



PATIENT

Grace Kittrell

PRESENTING CLINICAL SIGNS

Waxing and Waning vomiting and inappetence for past year or so. Gotten worse lately.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: ALT and ALP have been elevated for a couple of years. Initially 437, and 1541 respectively. These have decreased with denemarin and ursodiol to a normal ALT and 700 ALP over the past 2 years. Dogs PE is normal except for tense abdomen. Gi panel pending.

BREED

Scottie

Presumptive diagnosis was chronic pancreatitis, but never had abnormal lipase. Responds okay to cerenia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

AGE

15.5

WEIGHT

14

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 his age patient. Medullary structure differed distinctly from that of the cortex. Pyelectasia noted in the left kidney measuring 0.50 cm. The left kidney measured 3.7 cm. The right kidney measured 3.7 cm.

INTERPRETED BY

Eric Lindquist, DMV

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 0.40 cm. The right adrenal gland measured 0.60 cm at the cranial pole and 0.40 cm at the caudal pole.

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Reser

HOSPITAL NAME

Harvest Hills VH

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.

REFERRING VET

Dr. Reser

INVOICE

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Liver

The **liver** presented slight hypoechoic to isoechoic heterogeneous parenchymal changes. Minor gallbladder debris.

DATE

4/21/23

Gastrointestinal

The **stomach** itself was unremarkable. One view demonstrated a 3.0 cm infiltrative intestinal pattern followed by empty small intestine. This was preceded by dilated small intestine and created an obstructive pattern.



PATIENT

Pancreas

Grace Kittrell

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Scottie

- Obstructive GI pattern owing to 3.0 cm intestinal mass, appears jejunal
- Heterogeneous liver with gallbladder debris
- Mildly thickened urinary bladder
- Age related renal changes

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

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Surgical exploratory recommended with expectation towards resection and anastomosis. Hepatic biopsy also indicated for further definition. No overt evidence of metastatic disease. Intestinal carcinoma, round cell neoplasia, non-neoplastic granulomatous lesion all possible.

WEIGHT

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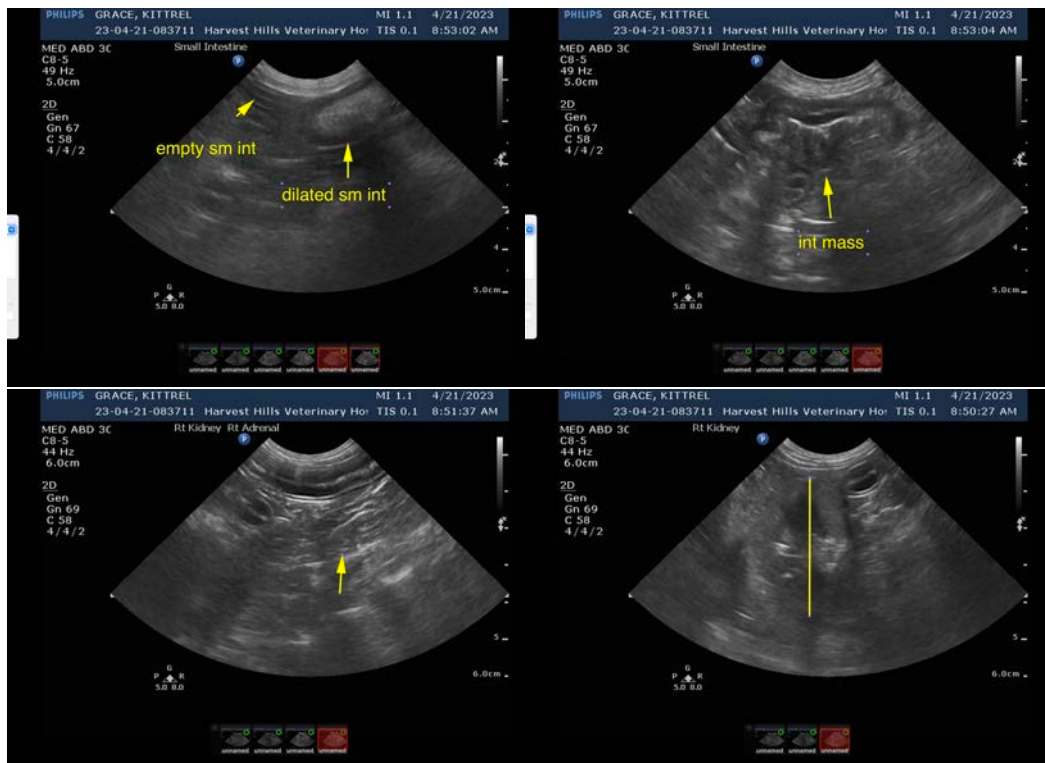
Dr. Reser

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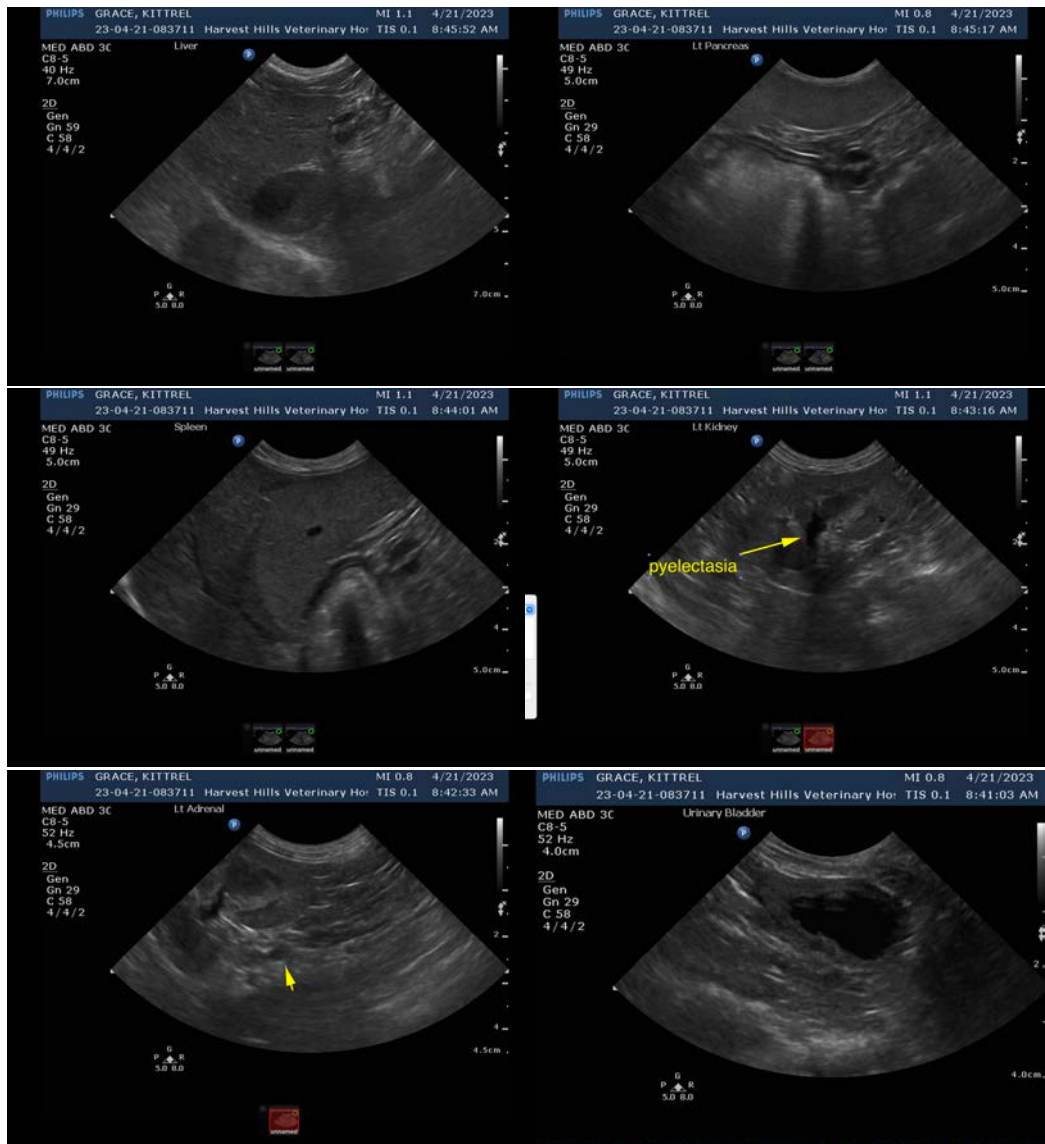
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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