



**PATIENT**

Cowboy Bowen

**SPECIES**

Canine

**BREED**

West Highland White  
Terrier

**SEX**

Neutered Male

**AGE**

4 Years 3 Months

**WEIGHT**

16.7 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ruth Loomis

**HOSPITAL NAME**

Brookwood AC

**REFERRING VET**

Dr. Ruth Loomis

**INVOICE**

46184

**DATE**

3/25/23

**PRESENTING CLINICAL SIGNS**

P has 6-month hx of intermittent vomiting - mix of food and bile. P will be lethargic and not want to eat for 12-24 hrs when these episodes happen. No improvement with increased frequency of feed or omeprazole.

Abnormal PE/Chem/CBC/UA Results: Normal chem/cbc/UA P just put on HP diet

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed small calculi, a grouping of which measured 0.60 cm, non-obstructive. The bladder wall was unremarkable.

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. Mineralization noted in both kidneys, non-obstructive.

**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 left adrenal gland measured 0.50 cm. The right adrenal gland measured 1.02 cm at the cranial pole and 0.50 cm at the caudal 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 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 regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**Gastrointestinal**

The **stomach** presented mild mucosal remodeling. Minor pyloric thickening. No evidence of neoplasia. The small intestine and colon were unremarkable.



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**Pancreas**

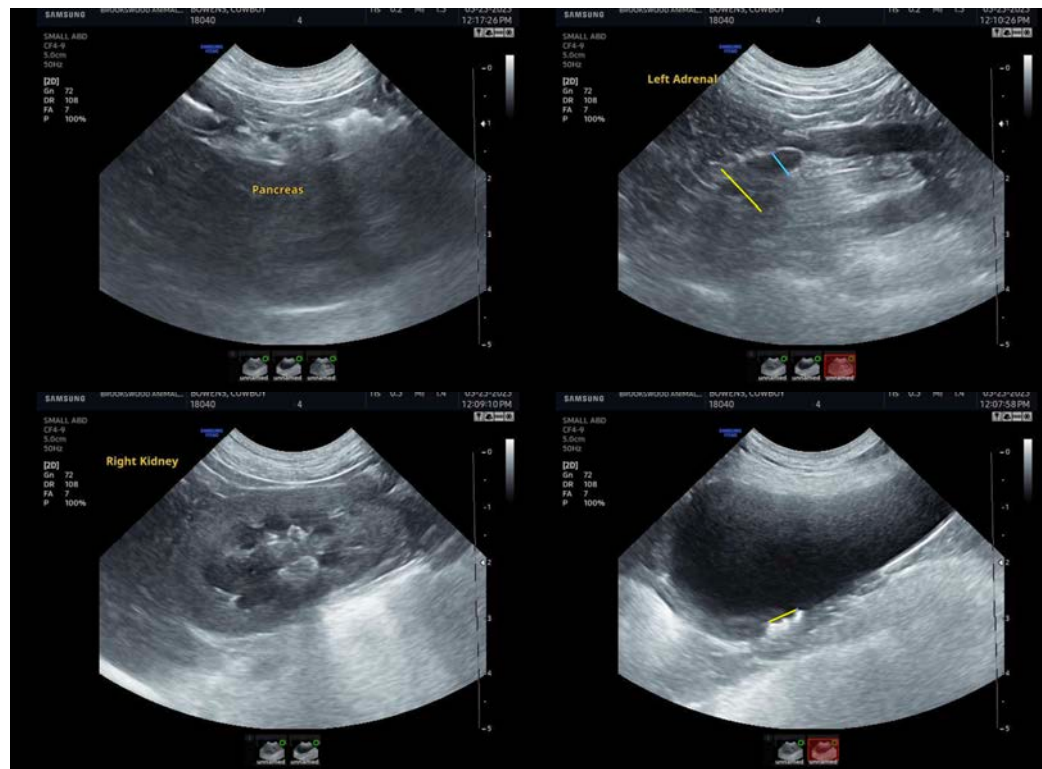
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain 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.

**ULTRASONOGRAPHIC FINDINGS**

- Mild gastritis pattern
- Bladder sand/small calculi
- Non-obstructive nephrolithiasis in both kidneys

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Treatment for gastric upset indicated. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.





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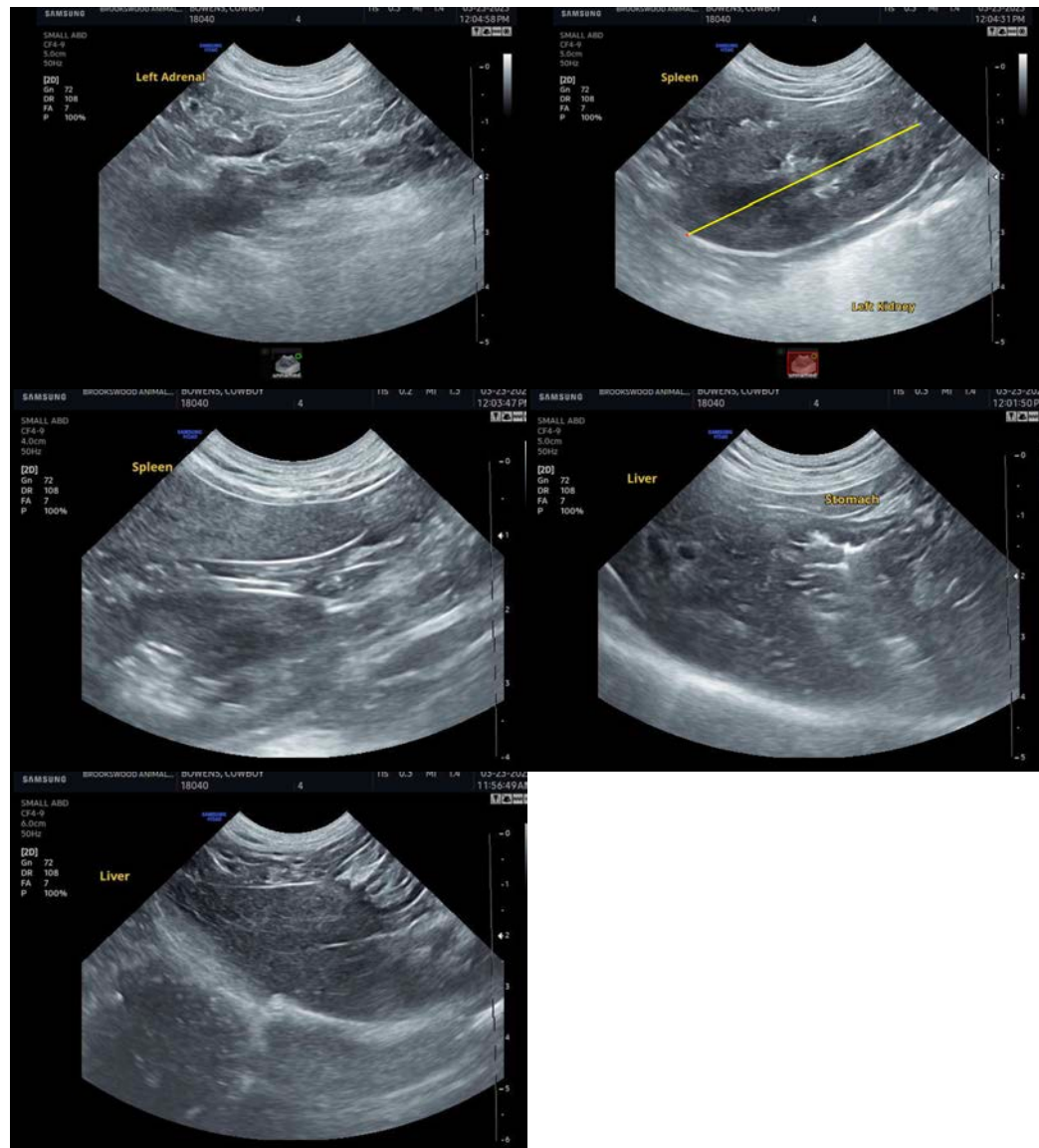
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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