



PATIENT

Alfie Branham

PRESENTING CLINICAL SIGNS

Vomiting, not eating or drinking since 4/25

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: PE: Painful on abdominal palpation CBC: - WBC: 28.56 - NEU: 23.50 - MONO: 1.81 - MPV: 16.5 CHEM: - TP: 9.6 - GLOB: 6.6 - ALT: 383 - ALKP: 1259 - TBIL: 1.1 - CHOL: 323 - LIPA: 1865 - CI: 104

BREED

Mix Breed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered male

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. 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.

AGE

12 years

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. Slight mineralization was present. Pyelectasia was noted in the right kidney. The right kidney measured 4.0 cm. The left kidney measured 4.0 cm.

WEIGHT

13.8 lbs

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The **left adrenal gland** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease, then ACTH testing would be indicated. The left adrenal gland was swollen at the caudal pole, measuring 8.0 mm at maximum width.

IMAGING PERFORMED BY

Dr. Griffin

The region of the **right adrenal gland** was imaged. No evidence of pathology.

HOSPITAL NAME

Northside VC

Spleen

The **spleen** was normal in size and contour. Minor micronodular changes noted, possibly related to splenitis. Minor potential for round cell neoplasia.

REFERRING VET

Dr. Griffin

Liver

The **liver** was uniformly swollen. The liver presented mild coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. The gallbladder was overdistended. Adhered apical bile, as well as striating suspended bile present, consistent with emerging mucocele. The common bile duct was obscured by the pancreatic pathology.

INVOICE

14956

DATE

4/29/22

Gastrointestinal



PATIENT

Alfie Branham

The **pylorus** was thickened in this patient with hypertrophied muscularis. The small intestine and colon were unremarkable.

Pancreas

SPECIES

Canine

Heterogeneous **pancreatic** changes noted in the right limb and base with hyperechoic surrounding fat, consistent with pancreatitis (region of approximately 4.0 cm x 4.0 cm).

BREED

Mix Breed

ULTRASONOGRAPHIC FINDINGS

- Gastritis, pyloric hypertrophy
- Pancreatitis
- Hepatopathy
- Emerging gallbladder mucocele
- Left adrenal hypertrophy
- Micronodular splenic changes
- Age-related renal changes with mineralization and right kidney pyelectasia

AGE

12 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

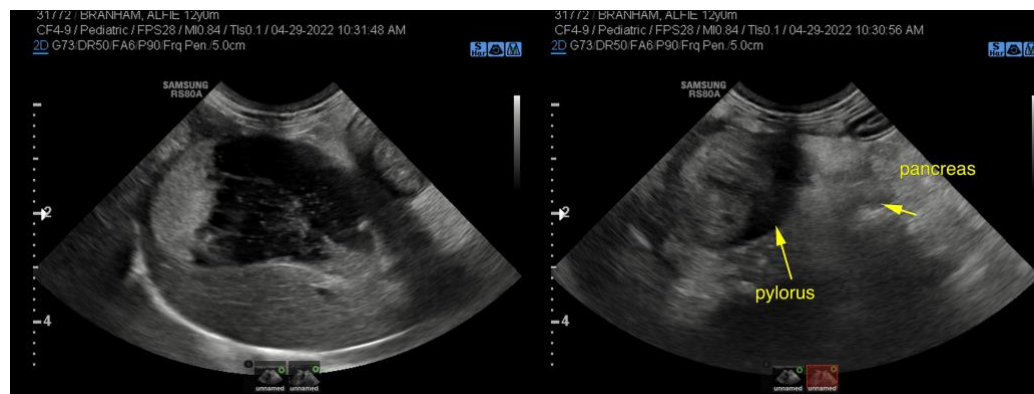
I recommend GI protectant protocol, IV fluid support, broad-spectrum antibiotics, pain management, 24-hour NPO and recheck sonogram in 48-hours. Leptospirosis titers indicated. FNA of the liver, hypoechoic portions of the pancreas and spleen would be ideal for further definition. No overt evidence of neoplasia.

WEIGHT

13.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

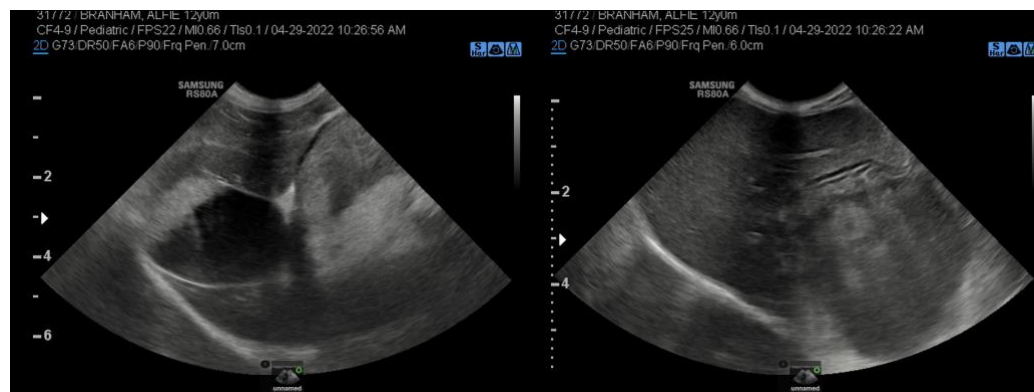


IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside VC



REFERRING VET

Dr. Griffin

INVOICE

14956

DATE

4/29/22



PATIENT

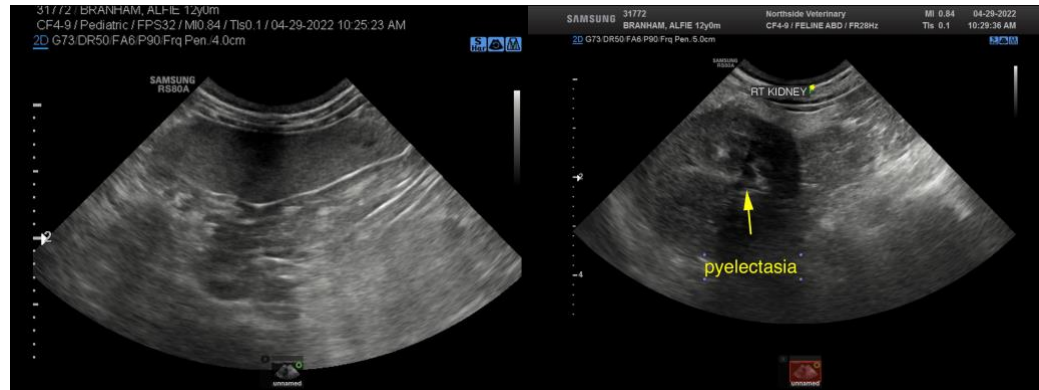
Alfie Branham

SPECIES

Canine

BREED

Mix Breed



SEX

Neutered male

AGE

12 years

WEIGHT

13.8 lbs



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Griffin

INVOICE

14956

DATE

4/29/22



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