



PATIENT

Brody Crawford

SPECIES

Canine

BREED

Maltese X

SEX

Neutered Male

AGE

11 Years 11 Months

WEIGHT

13.1 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Budd Lake AH

REFERRING VET

Dr. Horn

INVOICE

36432

DATE

3/24/22

PRESENTING CLINICAL SIGNS

Hematuria, not eating well, diabetic. Hx of PLE (has been off Pred since 2020). Current meds: Vetsulin 5U bid.

Abnormal PE/Chem/CBC/UA Results: BW from the end of Nov all wnl. U/A-USG 1.036, Bld 3+, EBC 11-20, Transitional epith. 2-3/hpf

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a polypoid mass measuring 2.22 cm x 0.80 cm deriving from the ventral wall. The polypoid mass at moderate repletion of the urinary bladder appeared resectable. The cystourethral junction and urethra were unremarkable. The prostate was uniform at 1.06 cm. The iliac trifurcation was unremarkable.

The **kidneys** were normal in size and contour; however, a minor hyperechoic ring was noted at the corticomedullary junction. This is consistent with diabetic nephropathy. This is likely from glucosuria. However, assessment for proteinuria is also warranted. This is an idiopathic finding, but an expected finding in diabetic patients. The left kidney measured 4.12 cm. The right kidney measured 7.64 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 1.52 cm x 0.86 cm at the cranial pole and 0.71 cm at the caudal pole. The left adrenal gland measured 1.72 cm x 0.63 cm at the cranial pole and 0.65 cm at the caudal pole.

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

Liver

The **liver** revealed multifocal hypoechoic nodular changes, the largest of which measured 2.21 cm x 1.81 cm. The remainder of the liver was coarse in architecture with increased portal markings and edematous gallbladder, consistent with cholangitis or possible immune mediated disease.

The vena cava was mildly dilated at 1.18 cm.

Transdiaphragmatic view revealed comet tail lung pattern, suggestive for alveolar disease.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. Spastic bowel noted throughout the small intestine. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable



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Pancreas

The **pancreas** revealed coarse architecture, undulating contour, and minor duct dilation. Hypoechoic areas were surrounded by hyperechoic fat, suggestive for inflammation. Reactive mesentery noted throughout the pancreas.

Heart

Rapid view of the heart did not reveal any left-sided volume overload.

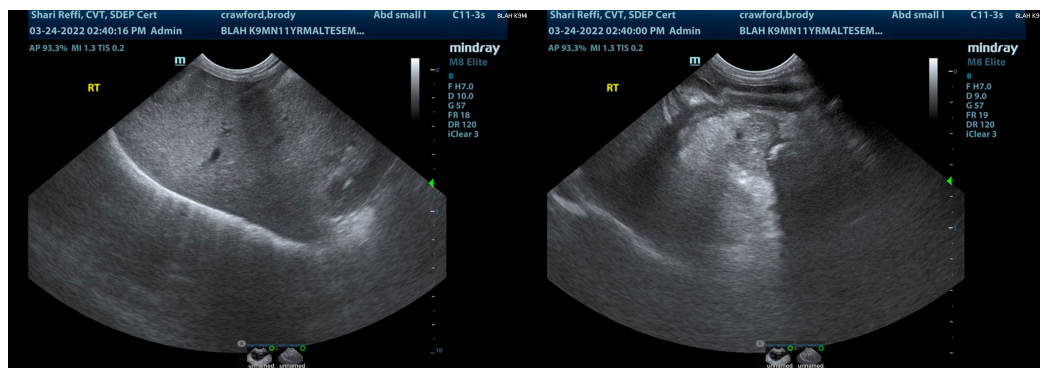
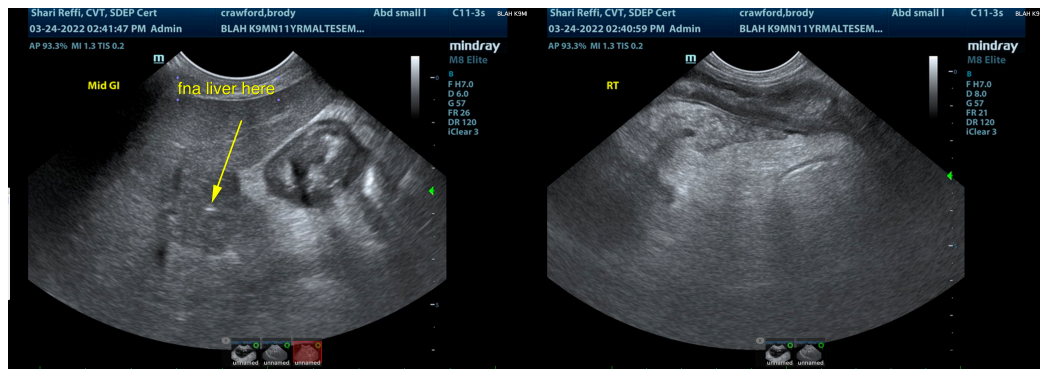
ULTRASONOGRAPHIC FINDINGS

- Pancreatitis/cholangitis pattern
- Incidental bladder mass, appears resectable
- Diabetic nephropathy
- Mineralized spleen
- Gastroenteritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient history and multifocal areas of inflammation noted involving the pancreas, gastrointestinal tract and gallbladder, I'm concerned for thromboembolic disease in this patient. IV fluid support, plasma transfusion, plasma expanders all indicated. Eventual FNA of hepatic nodules recommended. Nodular hyperplasia, abscessation, round cell neoplasia, carcinoma all possible on the liver. The pancreatic presentation was extensive.

Monitoring chest radiographs for progressive alveolar and bronchoalveolar densities recommended, as pulmonary thromboembolic disease may be a significant issue in this patient. Very guarded prognosis. Full echocardiogram warranted to assess for potential pulmonary hypertension that may be developing owing to the potential increased pulmonary pressures.





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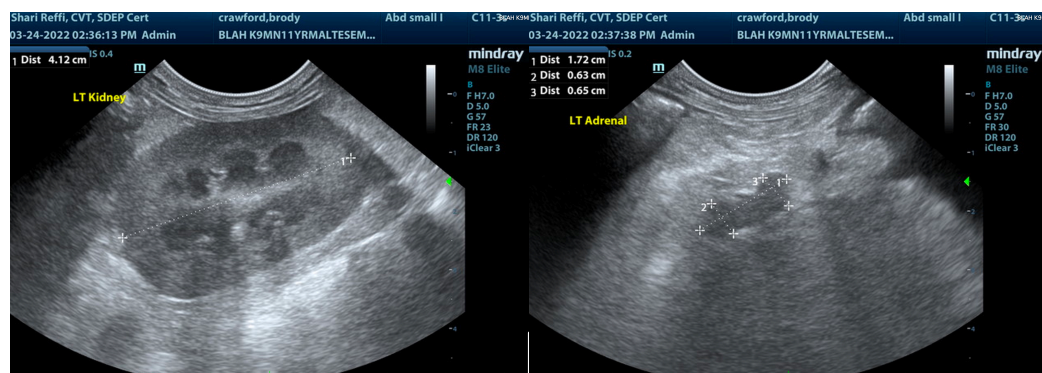
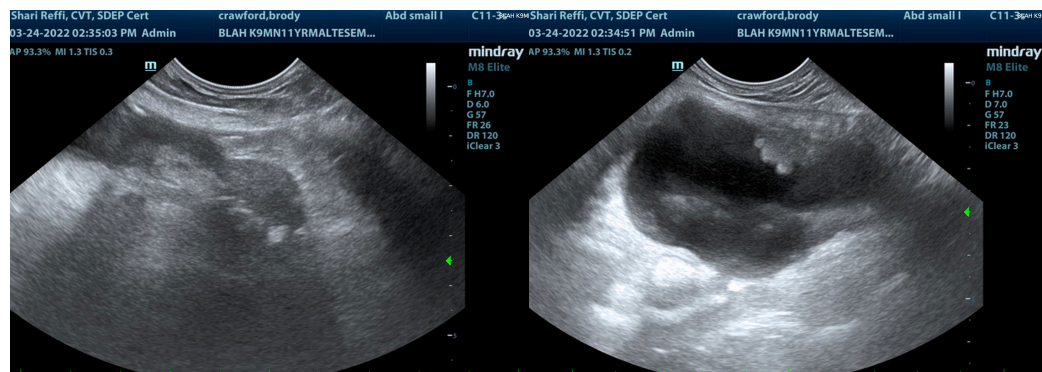
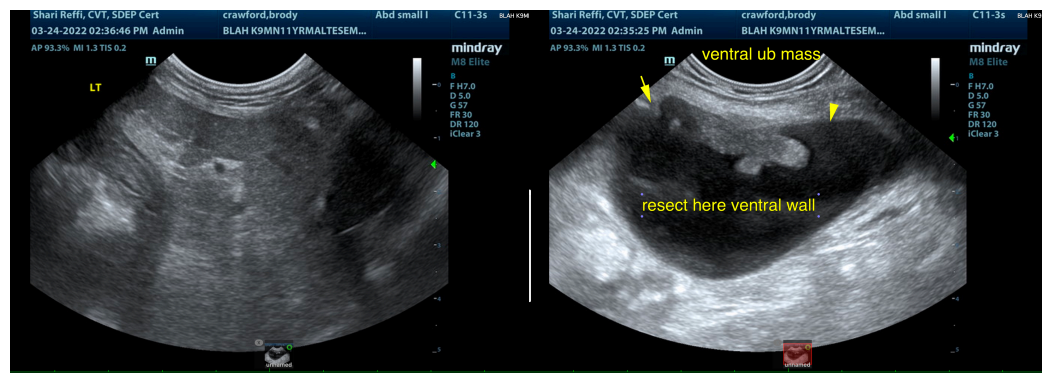
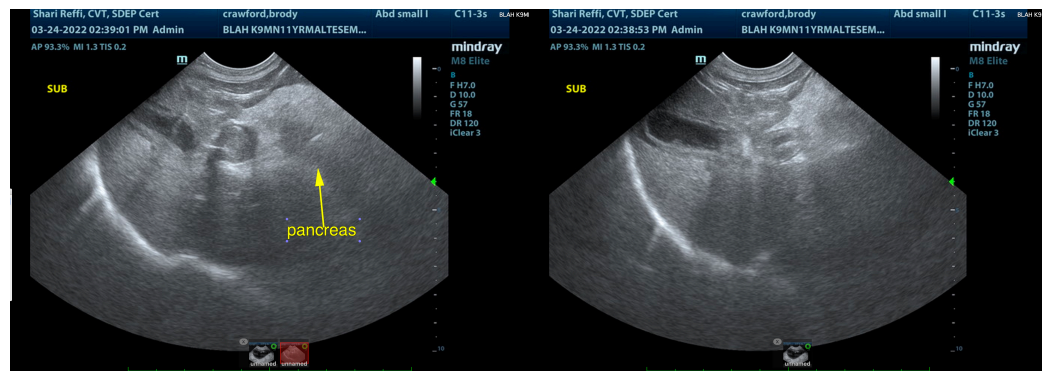
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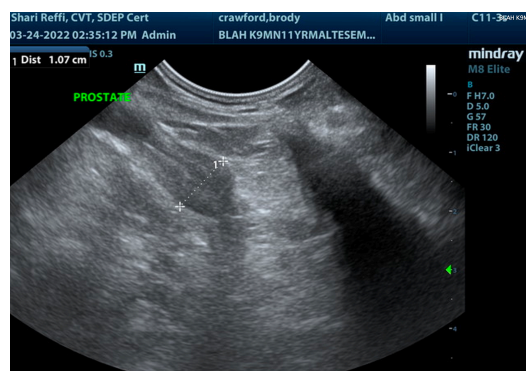
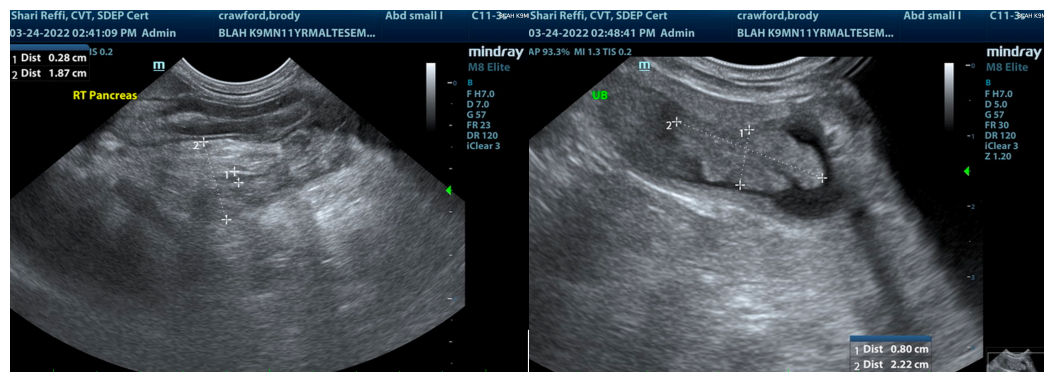
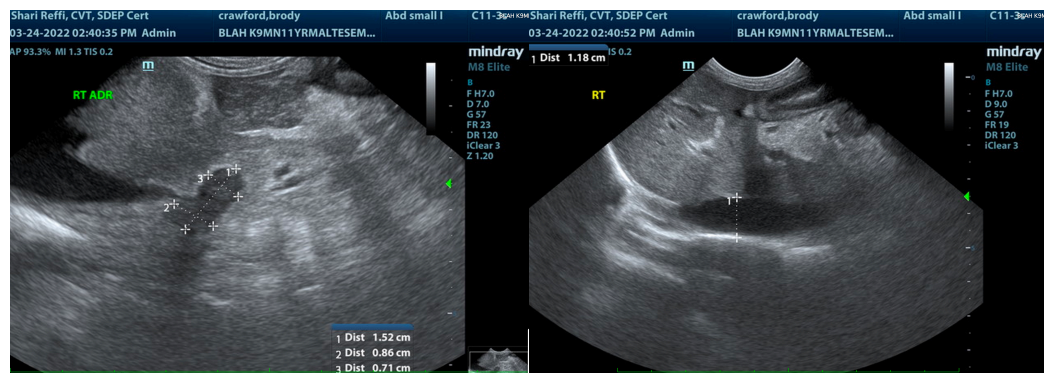
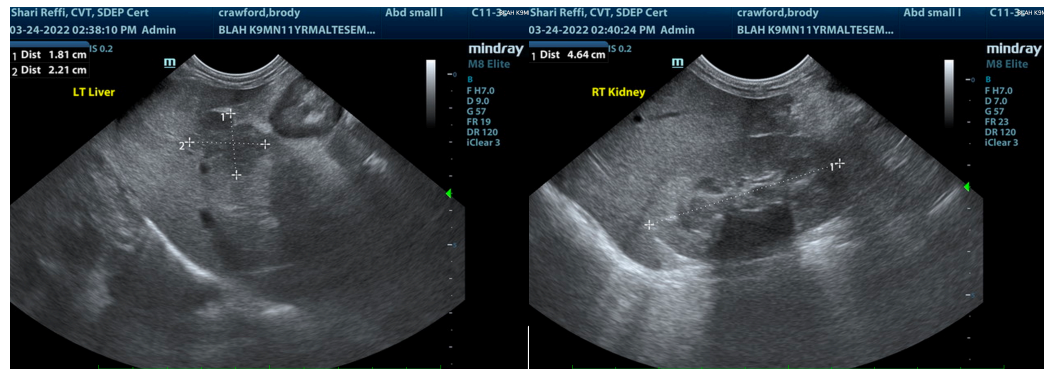
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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