



**PATIENT**

Rusty Duffy

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Neutered Male

**AGE**

14 Years

**WEIGHT**

13 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Kevin Moon

**HOSPITAL NAME**

Shiloh Vet Hospital

**REFERRING VET**

Dr. Deborah Bangs

**INVOICE**

38088

**DATE**

5/27/22

**PRESENTING CLINICAL SIGNS**

Chronic intermittent diarrhea, p has been on z/d for 1 year with minimal improvement. The previous week, p has had ongoing diarrhea and vomited a few times with a decreased appetite. Abnormal PE/Chem/CBC/UA Results: none recently, fecal negative

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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 were noted. Ureteral papillae were normal.

The **left kidney** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.0 cm.

The **right kidney** revealed an echogenic cyst, possible abscessation, measuring 2.0 cm at the medial aspect of the renal cortex. Pinpoint mineralizations noted.

**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 left adrenal gland measured 0.50 cm. The right adrenal gland measured 0.80 cm at the cranial pole and 0.50 cm at the caudal pole.

**Spleen**

The **spleen** presented mixed echogenic nodular changes, consistent with hyperplasia. No evidence of significant disease.

**Liver**

The **liver** revealed coarse architecture, normal size and contour. The gallbladder and common bile duct were unremarkable. Multifocal hypoechoic non-disruptive nodular changes noted, similar to that of the spleen.

**Gastrointestinal**

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**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.



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**ULTRASONOGRAPHIC FINDINGS**

- Structurally unremarkable abdomen with minor renal mineralization and right renal cyst or possible abscessation.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound guided drainage of the renal cyst, culture and sensitivity would be appropriate. Dietary rotation to a separate hydrolyzed diet and broad-spectrum antiparasitic protocol indicated. No evidence of significant visceral disease.

**BREED**

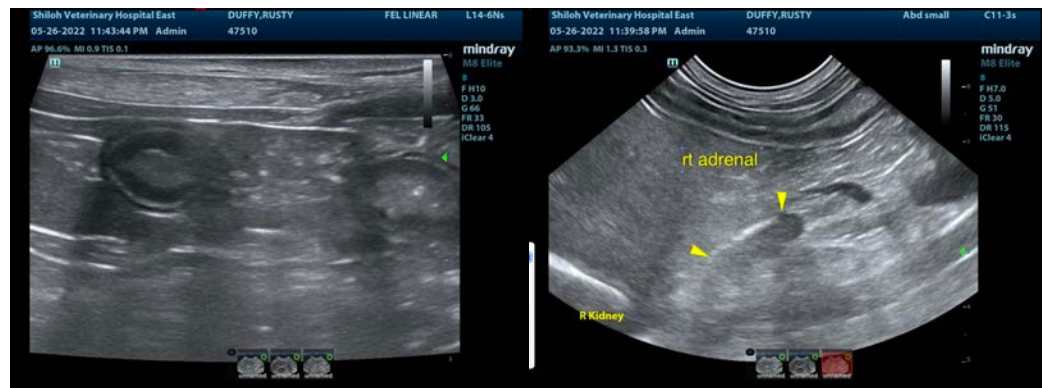
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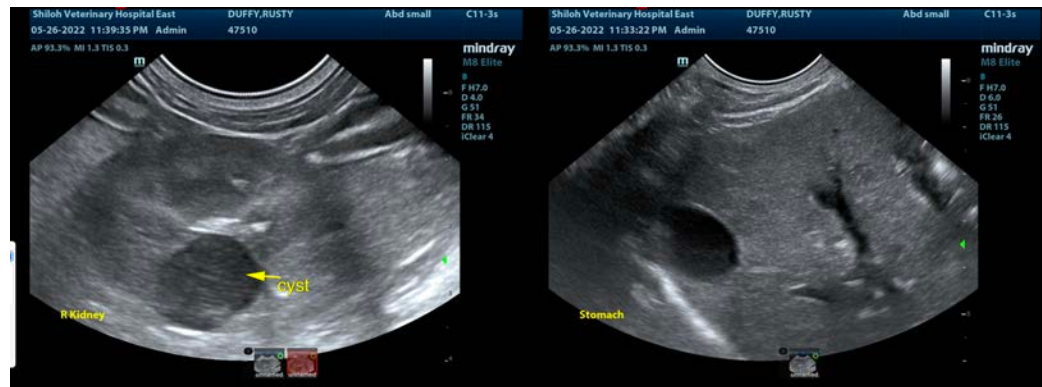
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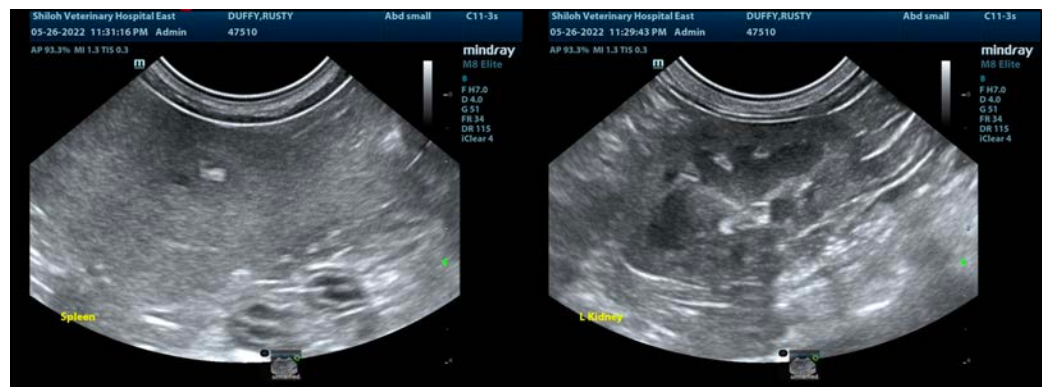


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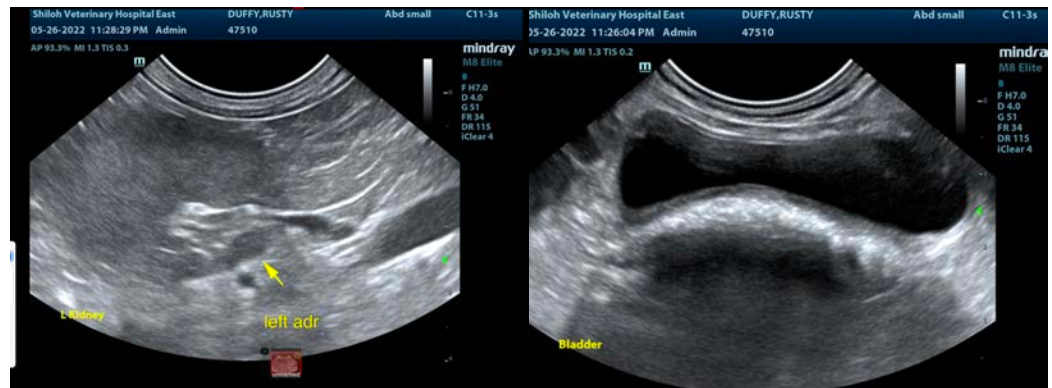
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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