



PATIENT

Sundae Dearborn

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

13 Years 11 Months

WEIGHT

26.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Oliver

INVOICE

36558

DATE

3/29/22

PRESENTING CLINICAL SIGNS

Recurrent diarrhea. Current medications: Thyroxine 0.3mg BID. Abnormal PE/Chem/CBC/UA Results: PE: BAR, happy. BCS 5/9, good haircoat. BW (2/2/2022) Hct 46%, Retics 130 slt H, WBC 4.5k, BUN 38, Creat 0.8, K+ 5.8, Na:K 25. ALP 317, cPL 260 H. T-4: 4.4, on thyroxine.

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. A minimal amount of urine was present at the time of the sonogram. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

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. The right kidney measured 5.5 cm with slight pyelectasia noted. The left kidney measured 5.4 cm with pyelectasia noted. Pyelectasia may be owing to scarring or occult infection.

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 0.68 cm at the caudal pole and 0.68 cm at the cranial pole. The right adrenal gland measured 1.5 cm x 1.09 cm at the cranial pole and 0.64 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** revealed fluid-filled lumen and minor edematous wall, most consistent with mild gastritis. No evidence of neoplasia. The small intestine and colon were unremarkable.



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Pancreas

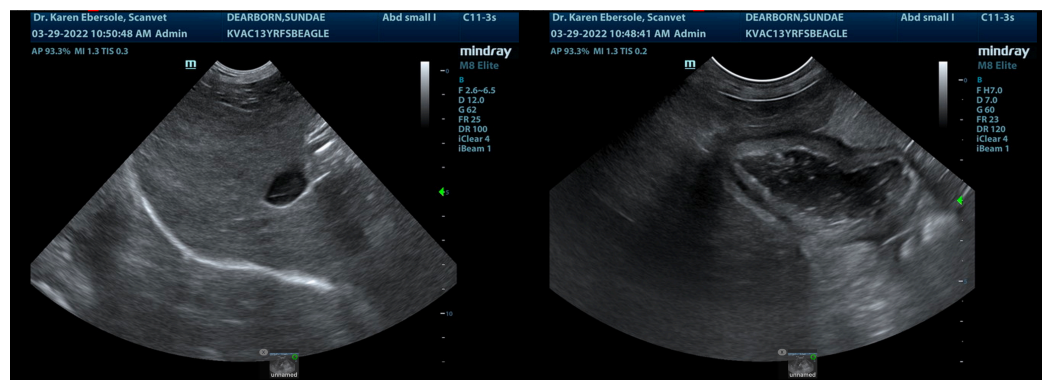
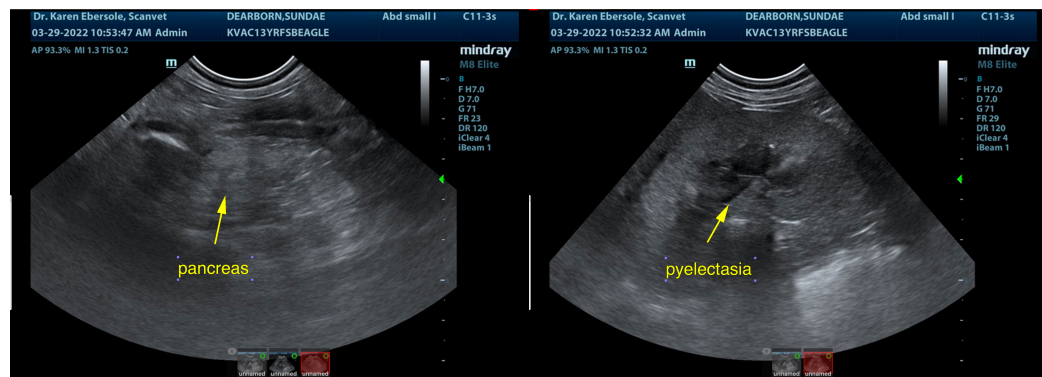
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain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

- Age related abdominal changes with pyelectasia of the left kidney owing to infection or possible scarring from prior insult
- Hepatic remodeling
- Pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of diarrhea is unclear. However, the stomach is edematous. Low-grade GI upset suspected. Diet change to hydrolyzed geriatric diet, anti-parasitic protocol warranted. Azotemia may be related to prerenal disease. UTI Should be ruled out, given the pyelectasia. Maldigestion is also a potential. No evidence of neoplasia.





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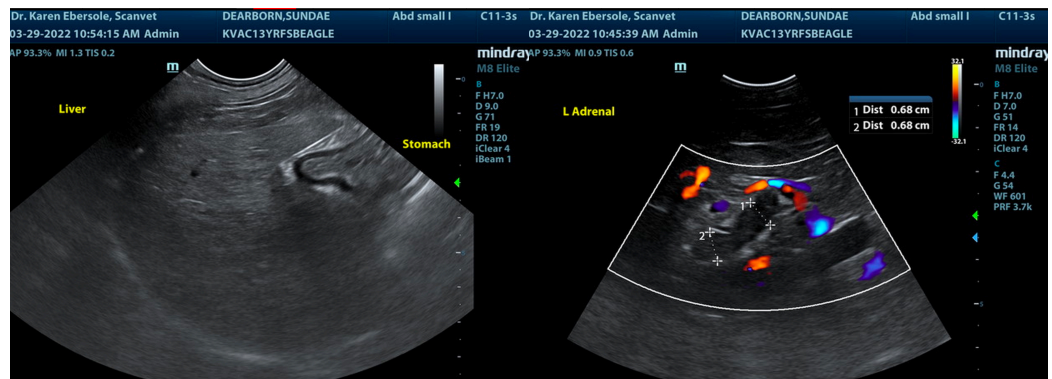
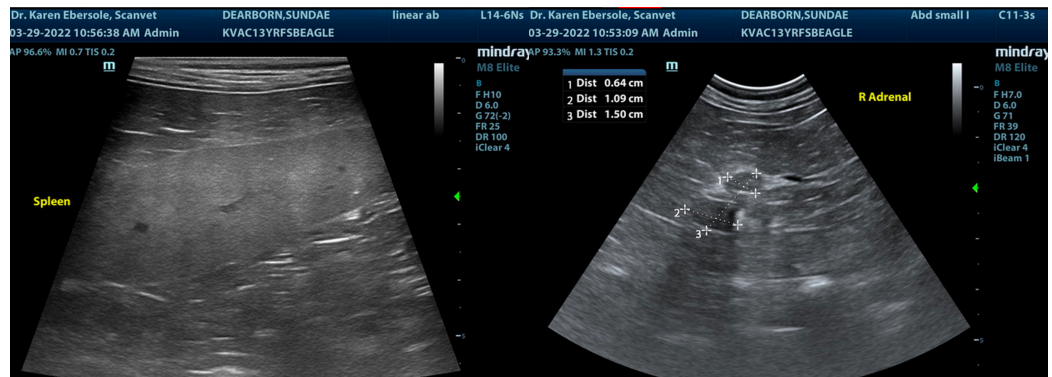
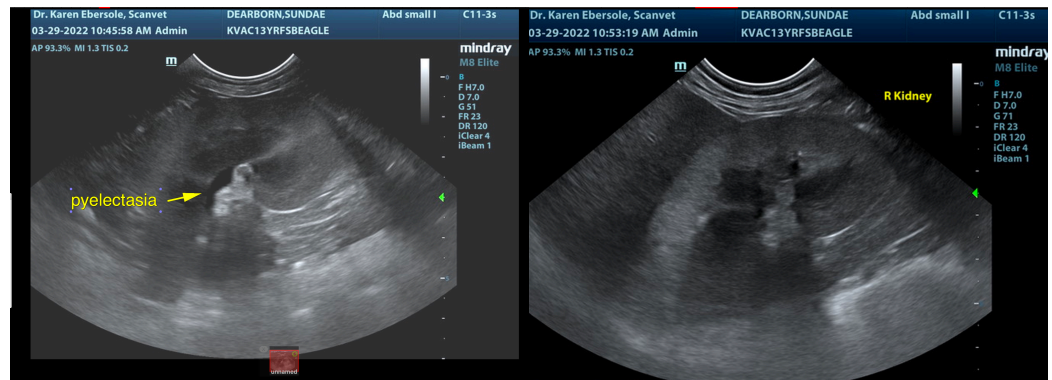
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com