



PATIENT

Bentley Haggerty

SPECIES

Canine

BREED

Yorkie Poo

SEX

Neutered male

AGE

12 years

WEIGHT

7.81 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Puthoff

HOSPITAL NAME

Kings VH

REFERRING VET

Dr. Puthoff

INVOICE

14857

DATE

4/22/22

PRESENTING CLINICAL SIGNS

History for sonopath: Bentley was diagnosed with inflammatory bowel disease in March 2020 at referral center. Has been maintained well with vitamin B12 injections monthly, pred 2.5 mg EOD and d/d diet. During routine annual exam October 2021, SDMA was mildly elevated and hyaline casts were found on urinalysis. As USG was normal and Bentley was doing so well on his d/d diet, recommended rechecking in 3-6 months with no additional changes. Recheck kidney values in April showed mild increased in BUN (29 in October to 44 now) and increase in hyaline casts with new proteinuria (UPC pending). Recommended abdominal ultrasound + UPC (pending) to evaluate the kidneys as well as to evaluate intestinal tract as has been two years since his initial IBD diagnosis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a small calculus (3.0 mm), nonobstructive. The patient is likely passing small calculi periodically, likely oxalate given the echotexture.

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. Pinpoint mineralization was noted. Minor pyelectasia was noted in the left kidney. The left kidney measured 3.5 cm. The right kidney revealed similar changes to the left. The right kidney measured 3.5 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

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 tracts were of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy was evident.

The **gallbladder** was mildly over distended with minor suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

Gastrointestinal

The upper **gastrointestinal tract** was unremarkable. The distal small intestine was mildly thickened.



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Pancreas

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

Free Abdomen

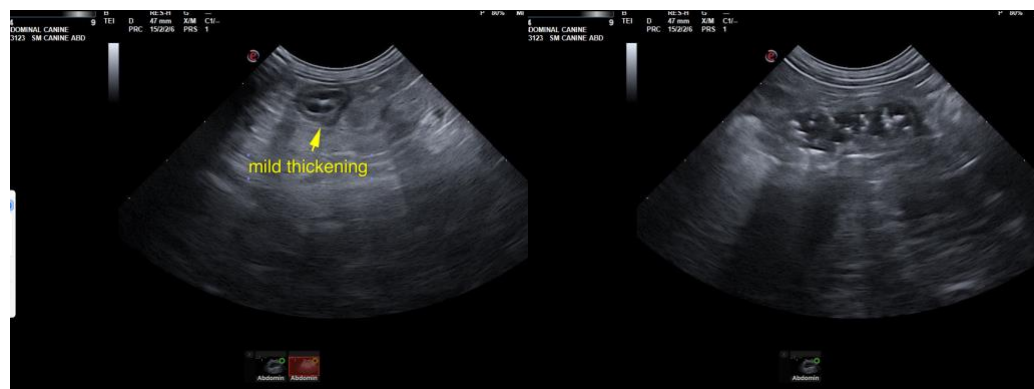
Reactive **mesentery** noted.

ULTRASONOGRAPHIC FINDINGS

- Small bladder calculus
- Mild degenerative renal changes with renal calculi, nonobstructive
- Age-related pancreatic changes
- Non-specific enteritis likely
- Reactive mesentery
- Gallbladder sludge
- Unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Periodic passage of calculi from the kidneys to the bladder likely. Periodic azotemia may be owing to periodic calculus passage. If any inflammatory sediment is present, urine culture is indicated. Hydrolyzed diet, 7-10 days metronidazole and antiparasitic protocol recommended, if not already performed. No evidence of neoplasia yet suppression of round cell neoplasia in the intestinal tract by the prednisone therapy cannot be completely ruled out.





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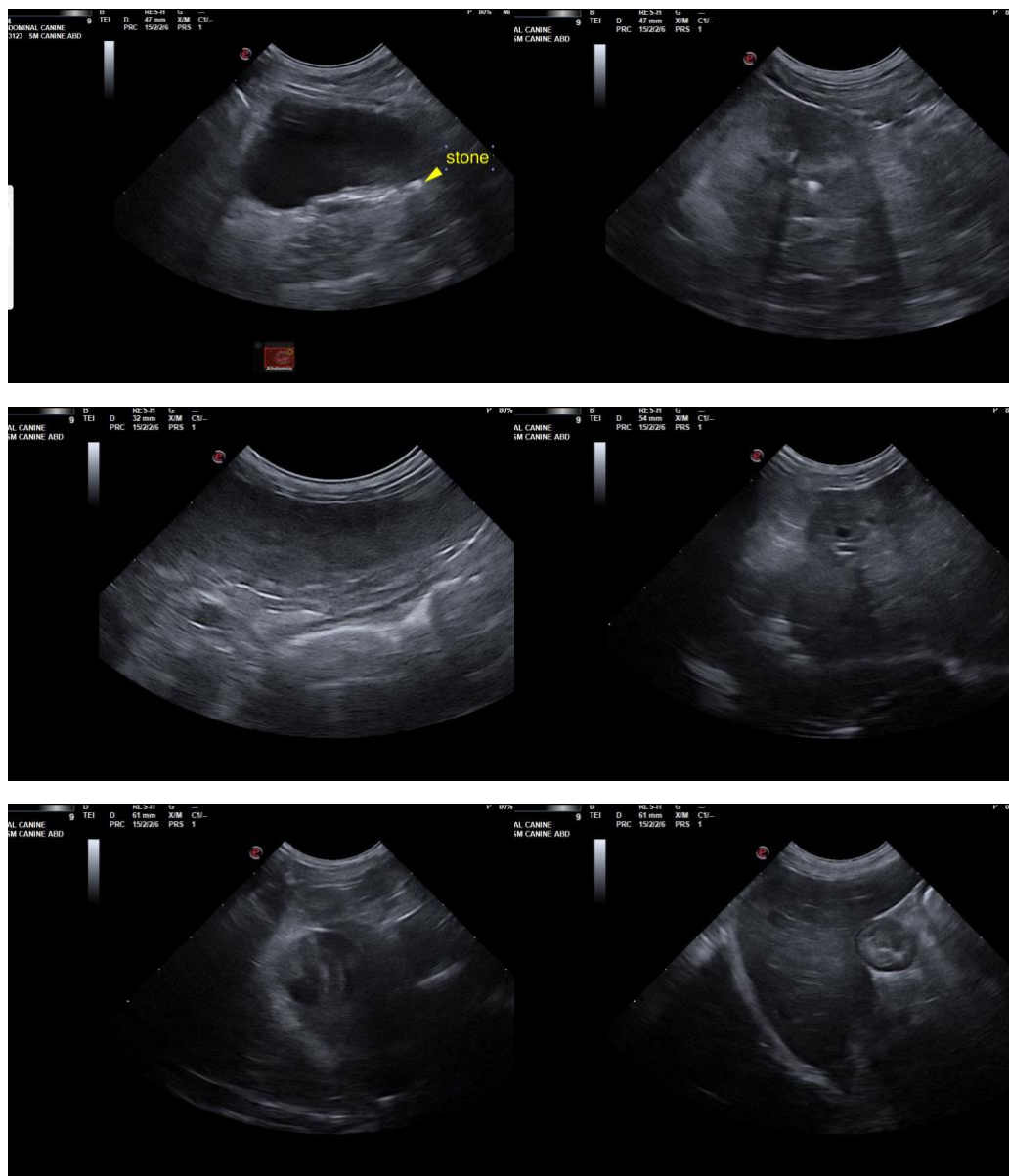
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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