



PATIENT

Rex Nickens

SPECIES

Canine

BREED

Havanese

SEX

Neutered male

AGE

13 years

WEIGHT

11.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield VH

REFERRING VET

Dr. Rodriguez

INVOICE

99251

DATE

4/13/22

PRESENTING CLINICAL SIGNS

History: Presented last week with a severe PLE and abdominal effusion. Tx with clavamox, metro, plavix, pred and HA diet. Doing well but is anemic now and leukocytosis
Abnormal PE/Chem/CBC/UA Results: TP:4.8, ALT: 195, RBC: 4.76, HCT: 32, Ret: 158, WBC: 25, neut: 21.6, mono: 2, Lymph: 1.99, ALB: 2.2, Glob: 2.6, TP: 4.8

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 was 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.85 cm. The right kidney measured 4.33 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 2.3 x 0.68 cm at the caudal pole and 0.61 cm at the cranial pole. The right adrenal gland measured 1.81 x 0.59 cm.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



PATIENT

Gastrointestinal

Rex Nickens

The **stomach** in this patient presented concentric gastric wall thickening. The wall measured up to 1.5 cm. This appears to be causing pyloric outflow delay. Shadowing material was noted in the stomach. There was transit of chyme into the small intestine. The small intestines revealed diffuse, hyperechoic fogging or overlay throughout the small intestine as well as areas of mucosal striations and speckling. This striation + fogging effect appeared to exclusively affect the mucosal layer with the submucosa, muscularis and serosa left in-act.

SPECIES

Canine

BREED

Havanese

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.

SEX

Neutered male

Free Abdomen

A trace amount of free fluid is present, yet the albumin is only mildly depressed.

AGE

13 years

WEIGHT

11.6 lbs

ULTRASONOGRAPHIC FINDINGS

Delayed gastric outflow pattern. Concentric gastric thickening, strong concern for gastric carcinoma. Mucosal fogging in the small intestines.

INTERPRETED BY

Otherwise, geriatric abdomen.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

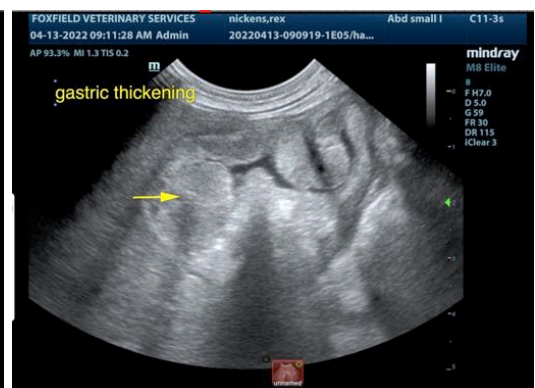
Dr. Rodriguez

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy or full thickness surgical biopsies are indicated. I am concerned for underlying neoplasia in this patient. Gastric biopsies are warranted. GI protectants are warranted. GI blood loss may be the cause of the anemia.

HOSPITAL NAME

Foxfield VH



REFERRING VET

Dr. Rodriguez

INVOICE

99251

DATE

4/13/22



PATIENT

Rex Nickens

SPECIES

Canine

BREED

Havanese

SEX

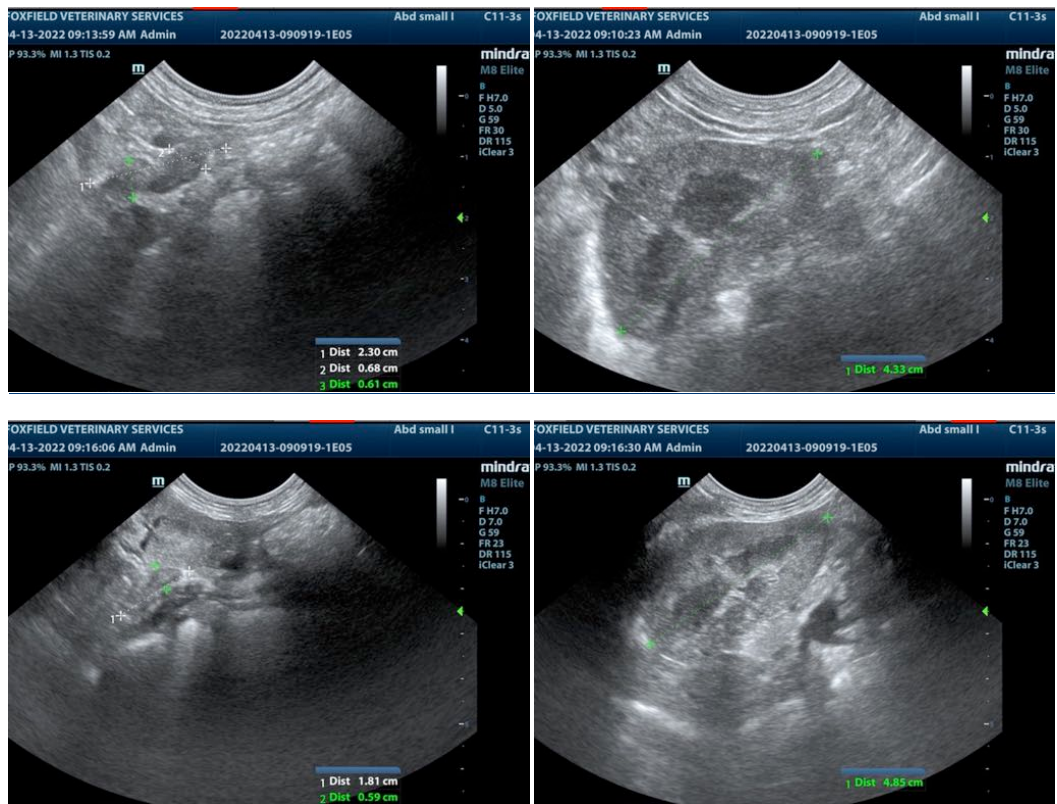
Neutered male

AGE

13 years

WEIGHT

11.6 lbs



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield VH

REFERRING VET

Dr. Rodriguez

INVOICE

99251

DATE

4/13/22

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
info@SonoPath.com