



PATIENT

Jeter Sharpe

PRESENTING CLINICAL SIGNS

History: Hyporexia, weight loss.
Abnormal PE/Chem/CBC/UA Results: Bloods pending.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Pit Bull Terrier

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 was noted. Ureteral papillae were normal.

SEX

Neutered male

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Hyperechoic medullary rim sign was noted. If blood work demonstrates diabetic status then diabetic nephropathy is likely. Assessment for glucosuria is warranted or proteinuria. The right kidney measured 6.7 cm. The left kidney measured 6.0 cm.

AGE

8 years

WEIGHT

54 lbs

Adrenal Glands

INTERPRETED BY

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

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 2.06 x 0.9 cm at the cranial pole and 0.67 cm at the caudal pole. The left adrenal gland measured 2.17 x 0.37 cm at the caudal pole and 0.42 cm at the cranial pole.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

Spleen

HOSPITAL NAME

Westwood Regional
VH

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.

REFERRING VET

Dr. Silver

Liver

INVOICE

97864

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.

DATE

3/24/22



PATIENT

Gastrointestinal

Jeter Sharpe

The **stomach** revealed a minor amount of ingesta/chyme. Structurally the GI tract was unremarkable. The curvilinear patterns were maintained.

SPECIES

Canine

Pancreas

BREED

Pit Bull Terrier

The **pancreas** revealed a dilated duct and measured 0.43 cm with coarse architecture. There was no overt evidence of inflammation.

SEX

Neutered male

Medullary rim sign, possible diabetic nephropathy.

Chronic pancreatic changes.

AGE

8 years

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If diabetic state is found on blood work then benign vacuolar hepatopathy pattern may be owing to underlying endocrinopathy. There is a potential for low-grade inflammation; however, the changes were minor. The cause of weight loss is unclear. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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HOSPITAL NAME

Westwood Regional VH

REFERRING VET

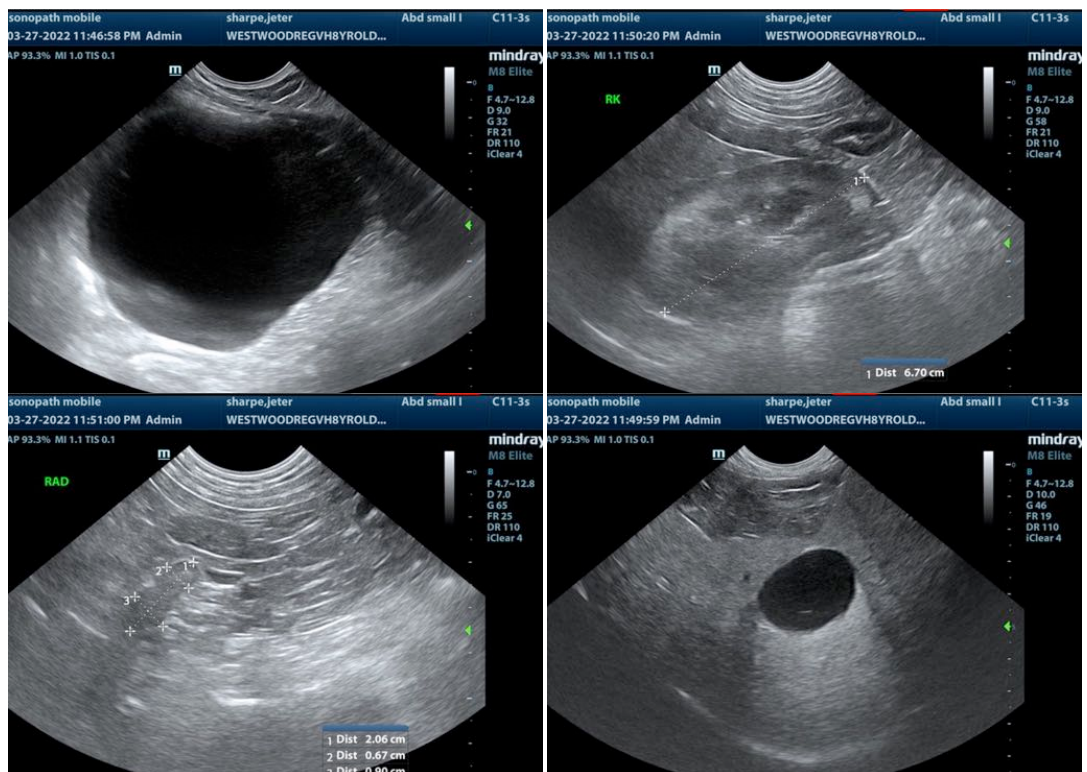
Dr. Silver

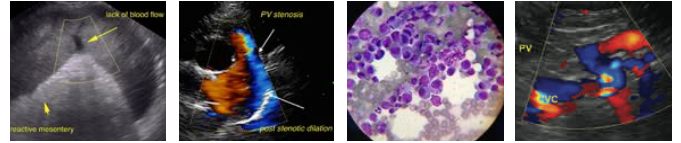
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PATIENT

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SPECIES

Canine

BREED

Pit Bull Terrier

SEX

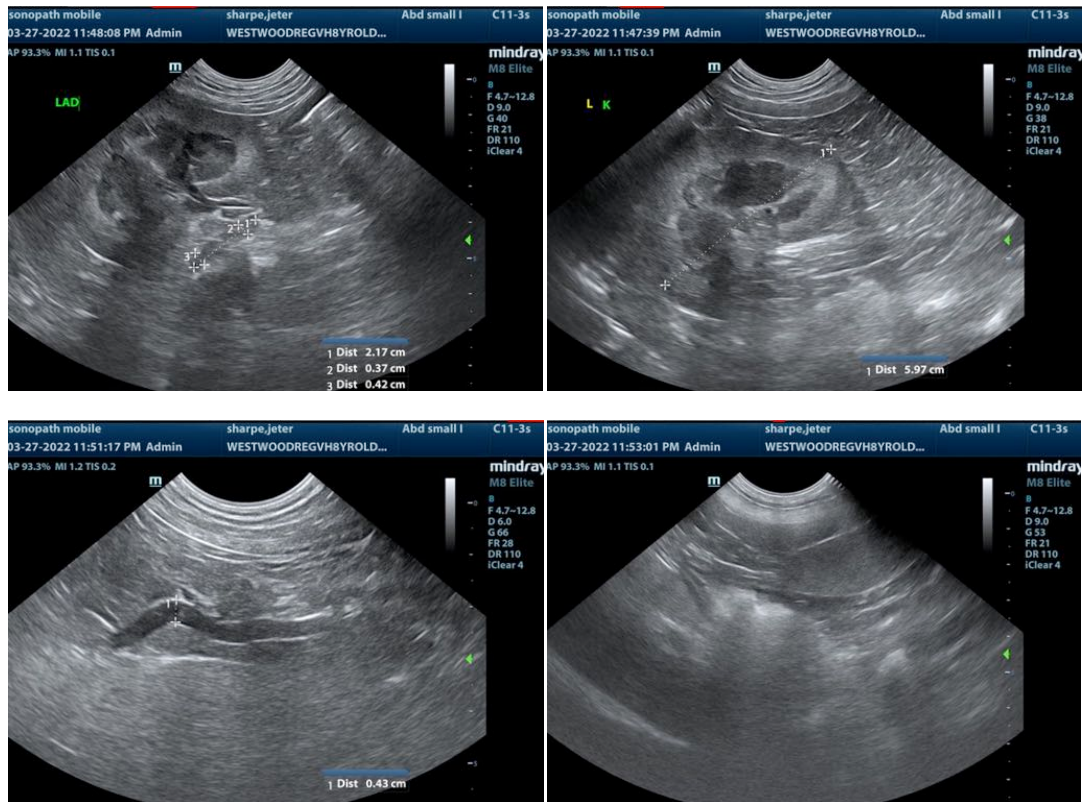
Neutered male

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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.

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