



PATIENT

Cooper Broughton

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

11

WEIGHT

3.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Neil Russell

HOSPITAL NAME

Frosted Faces
Foundation

REFERRING VET

Neil Russell

INVOICE

21886

DATE

3/31/23

PRESENTING CLINICAL SIGNS

History: 1. Vomits 1-2/day on average, picky eating, gassy per O, Temp 102.7, murphy sign on AUS, cranial right quadrant r/o GB mucocele symptomatic vs pancreatitis vs metabolic vs endocrine vs neo vs IBD vs Infectious vs +++ PLUS: 2. GB Mucocele - has been managed medically and asymptomatic (possibly until now) 3. History single seizure 4. History hyporexic, resolved and weight gaining now r/o chronic pancreatitis vs neo vs mucocele vs diet change (low fat/low cal)+++ 5. Hx of syncopal events (vs seizures) non recently; per cardiologist likely reflect situational syncope (i.e. positive syncope, which is a form of neurocardiogenic syncope precipitated by coughing) 6. Mild/moderate CVD 7. Cough better on Torb r/o Enlarged heart pressing on MS bronchi vs dynamic tracheal collapse vs bronchitis 8. CKD stage 1 9. NS OU 10. Small umbilical hernia 11. Large peri anal mass - been there since rescue, unchanged r/o benign vs malignant, now being traumatized r/o atopy vs FAD 12. Tartar

Abnormal PE/Chem/CBC/UA Results: BUN 44 (creat 1.1) - ALT 131 - AMYL 1604 - LIPA 2144 - CBC wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time. This is a moderate change.

The **left kidney** 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. Minor pyelectasia (0.18 cm) was present in the left kidney. The left kidney measured 3.3 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 0.39 cm at the caudal pole and 0.41 cm at the cranial pole. The right adrenal gland measured 0.57 cm at the cranial pole and 0.47 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. Caudal folding of the spleen was noted.

Liver



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Micro- and macronodular hypoechoic tissue changes were noted in the **liver**, likely hyperplasia. The gallbladder revealed concerning mucocele formation with thickened wall and enhanced surrounding mesentery. The gallbladder measured 3.0 cm, surrounded with striating and mobile bile.

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Gastrointestinal

The **gastric** lumen was fluid filled with edematous wall. The pylorus was thickened with some aspects of hypertrophic pyloric gastropathy. Some mucosal remodeling was noted. Very mild potential for underlying pyloric neoplasia. The small intestine was unremarkable. The colonic wall was mildly thickened.

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Pancreas

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.

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ULTRASONOGRAPHIC FINDINGS

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- Clinical gallbladder mucocele
- Micro- and macronodular hypoechoic tissue changes in the liver
- Gastroenteritis pattern
- Chronic cystitis pattern
- Age-related left renal changes with pyelectasia
- Splenic fold

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cholecystectomy and GI biopsies are recommended, as well as liver biopsy.

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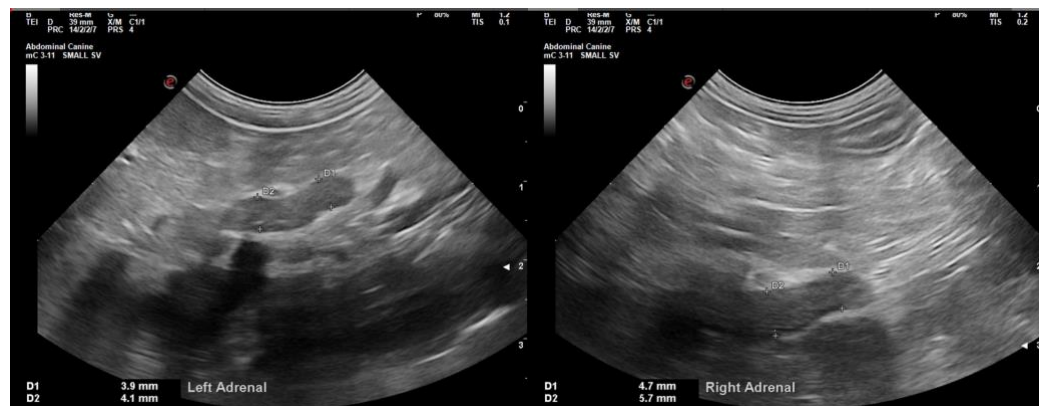
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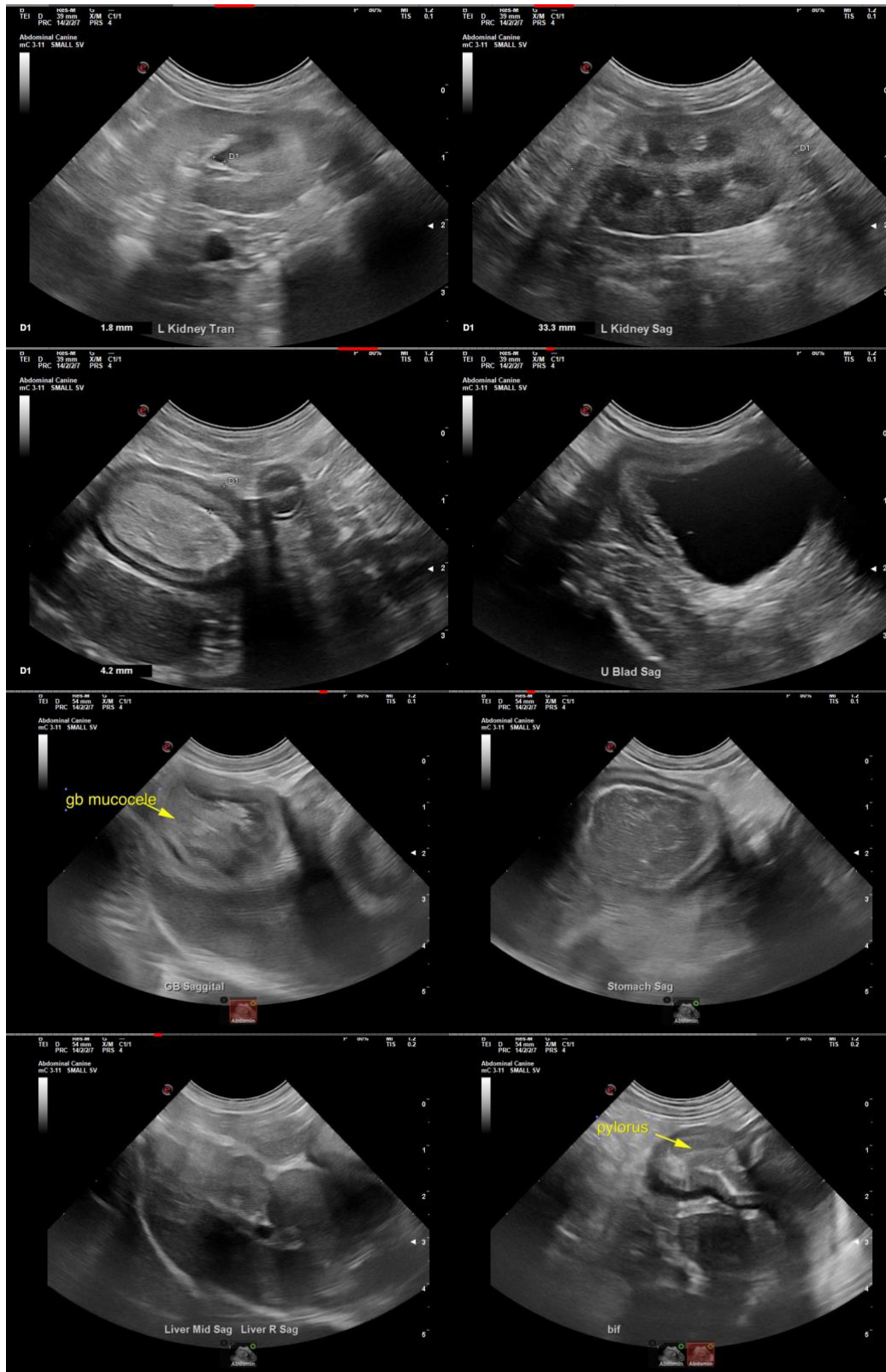
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The information and recommendations provided are based on the images presented by the



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referring veterinarian. 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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