



PATIENT

Sinclair Hannigan

SPECIES

Canine

BREED

Min Poodle X

SEX

Neutered Male

AGE

14

WEIGHT

3 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Neil Russell

HOSPITAL NAME

Frosted Faces Foundation

REFERRING VET

Dr. Neil Russell

INVOICE

45716

DATE

3/3/23

PRESENTING CLINICAL SIGNS

Hyporexia (WAS anorexic) V+ (RESOLVED) Dark BM RESOLVED (r/o melena) Dehydration (RESOLVED) Weight loss Severe renal azotemia (RESOLVED), pyuria (RESOLVED, bacteriuria (RESOLVED) Pyelectasia Elevated pancreatic enzymes Moderate NR anemia GB mucocele Liver cystic mass r/o GB mucocele vs pancreatitis vs neoplasia vs +/- resolved pyelonephritis +/- CKD

Abnormal PE/Chem/CBC/UA Results: Labs 03/03: - HCT 26.4% NR - Glucose 55 - BUN 67 - Creat 1.3 - LIPA 4526 - AMYL >2500 Labs 02/27 - Creat 3.3 - BUN > 130 - Phos 15.1 - K+ 7.5 (Na+ 148) Ratio 20 - UA 1.012 pyuria needs a dilution: rods - Mild lymphopenia and eosinopenia - Cortisol wnl Spin down of fluid aspirate from cystic liver mass: serosanguinous brown fluid, on slide granular material (could be histamine) and scant hepatocytes (*possible round cells*), fluid out for analysis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed coalesced debris, a grouping of which measured approximately 1.0 cm. This may represent a blood clot.

The **kidneys** presented an interstitial nephrosis pattern. The left kidney measured 3.6 cm with pyelectasia at 0.48 cm. The right kidney measured 2.87 cm with pyelectasia at 0.37 cm. Slight mineralizations noted in both kidneys.

Adrenal Glands

The **right adrenal gland** was 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 0.69 cm at the cranial pole and 0.42 cm at the caudal pole.

The region of the **left adrenal gland** was imaged, no evident pathology.

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. Anechoic cyst noted in the left caudal aspect of the liver measuring 2.5 cm, not overtly pathological. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was overdistended with suspended debris/bile, measuring 4.0 cm x 3.0 cm, consistent with immature gallbladder mucocele.

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

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

- Immature gallbladder mucocele
- Hepatic cyst
- Moderate degenerative renal changes with pyelectasia
- Urinary debris
- Age related pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Acute on chronic insult suspected. I'm most concern about the renal function. 72-hour IV fluid protocol, urine culture and sensitivity indicated. Gallbladder motility study or Ursodiol therapy would be warranted in this patient. Eventual cholecystectomy and left lateral lobe removal may be appropriate. Guarded prognosis. Continuation of treatment for renal failure indicated.

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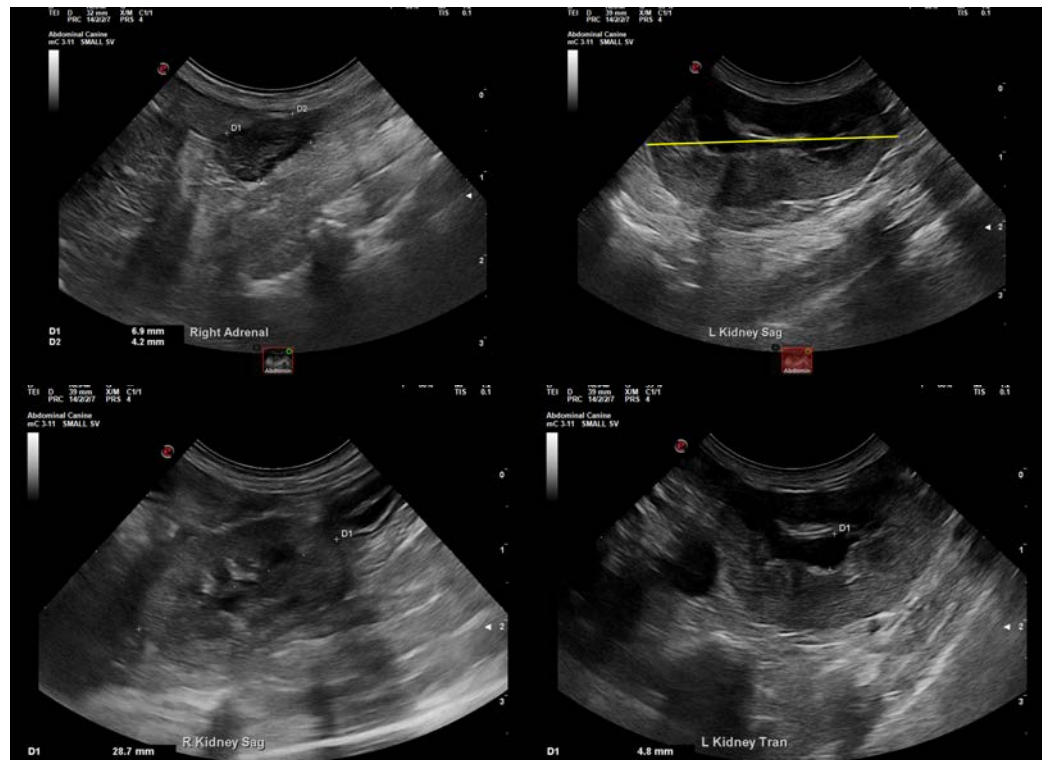
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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