



PATIENT

Rocky Dermitt

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered male

AGE

10 years

WEIGHT

10 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Tranquility VC

REFERRING VET

Dr. Christensen

INVOICE

99960

DATE

4/25/22

PRESENTING CLINICAL SIGNS

Weight loss. Dx w/ IBD previously, hypertension. Current meds: Budesonide 1mg q24h, Enalapril 2.5mg 1.5t q24h, Telmisartan 20mg 1/4t q24h
Abnormal PE/Chem/CBC/UA Results: Bun 73, Bun/creat ratio 73, USG 1.010, PH 5.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 was noted. Ureteral papillae were normal.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Occasional cortical cyst was noted and measured up to 0.5 cm in the left kidney. The left kidney measured 3.82 cm. The right kidney measured 3.7 cm.

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 right adrenal gland measured 1.18 x 0.46 cm at the cranial pole and 0.45 cm at the caudal pole. The left adrenal gland measured 1.14 x 0.33 cm at the cranial pole and 0.34 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 was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder and common bile duct were unremarkable.



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Gastrointestinal

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The **gastrointestinal tract** revealed diffuse, hyperechoic fogging or overlay throughout the small intestine as well as areas of mucosal striations and speckling. This striation + fogging effect appeared to exclusively affect the mucosal layer with the submucosa, muscularis and serosa left in-act. The stomach revealed a minor amount of chyme or dissolving medications. A focal structure measured 1.0 cm with slight progressive shadowing in the pylorus. Reactive mesentery was present associated with the serosa indicative of active inflammation. This is most consistent with protein losing enteropathy/lymphangectasia. Full thickness biopsies or endoscopic-guided biopsies would be ideal to confirm. No obstructive disease or obvious suspicion of neoplasia.

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.

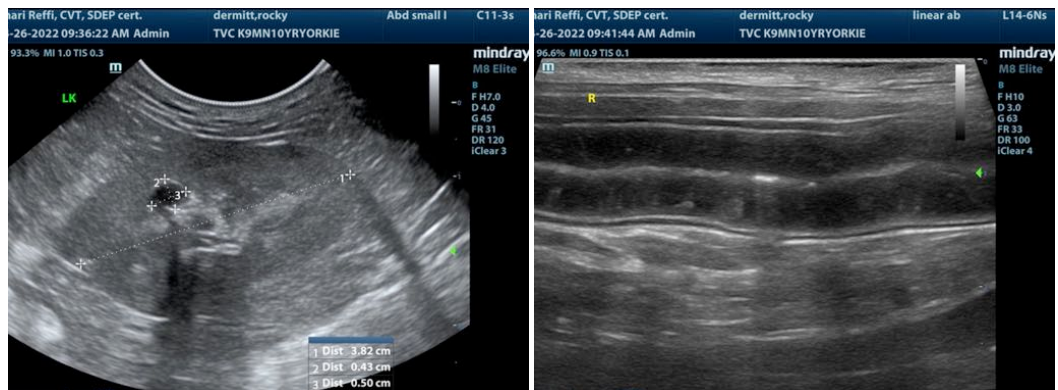
ULTRASONOGRAPHIC FINDINGS

Minor pyloric material, post prandial presentation.

Mucosal fogging.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I suspect lymphangectasia. The albumin levels should be monitored. The kidneys do not appear end stage. Therefore, complicating factors causing the azotemia such as prerenal disease should be considered or UTI. Purina HA or Royal Canin HP diet is recommended if not already being utilized. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered. There is no evidence of neoplasia.





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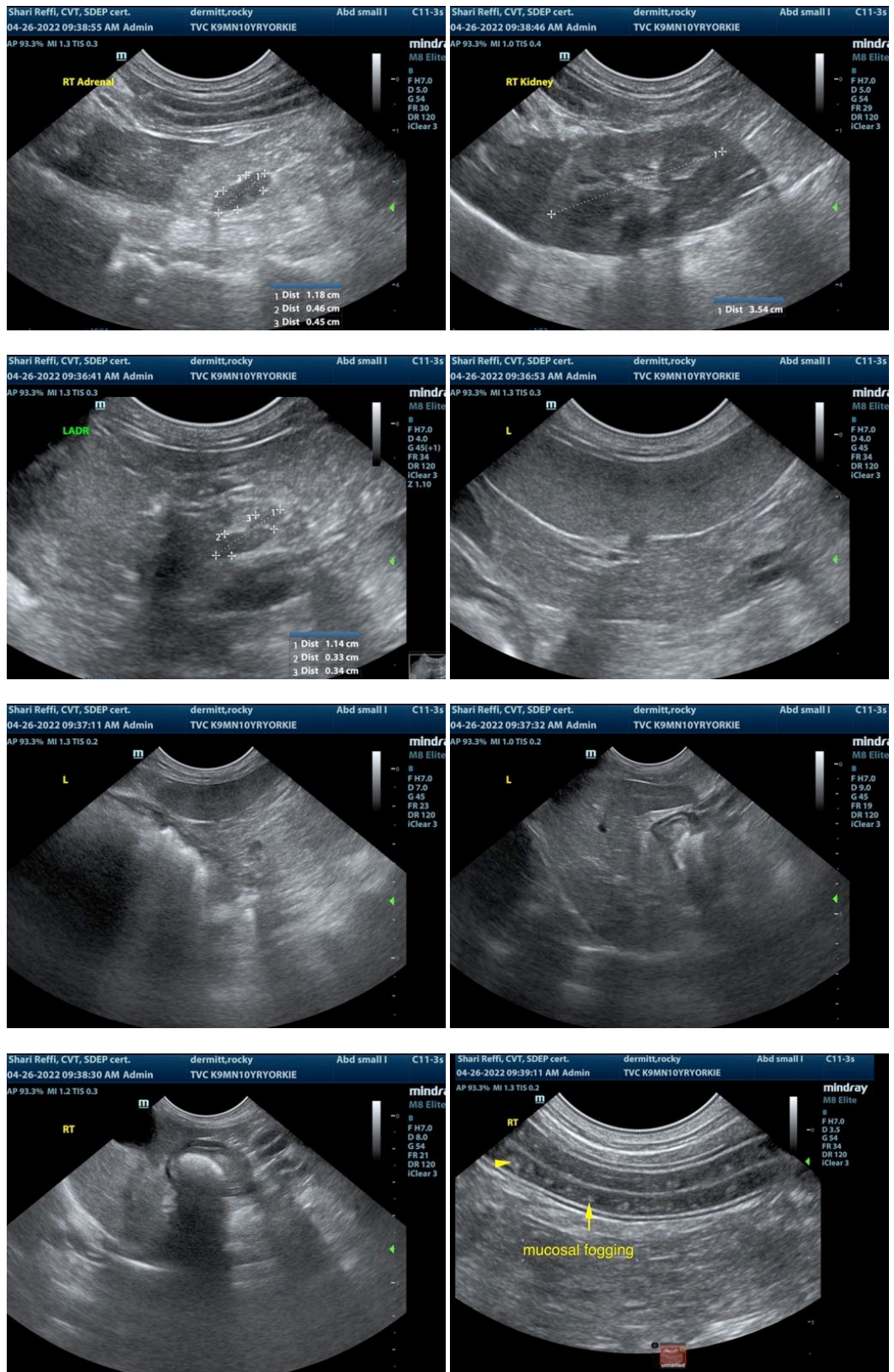
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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