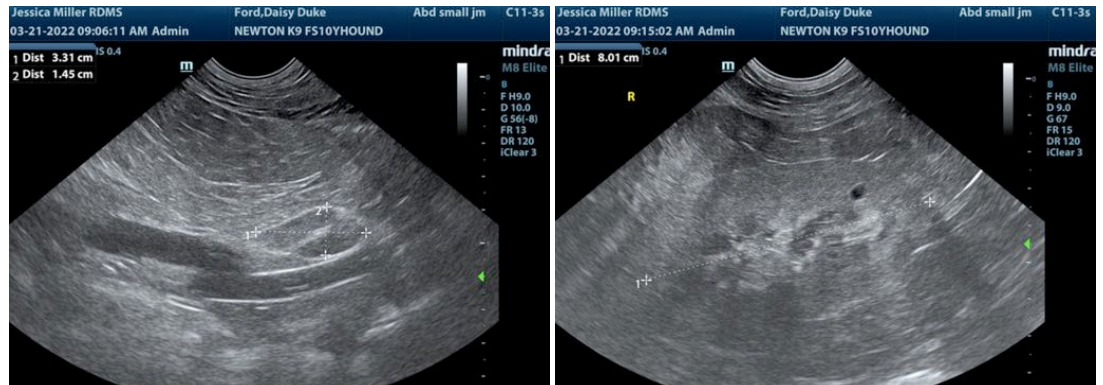
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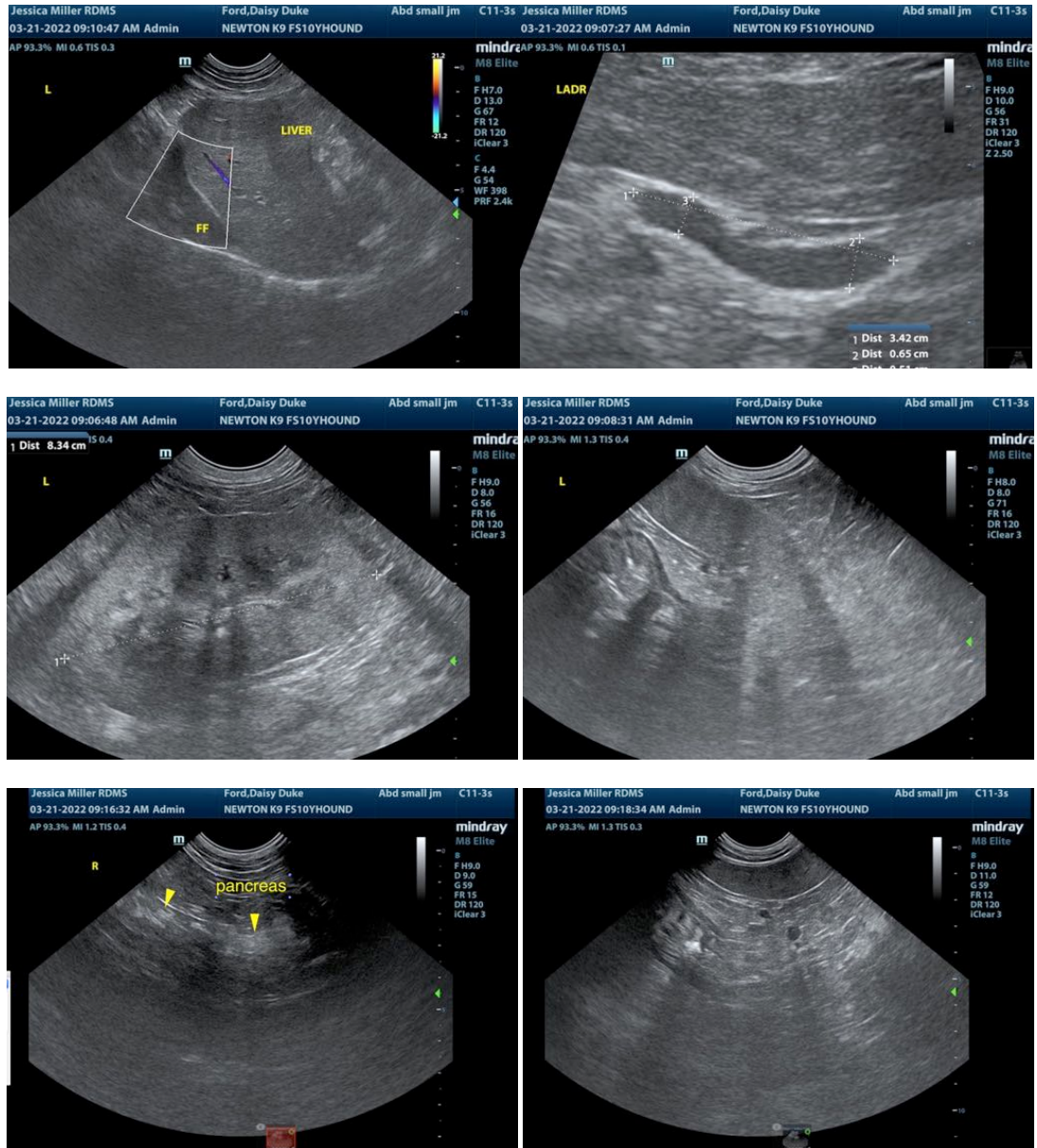
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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