



PATIENT

Desi Manack

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

9 Years

WEIGHT

28 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Peter Nelson

HOSPITAL NAME

Valley Vet Service

REFERRING VET

Dr. Michelle Bartus

INVOICE

36559

DATE

3/29/22

PRESENTING CLINICAL SIGNS

Geriatric dog with glaucoma, hypothyroidism and allergies. On Levothyroxine, Methazolamide, Timolol, Cytopoint. Shaking for several days as if painful but no specific area of pain evident on physical. Proteinuria investigation led to abdominal u/s.

Abnormal PE/Chem/CBC/UA Results: Sp. Gr. 1.032 Bld 10, no infection. UPC 11.4 Albumin 1.9 (2.2-3.9), all other chemistries & CBC normal. Negative 4 Dx test

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight cortical infarct noted at the dorsal cortex of the left kidney, appears to be stable. No evidence of active inflammation.

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 2.05 cm x 0.51 cm at the cranial pole and 0.76 cm at the caudal pole. The right adrenal gland measured 1.99 cm x 0.44 cm at the caudal pole and 0.60 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 were 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 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.

Transdiaphragmatic view revealed pleural effusion.

Gastrointestinal

The **stomach** was filled with ingesta. The small intestine and colon were unremarkable.



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Pancreas

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Enhanced mesentery noted around the **pancreas**. Minor heterogeneous pancreatic changes noted, suggestive for inflammation.

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ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy
- Heterogeneous pancreas with enhanced mesentery
- Ingesta filled stomach
- Left renal infarct
- Age related changes elsewhere
- Pleural effusion noted through the diaphragm

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Thoracic workup indicated. Chest radiographs and intercostal ultrasound recommended +/- pleurocentesis. Some level of pancreatitis likely, yet significant thoracic disease is suspected.

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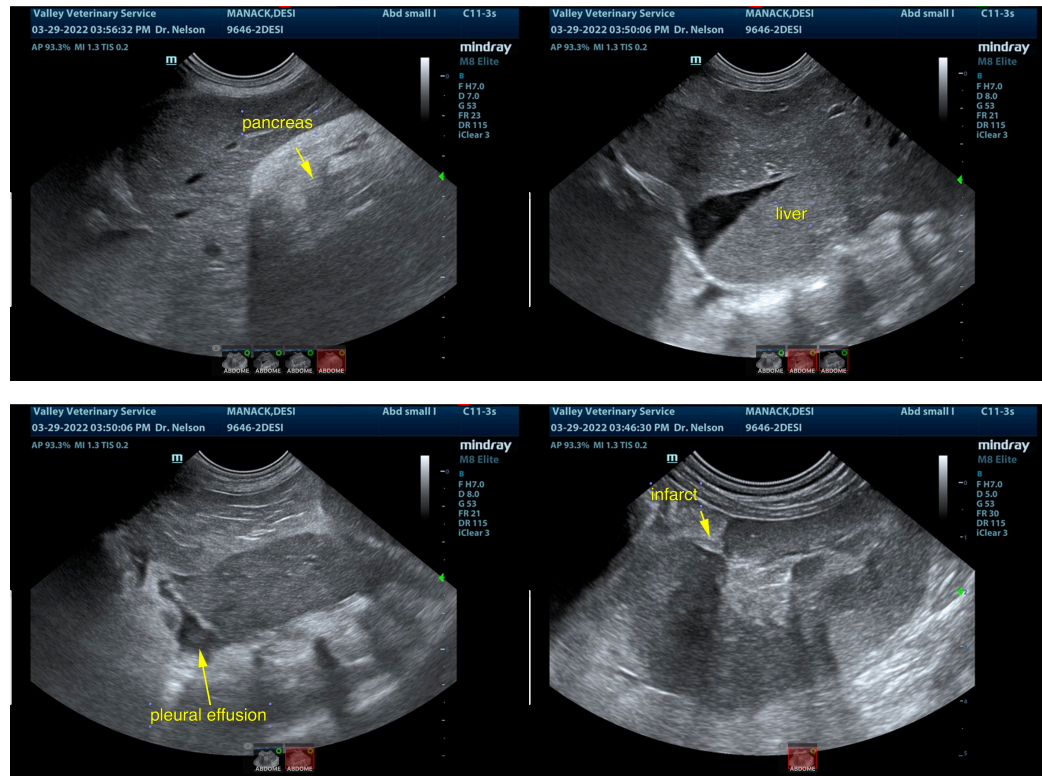
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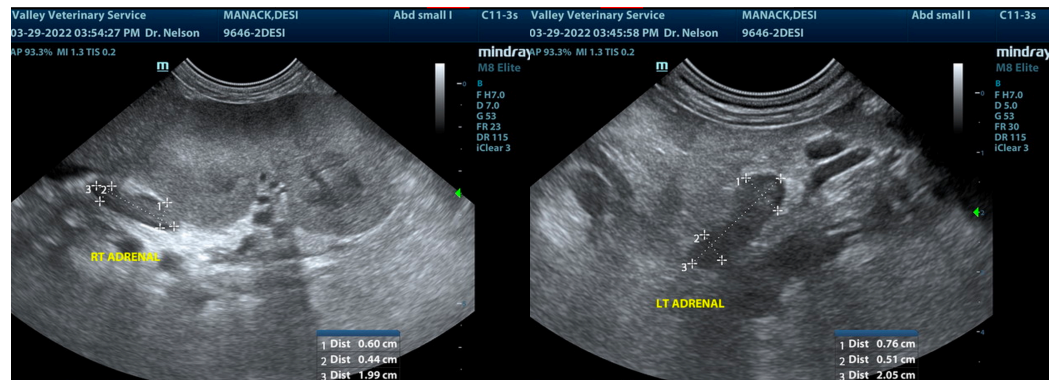
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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