



PATIENT

Keister Nelson

SPECIES

Canine

BREED

Akita X

SEX

Neutered Male

AGE

10 Years 2 Months

WEIGHT

107 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Carissa Rhoades

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Leon Anderson

INVOICE

35941

DATE

3/4/22

PRESENTING CLINICAL SIGNS

Keister seems to not wanting to eat real big meals. He will eat treats. The blood work that we ran in house did have liver elevations.

Abnormal PE/Chem/CBC/UA Results: PE: FETID BREATH / GASTRIC MAYBE. STAGE II DETNAL DISEASE BUT NO OBVIOUS PAIN. NO MASS OR ULCERATION NOTED TO LIPS, CHEEKS, UNTER TONGUE, GUMS, EPIGLOTTIS OR CAUDAL SOFT PALATE. CHEM: ALT 224 U/L AST 75 U/L

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 **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. The left kidney measured 5.97 cm. The right kidney measured 6.0 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.

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

Some retention of ingesta was noted in the **stomach**. Transit of chyme in the duodenum and small intestine appeared to be occurring.



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Pancreas

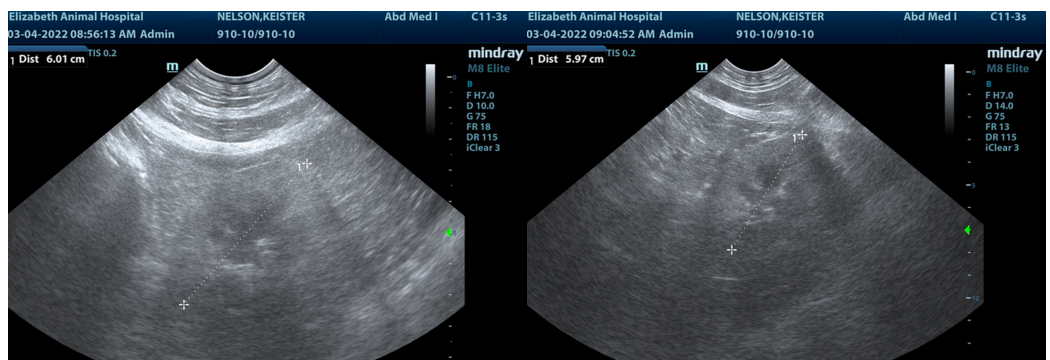
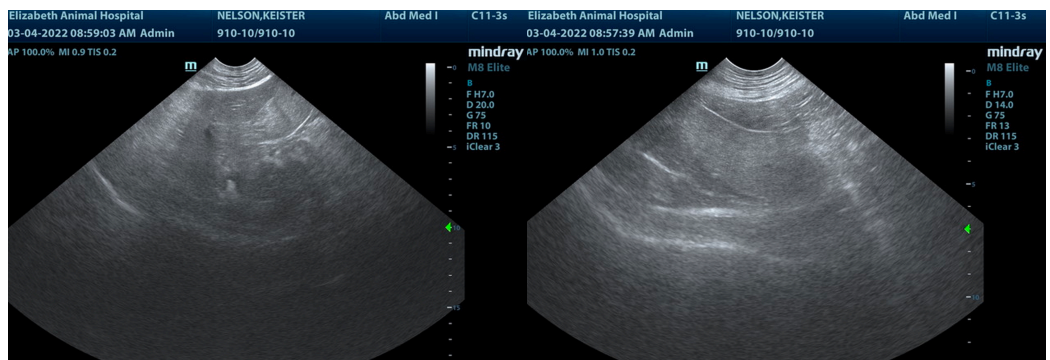
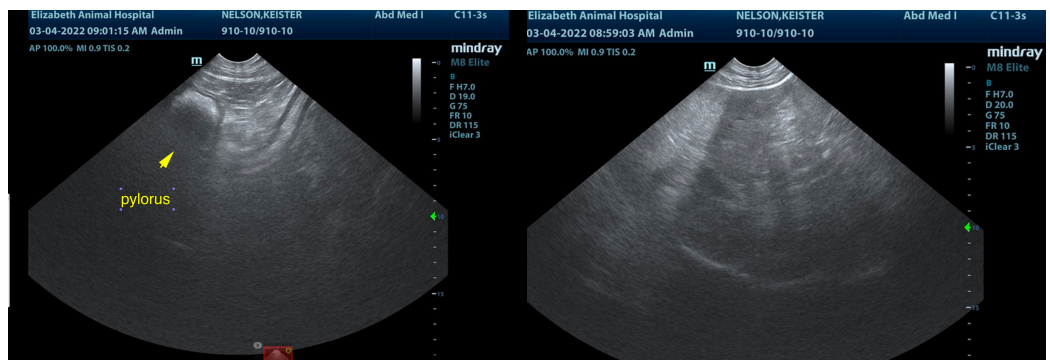
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Non-specific inflammatory hepatopathy, largely age related abdominal changes
- Excessive body score

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of anorexia is not evident from a visceral standpoint. Other causes such as orthopedic pain, thoracic or CNS disease should be considered. Assuming the patient was post-prandial, as the progressively shadowing material would be consistent with ingesta, and transit of chyme was present in the small intestine.





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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.

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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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com

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