



**PATIENT**

Jake Hempelman

**SPECIES**

Canine

**BREED**

Staffordshire Terrier

**SEX**

Neutered Male

**AGE**

7

**WEIGHT**

64 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. John Ammeraal

**HOSPITAL NAME**

Sova Animal Hospital

**REFERRING VET**

Dr. John Ammeraal

**INVOICE**

46696

**DATE**

4/14/23

**PRESENTING CLINICAL SIGNS**

Has a history of chronic allergies, HAs been on apoquel and Cytopoint , doesn't really respond as well. Has been on Prednisone 10 mg BID for past 2 years that was tapered to 5 mg BID earlier in year, Now on Prednisone 2.5 mg AM and 5 mg in PM. Fluoxetine 40 mg SID Owner concerned with patient losing weight as well Also had episodes of teeth chattering

Abnormal PE/Chem/CBC/UA Results: R ventral eyelid 1 cm skin tag \_\_\_ Abnormal remarks \_#108, #208 chipped crown and mild to mod dental calculus Abnormal remarks \_Mild interdigital inflammation, \_R caudal hip 3 mm dermal mass, 2 cm scabbing lesion dorsal neck thinning of hair on trunk, Pot belly appearance

**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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 left kidney measured 7.2 cm. The right kidney measured 7.81 cm.

**Adrenal Glands**

The **right adrenal gland** was subjectively flattened, measuring 0.53 cm at the caudal pole and 0.80 cm at the cranial pole.

The **left adrenal gland** was subjectively flattened yet technically normal width at 0.52 cm at the cranial pole and 0.64 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.

**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.



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**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.

**Pancreas**

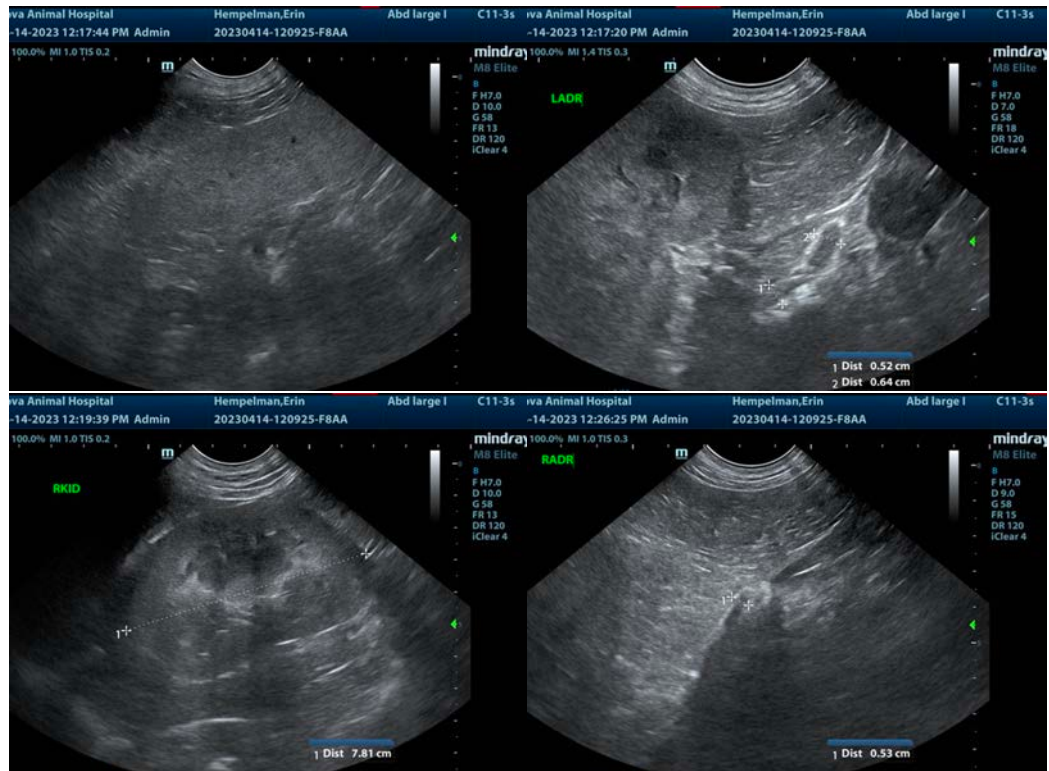
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Structurally unremarkable abdomen with subjectively flattened adrenal glands, likely owing to Prednisone therapy.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of visceral disease.





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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.

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](mailto:info@SonoPath.com)