

PATIENT

Gus Gus Daly

SPECIES

Canine

BREED

Yorkie Mix

SEX

Neutered Male

AGE

13 Years

WEIGHT

22 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dallas Ramberg

HOSPITAL NAME

Lone Mtn. AH

REFERRING VET

Shreya Gowda

INVOICE

14195

DATE

3/6/22

PRESENTING CLINICAL SIGNS

History: Patient presented today for vomiting and congestion per O. He has had chronic vomiting intermittently for a couple weeks. Today he vomited in the AM and has been lethargic. Last meal was last night. Concerned about possible cyst on pancreas and nodules on liver.

Abnormal PE/Chem/CBC/UA Results: Pending cPLI negative

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 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 4.0 cm. The left kidney measured 4.0 cm.

Adrenal Glands

The **right adrenal gland** was heterogeneous with mild uniform swelling, measuring approximately 1.1 cm at the cranial pole and 0.8 cm at the caudal pole.

The **left adrenal gland** was visualized obliquely and was slightly irregular, measuring 8.0 mm at maximum width.

Spleen

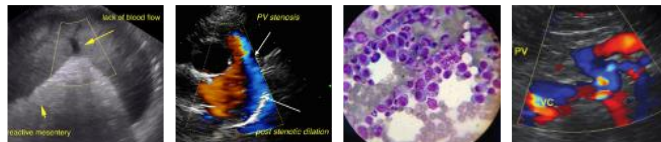
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The left **liver** revealed multifocal, mildly disruptive, mixed echogenic nodular changes. FNA indicated for further definition. The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted. Occasional, hyperechoic, lipogranulomatous nodules noted, measuring up to 1.13 cm.

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

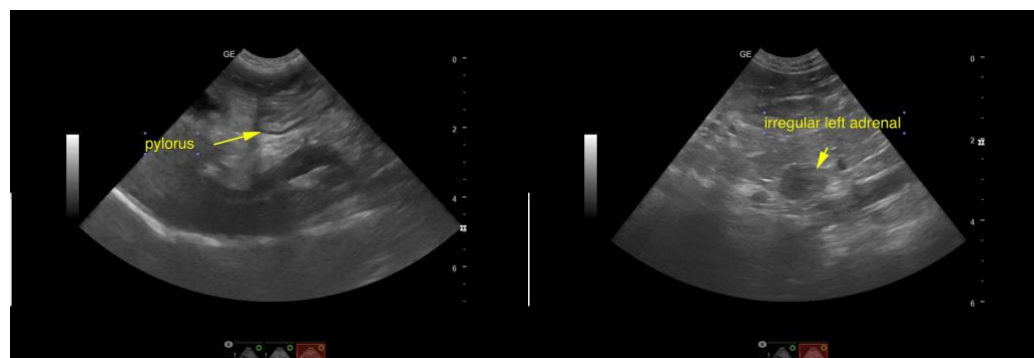
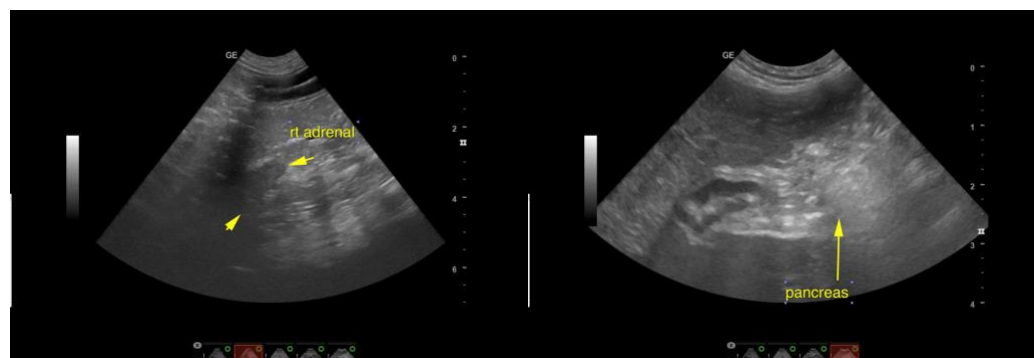
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes.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

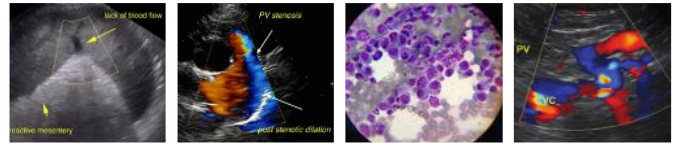
ULTRASONOGRAPHIC FINDINGS

- Heterogeneous with nodular changes, likely benign, however, FNA warranted
- Mildly enlarged adrenal glands
- Age-related pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural GI disease. Subxyphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Supportive care should prove effective regarding the GI upset. Work up for PDH warranted if clinical signs are present for Cushings disease.





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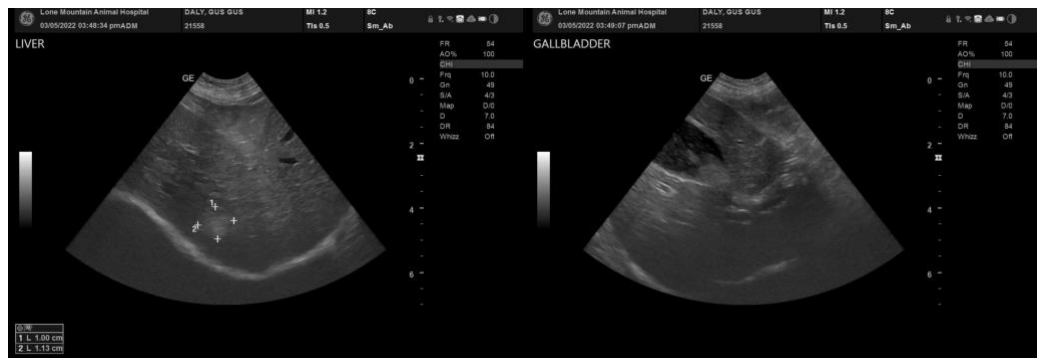
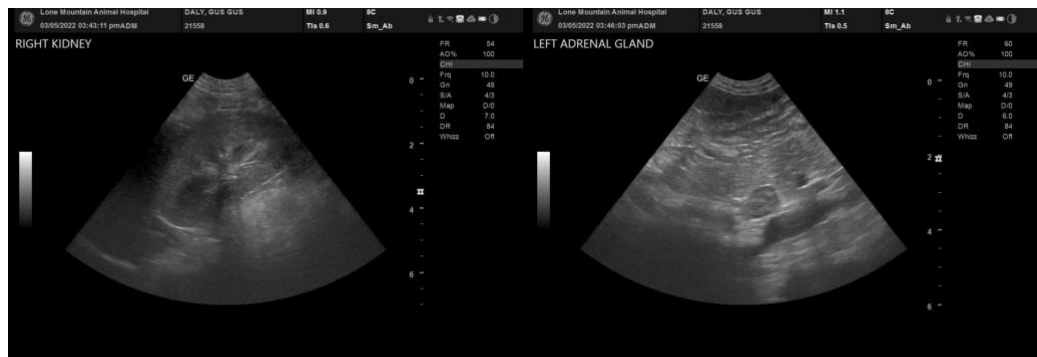
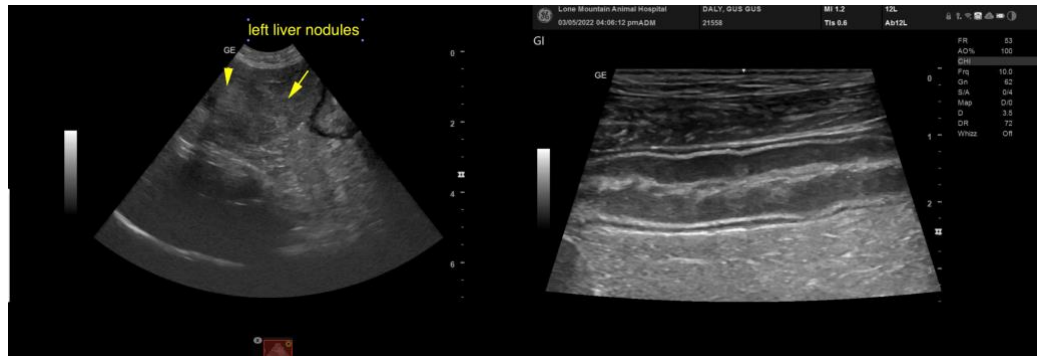
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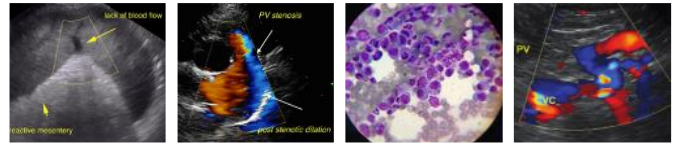
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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