



PATIENT

Simon Peter VanEssendelft

SPECIES

Canine

BREED

Standard Poodle

SEX

Neutered male

AGE

9 years

WEIGHT

55.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Bucha

HOSPITAL NAME

Harveys Lake VC

REFERRING VET

Dr. Bucha

INVOICE

99393

DATE

4/19/22

PRESENTING CLINICAL SIGNS

Please refer to the attached patient summary. This case has had a lot of work-ups and diagnostics between our practice and another practice with an internist. I summarized patient's diagnostics since the onset of the problem along with treatments and comments. Simon is currently on Prednisone 20mg: 1 BID for 14 days then 1 SID prescribed by the internist but today was the first time patient had abnormal lab work, all lab work performed prior was WNL. Also this patient's litter brother Matthew had an issue and had an ultrasound/ work-up submitted on 2/21/22 to you and Addison's was suspected. Since then an ACTH was performed and is consistent with Addison's Disease. Patient was started on Prednisone and is doing better as of right now. I did scan in and include Matthew's lab work for reference, along with his ultrasound reference number written on the scanned papers.
Abnormal PE/Chem/CBC/UA Results: Please refer to the attached patient summary /lab work

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 7.06 cm.

Adrenal Glands

The left **adrenal gland** appeared subnormal in size. The left adrenal gland measured 1.05 x 0.35 cm at the cranial pole and 0.3 cm at the caudal pole. The region of the right adrenal gland was unremarkable.

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 was noted.

Liver

The **liver** was normal in size and contour. The hepatic parenchyma was uniform, yet slightly coarse. This is largely an age related change. Mildly increased portal markings were noted. The gallbladder and common bile duct were unremarkable.



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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.

SEX

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ULTRASONOGRAPHIC FINDINGS

Non-specific, mild inflammatory hepatopathy liver pattern.

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Subnormal adrenal size.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the breed pre disposition and subnormal size baseline cortisol and/or ACTH stimulation is warranted. FNA of the spleen is recommended.

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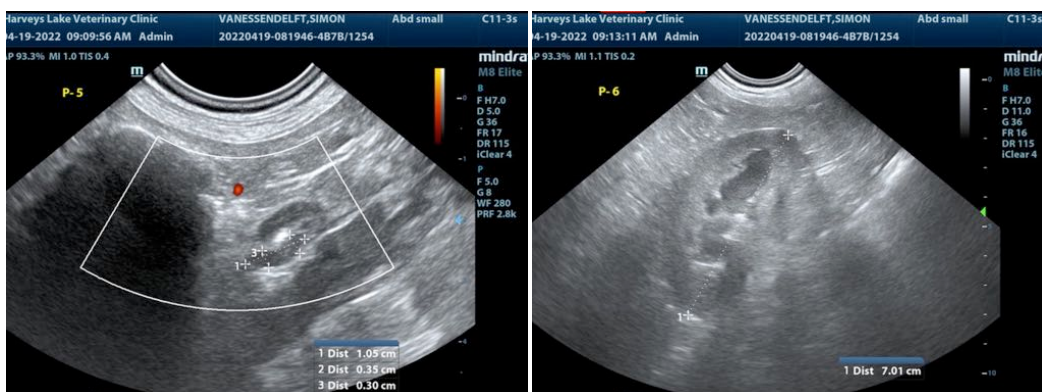
The cough is non-cardiogenic based on the thoracic presentation. Bronchodilator, broad-spectrum antibiotics and cortisone therapy is likely basis of cough treatment especially given the season as allergic based respiratory disease is possible. Fecal test is warranted to assess for minor potential for larva migrans. Bronchoscopy with BAL would be ideal if cough is persistent, yet there was no evidence of significant visceral disease that would be related to the cough or contraindicate Prednisone therapy. However, further definition of the inflammatory cell type in the liver can be considered with ultrasound-guided FNA.

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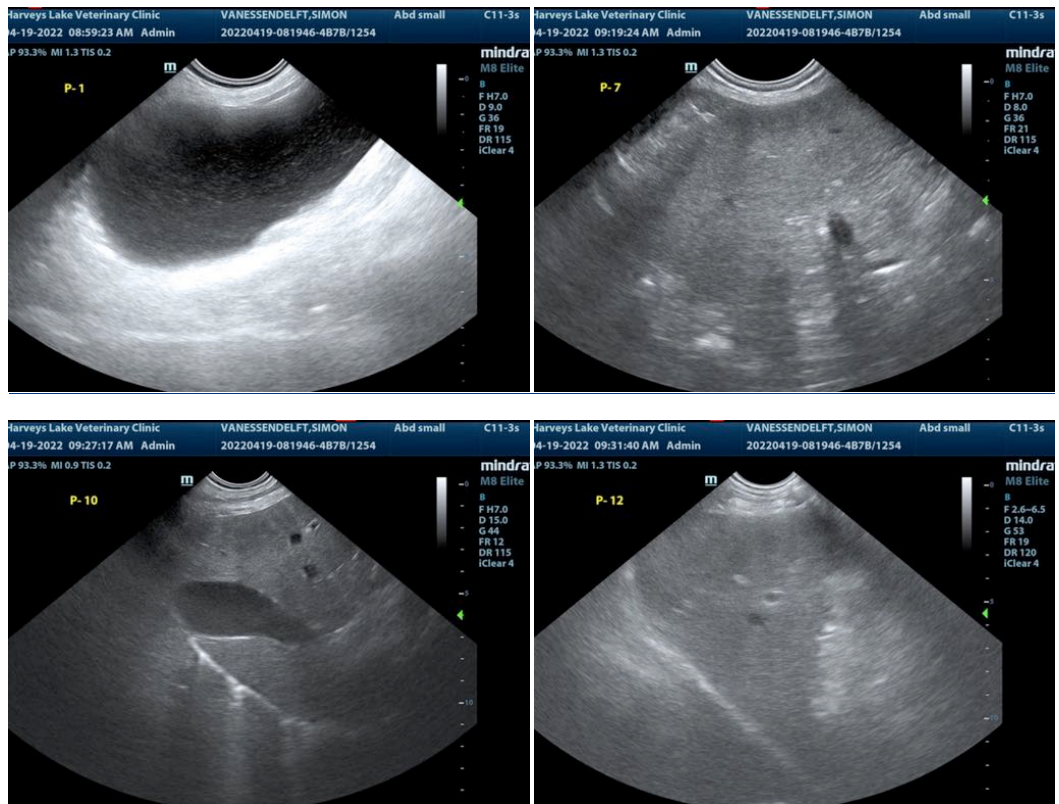
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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