



**PATIENT**

Coco De Luca

**PRESENTING CLINICAL SIGNS**

Emesis, chronic Pancreatitis

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Mixed

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

**SEX**

Neutered Male

**AGE**

14 Years

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomdullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Pyelectasia noted in the left kidney. The left kidney measured 3.4 cm each. The right kidney was visualized obliquely at approximately 5.0 cm.

**WEIGHT**

12 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

**Adrenal Glands**

The **left adrenal gland** was mildly enlarged, measuring 0.82 cm at the caudal pole and 0.40 cm at the cranial pole.

DABVP, Cert. IVUSS

The **right adrenal gland** was not visualized.

**IMAGING PERFORMED BY**

Byron Cabrera

**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.

**HOSPITAL NAME**

All Creatures Great & Small Denville

**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 presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**REFERRING VET**

Dr. Silas Ashmore

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**Gastrointestinal**

**Pyloric** mucosa appeared to have mild echogenic remodeling, suggestive of chronic gastritis. No neoplastic criteria present. The small intestine and colon were unremarkable. Curvilinear patterns were maintained.



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Coco De Luca

**Pancreas**

**SPECIES**

The right limb of the **pancreas** was hypoechoic and mildly irregular, potential low-grade inflammation. The left limb was unremarkable.

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

- Chronic cystitis pattern
- Chronic interstitial nephrosis pattern, potential underlying UTI
- Left kidney pyelectasia
- Mild chronic gastritis pattern
- Prominent right pancreatic limb, possible low-grade inflammation

Mixed

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

A clinical trial of the following may prove effective. However, full urinary workup warranted as well. Blood pressure measurements and monitoring of renal values warranted in the near future.

14 Years

**WEIGHT**

12 Pounds

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Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

All Creatures Great & Small Denville

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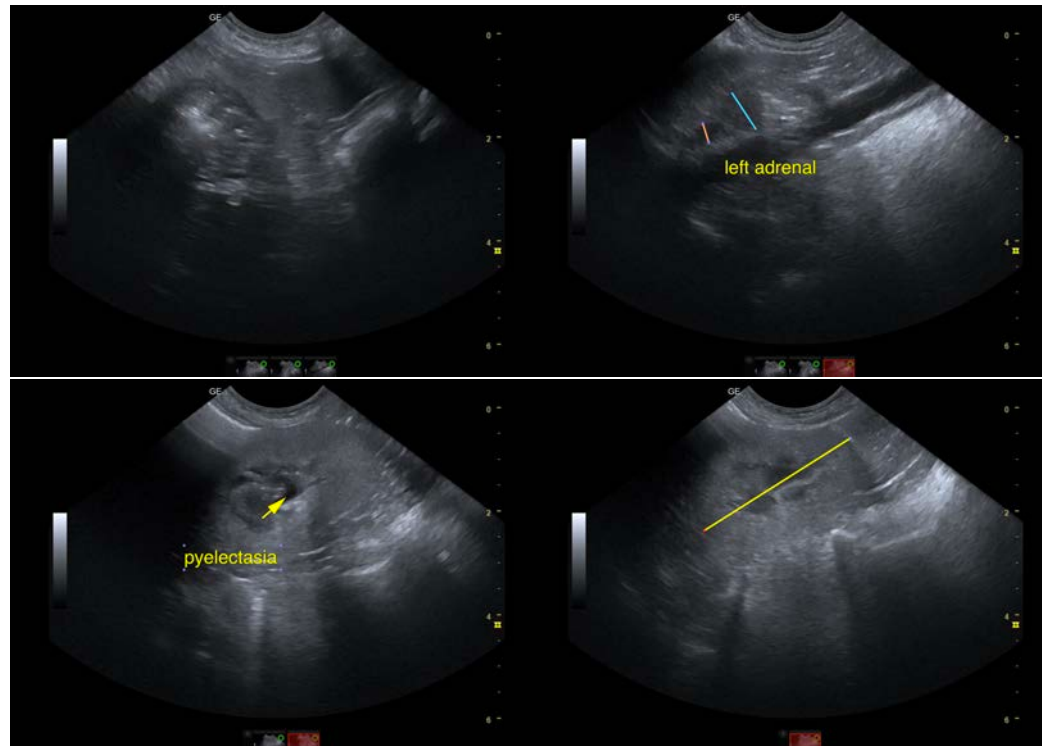
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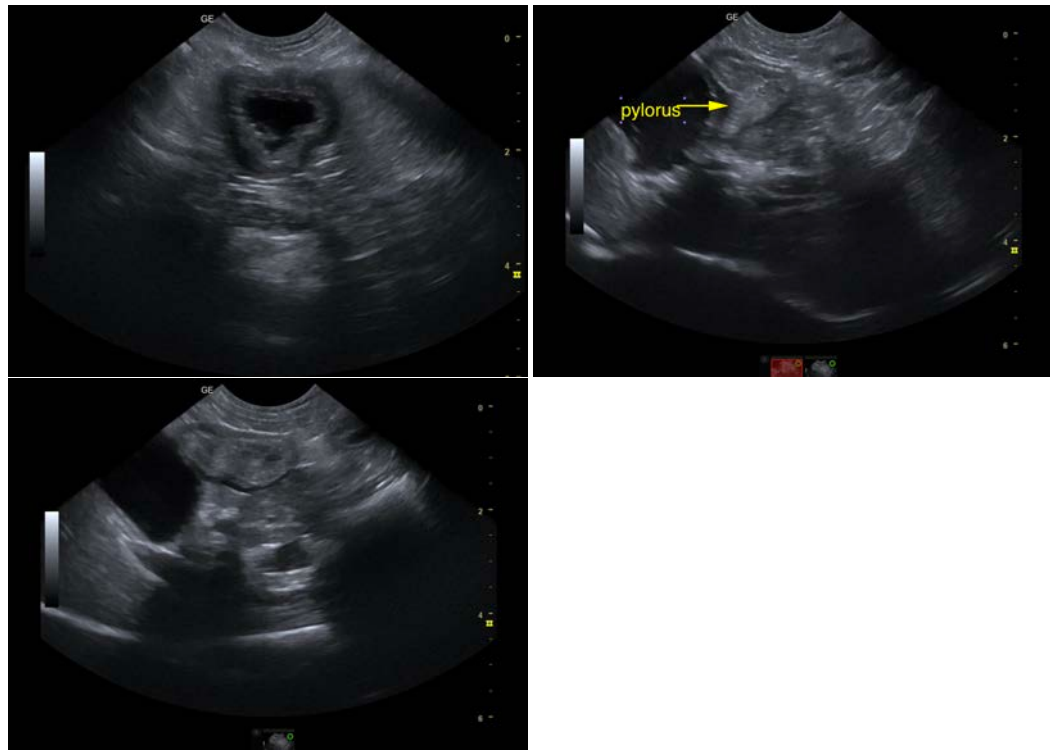
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)