



PATIENT

Toby Barthel

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

20.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. O'Malley

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. O'Malley

INVOICE

22018

DATE

4/17/23

PRESENTING CLINICAL SIGNS

History: 1 month ago rDVM increased P medications (Vetoryl). About a week ago P started to not eat as well. O switched food to the Hills sensitive stomach but P stopped eating all together. 2 days ago was the last time P ate. P ate a couple table spoons of previous diet, drank some water then V+ once. Has not eaten or drank since. also has not urinated since yesterday. Because P has not been eating well O has not given medications in 3 days (tyro-tabs,Vetryl*Vetoryl was increased 4 fold in the past 4 wks). very lethargic last 3 days. No c/s/v/d. Hx of bilat knee surgery and stomach bleed due to carprofen, eating grass the last 2 weeks

Abnormal PE/Chem/CBC/UA Results: CBC = HCT 53%, leukogram wnl, thrombocytosis 595k Chem17 = Crea 3.3, BUN 95, Phosp 9.4, Alb 4.3, t-bili 2.1, GGT did not run, amylase 2148, lipase did not run. Glu 124 (N) rerun Chem17 = Crea 3.5, BUN 89, Phosp 9.1, TP 8.3, ALP 619, amylase 2088. normal t-bili EPOC = BUN 92, Crea 3.6, Na 137 (L), metabolic acidosis: pH 7.31, Bicarb 15.6 (L), vcheck cPL = normal 103.1 UA with sediment (cysto sample) = USG 1.024, pH 6.5, WBCs <1/hpf, suspect cocci, few none-hyaline casts bacteria confirmation kit = no bacteria *submit urine for culture, pending

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** presented moderate degenerative changes with cortical cysts. Corticomedullary definition was maintained. The left kidney measured 4.8 cm. The right kidney measured 4.8 cm.

Adrenal Glands

The **left adrenal gland** was enlarged, rounded, hypoechoic and peripherally inflamed with enhanced mesentery. The left adrenal gland measured 1.6 cm at maximum width.

The **right adrenal gland** was not visualized.

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies. A hypoechoic mildly disruptive nodule was noted in the mid cranial spleen, measuring 1.0 cm.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is a mild change, consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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

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.

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ULTRASONOGRAPHIC FINDINGS

SEX

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- Moderate degenerative renal changes with cortical cysts
- Minor splenic mineralization and splenic nodule, hyperplasia vs abscessation or round cell neoplasia, hemangiosarcoma are all possible.

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- Enlarged, irregular left adrenal gland with peripheral inflammation- suspect left adrenal mass, such as carcinoma, given the patient history, however, PDH could not be ruled out and would necessitate further imaging of the right adrenal gland. Pheochromocytoma is less likely.

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- Hepatopathy pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation of the adrenal glands in particular would be indicated. FNA of the splenic nodule is indicated. Stabilization of the azotemia with IV fluid support, blood pressure measurements and urine culture all indicated. GI protectant protocol is also indicated.

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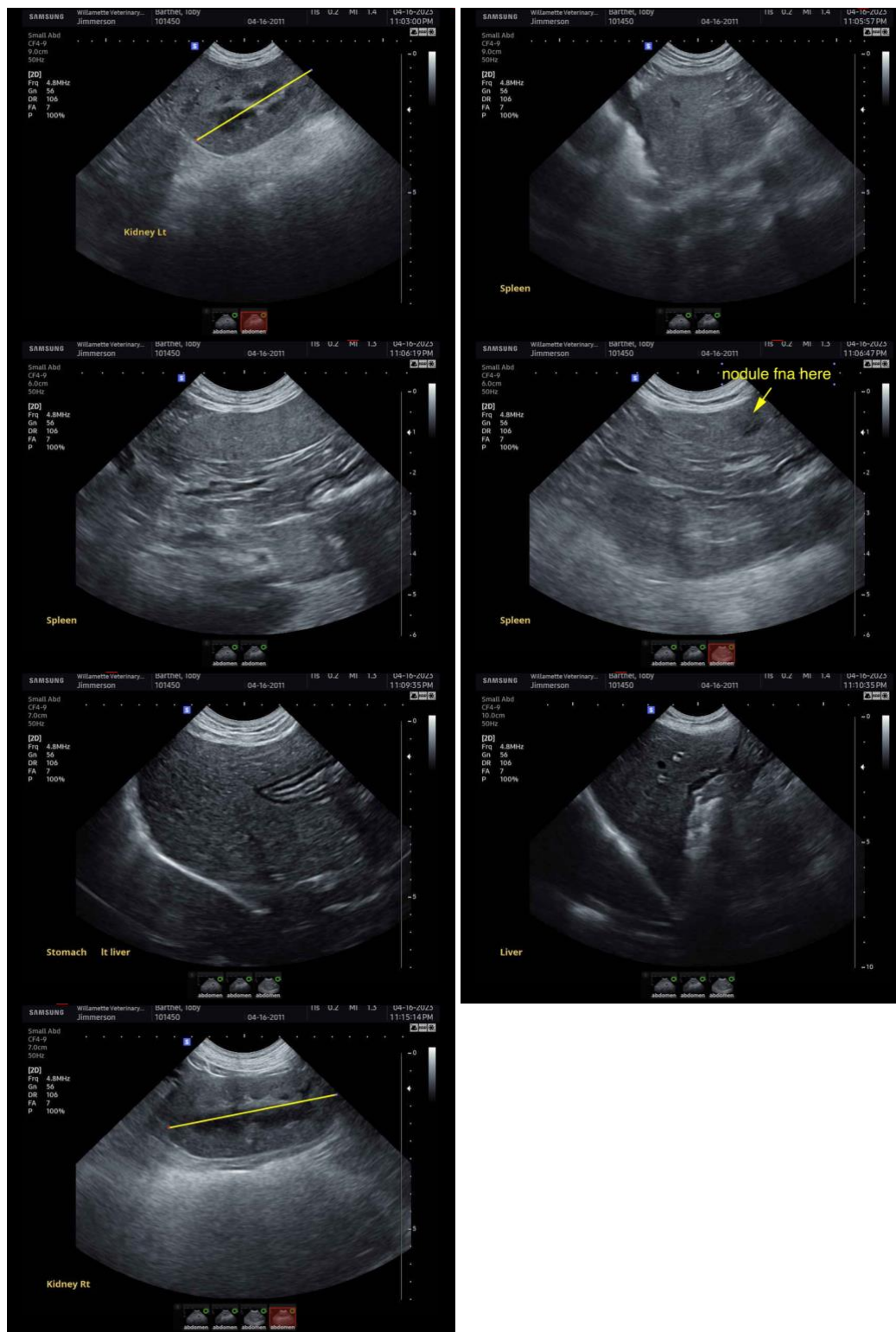
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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