



**PATIENT**

Rylie Hinkelman

**SPECIES**

Canine

**BREED**

Bichon Cross

**SEX**

Neutered male

**AGE**

14 years

**WEIGHT**

10.2 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Markland

**HOSPITAL NAME**

Island Mobile Paws VS

**REFERRING VET**

Central Island VEH

**INVOICE**

99483

**DATE**

4/26/22

**PRESENTING CLINICAL SIGNS**

Presented on April 24th with a history of abdominal pain, anorexia, and diarrhea. Rylie has a previous history of pancreatitis, but current bloodwork (including snap cPLI) is not supportive of pancreatitis. He is on a low fat GI diet. On PE, Rylie has mildly enlarged submandibular and prescapular lymph nodes. Rylie is brighter and less painful after treatment with cerenia, methadone, and buprenorphine at the emergency hospital.

Abnormal PE/Chem/CBC/UA Results: High SDMA (25) Machine reading shows high eosinophils, but this looks more like band neutrophils on smear.

**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 pelvic urethra was imaged 3.0 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. The right kidney measured 4.9 cm. The left kidney measured 4.39 cm with slight pinpoint mineralization.

**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 2.02 x 0.48 cm at the caudal pole and 0.41 cm at the cranial pole. The left adrenal gland measured 2.0 x 0.6 cm.

**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.



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**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder revealed a minor, benign polyp noted in the cystic duct.

**Gastrointestinal**

Pyloric hypertrophy was noted with an empty lumen. The muscularis was hypertrophied. The colon was mildly thickened with hypertrophied muscularis, yet there was no overt loss of mural detail. The ileocecolic region was mildly thickened. Slight colic lymph node enlargement was noted and reactive.

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some 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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**ULTRASONOGRAPHIC FINDINGS**

Colitis pattern.

Pyloric hypertrophy.

Moderate degenerative renal changes.

Otherwise, geriatric abdomen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Chronic inflammatory bowel/colitis is likely in this patient. Colonoscopy would be ideal. There is no overt neoplastic criteria present in the GI tract. However, pre-neoplastic state cannot be completely ruled out. Treatment for Baytril responsive colitis could be considered with Enrofloxacin and Metronidazole over a 10 day period, hydrolyzed diet and GI protectants are all indicated. Reassessment of the sonogram is recommended in 7-10 days. Otherwise, endoscopy is indicated.



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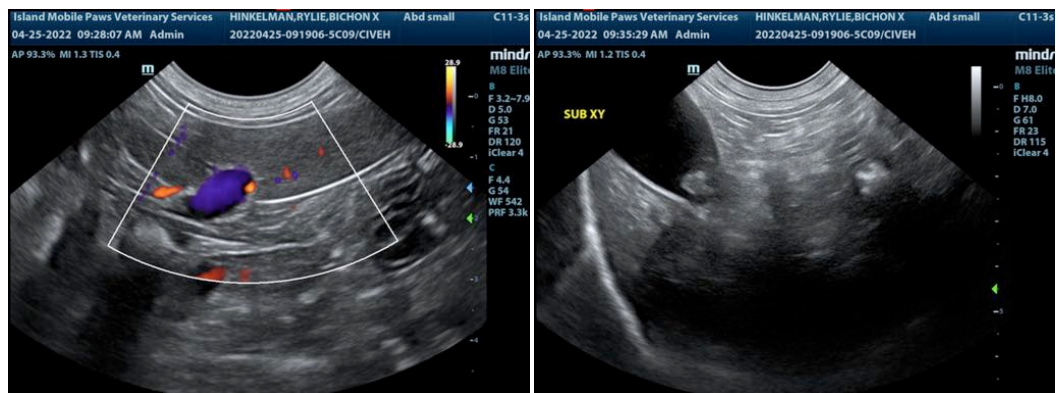
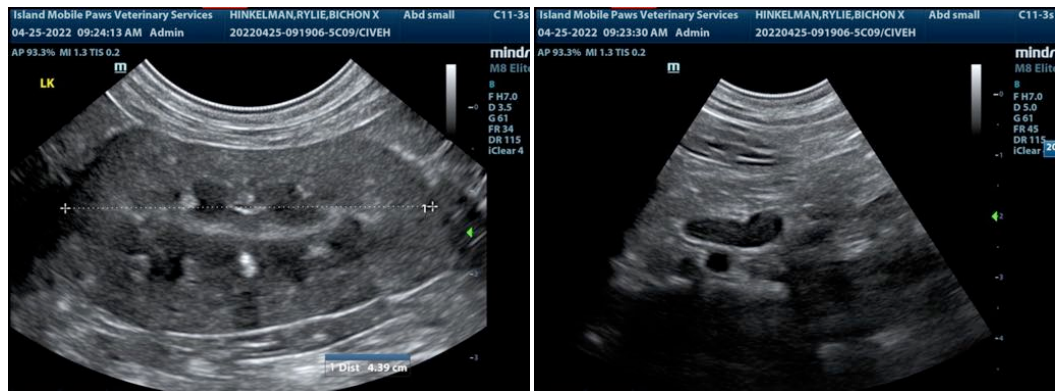
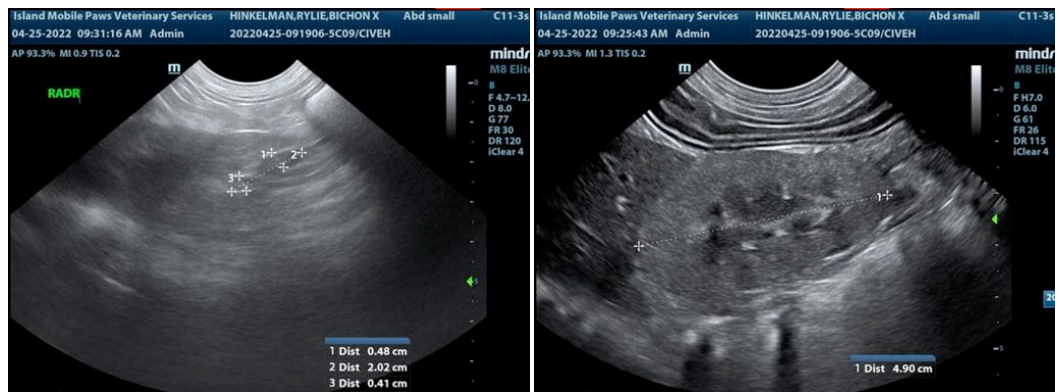
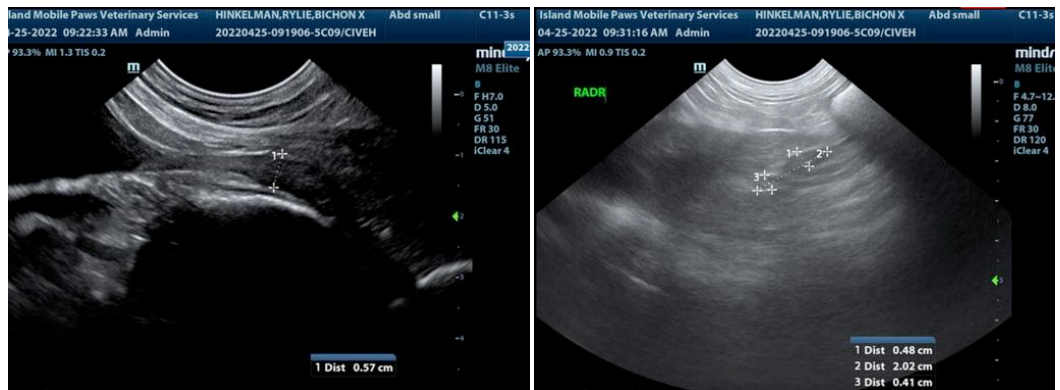
Central Island VEH

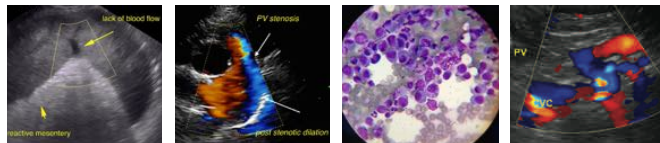
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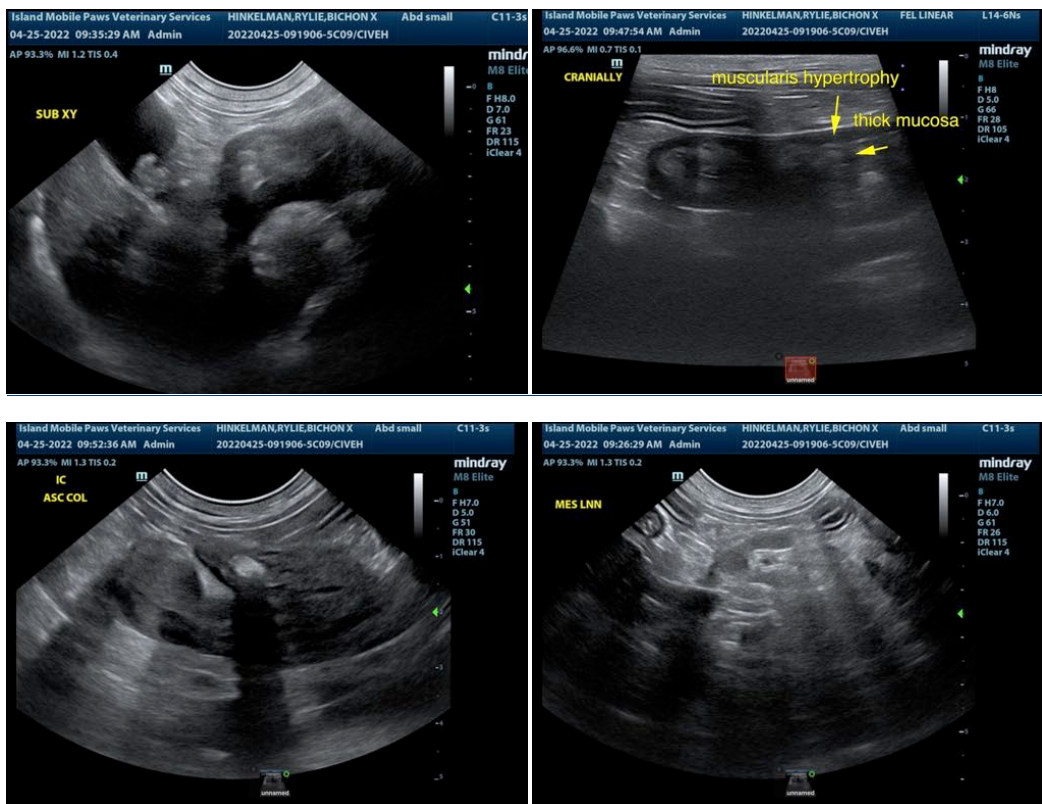
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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