



**PATIENT PRESENTING CLINICAL SIGNS**

Jack Oberholtzer

**SPECIES**

Canine

**BREED**

Jack Russell Terrier

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

19.8 lbs

History: 10.7 yo MN Jack Russell Terrier 19.8 pounds. Hx allergies and GB sludge. Currently taking zyrtec, trazodone, pepcid, pred 2.5 mg ETD long term for allergy mgt, ursodiol daily. Hx of heart murmur - monitored by cardiologist, CVD, no meds indicated. Have been monitoring serial CBC for the last year. Persistent leukopenia b/w 3.5 k/uL and 4.5 k/uL characterized by a neutropenia 1.6 to 2.0 k/uL. Empiric abx therapy trial for 1 month with Cefpodoxime --> Leukocytes returned to 8.25 k/uL and neutrophils 6.6 k/uL but off abx therapy has returned to being leukopenic and neutropenic. Screening abd AUS performed today. NSF with chest radiographs.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. 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.

The prostate was heterogenous and measured 1.02 cm in width.

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. Slight pinpoint mineralization was noted. The left kidney measured 4.31 cm with slight pinpoint mineralization. The right kidney measured 4.24 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Carpenter

**HOSPITAL NAME**

Pennridge AH

**REFERRING VET**

Dr. Carpenter

**Adrenal Glands**

The right **adrenal gland** was mildly enlarged, heterogenous and measured 1.6 cm at the cranial pole and 0.72 cm at the caudal pole. The right adrenal gland revealed pericapsular enhancement;; however, I cannot discern from software appearance. The left adrenal gland measured 1.75 x 0.45 cm at the caudal pole and 0.55 cm at the cranial pole. The vena cava was free of evident pathology. No invasion was noted.

**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** 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

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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.

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**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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**Pancreas**

**SEX**

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Minor heterogenous **pancreatic** changes were noted. The parenchyma was ill defined. I cannot differentiate low grade inflammation from software artifact. Some pancreatic remodeling was evident, yet the level of active inflammation is undetermined.

**AGE**

10 years

**ULTRASONOGRAPHIC FINDINGS**

Geriatric abdomen with remodeled pancreas, possible pancreatitis or software defect.

**WEIGHT**

19.8 lbs

Prominent right adrenal gland, upper limits of normal in left adrenal gland. Potential adenitis or pericapsular inflammation.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If the patient is PU/PD then work-up for pituitary dependent hyperadrenocorticism is recommended.

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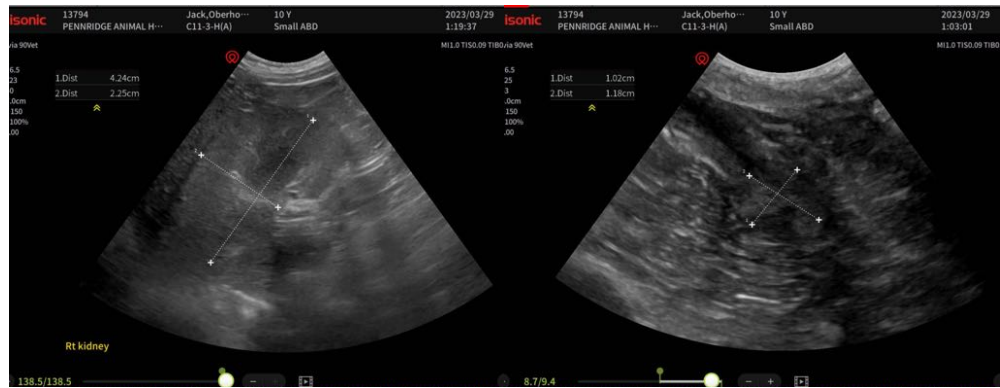
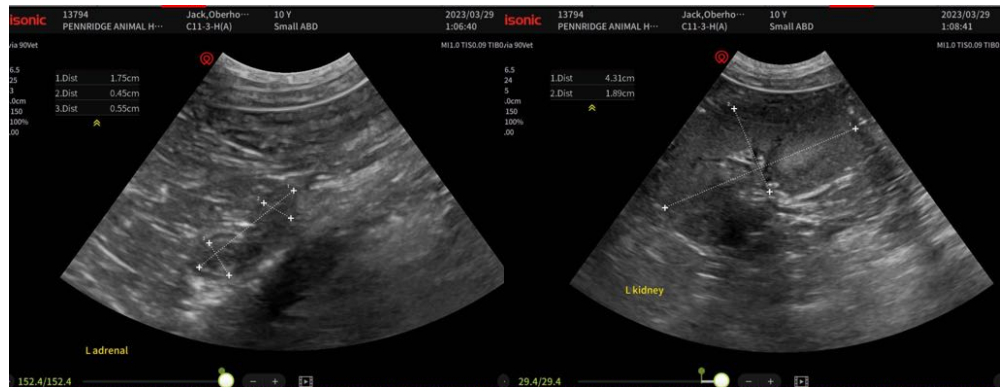
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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

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