



**PATIENT**

Pork Chop Sitarchyk

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

90 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Adrienne Ligenza

**HOSPITAL NAME**

Rush VC

**REFERRING VET**

Dr. Milot

**INVOICE**

97932

**DATE**

3/30/22

**PRESENTING CLINICAL SIGNS**

History: not eating, weight loss, PU/PD, started insulin, slightly pale upon arrival, history of anemia and thrombocytopenia  
Abnormal PE/Chem/CBC/UA Results: elevated Glucose, ALP, WBC, Lipase, Amylase

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

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. The right kidney measured 8.05 cm. The left kidney measured 8.0 cm.

**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 0.7 cm and the right adrenal gland measured 0.65 cm.

**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 diffusely hyperechoic to the falciform fat. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.

**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. Some retention of ingesta was noted in the stomach. This is consistent with metabolic ileus. Small and large intestine demonstrated



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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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**SPECIES**

**Pancreas**

Canine

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**BREED**

Mix

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Metabolic hepatopathy.

Neutered male

Gastric stasis.

Otherwise, unremarkable abdomen.

**AGE**

11 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

CBC path review and bone marrow aspirate/biopsy is indicated. There was no evidence of direct correlation of visceral disease to the underlying clinical process.

90 lbs

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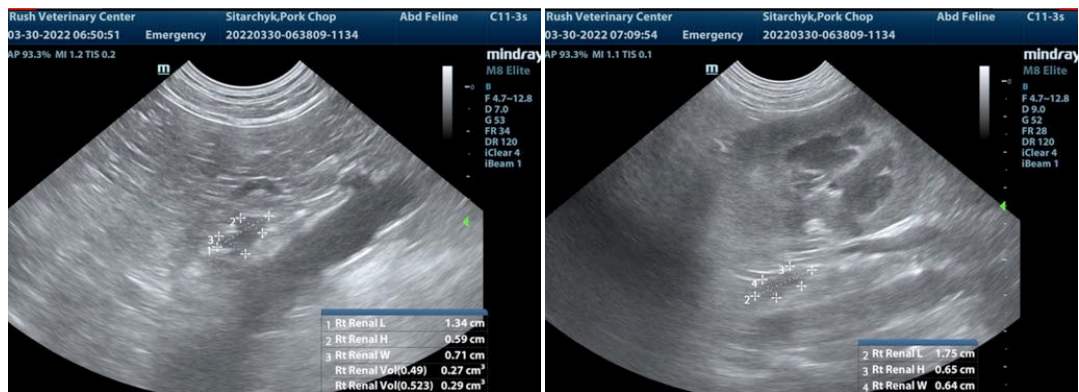
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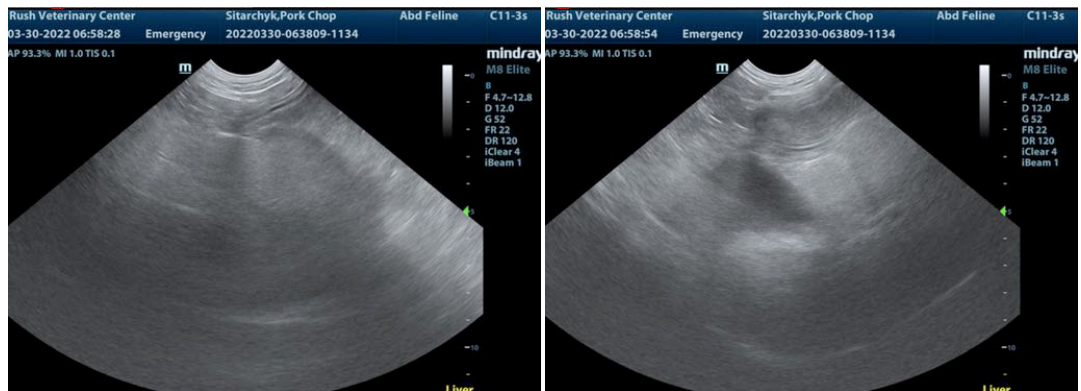
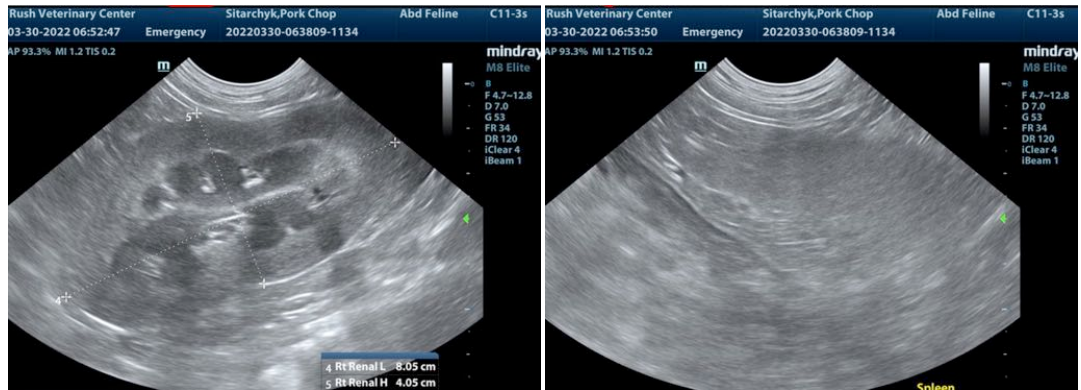
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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