



**PATIENT**

Tucker Howard

**SPECIES**

Canine

**BREED**

Bichon Mix

**SEX**

Neutered Male

**AGE**

14 Years 7 Months

**WEIGHT**

12.2

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Carolyn Saylor

**HOSPITAL NAME**

All Creatures Animal  
Hospital of South Hill,  
Inc.

**REFERRING VET**

Dr. Amanda Hart

**INVOICE**

21983

**DATE**

4/13/23

**PRESENTING CLINICAL SIGNS**

History: Progressive abdominal pain over 2 weeks. Very painful on palpation today. History of crushing's and gall bladder mucocele .

Abnormal PE/Chem/CBC/UA Results: CPLI , chronic mild alt/alp elevations , mild amylase and lipase elevations

**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 residual prostate measured 1.0 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. The left kidney measured 4.53 cm. Slight pyelectasia was present in the right kidney. The right kidney measured 4.46 cm.

**Adrenal Glands**

The **left adrenal gland** was mildly enlarged at the caudal pole. The left adrenal gland measured 1.19 cm in width at the caudal pole and 0.6 cm at the cranial pole.

The **right adrenal gland** measured 0.85 cm 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 **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor 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 minor dependent debris and slight sand accumulation, not to the level of mucocele formation. 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**



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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

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some 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.

## SEX

Neutered Male

## ULTRASONOGRAPHIC FINDINGS

- Largely geriatric abdomen
- Minor gallbladder debris
- Mildly enlarged left adrenal gland
- Slight pyelectasia in the right kidney

## AGE

14 Years 7 Months

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of pathology directly related to the clinical signs. SDEP protocol or similar with video clips is strongly recommended in order to ensure the full abdomen is visualized. FNA of the liver could be considered to define the liver enzyme elevations. There is no structural evidence of disease responsible for the abdominal discomfort in this image set. Other causes of abdominal tension, such as referred back pain should be considered. Ursodiol therapy could be justified yet the gallbladder is unlikely to be a clinical issue at this time.

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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.

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  
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