



**PATIENT**

Cocoa Lawson

**SPECIES**

Canine

**BREED**

Schauzer Mix

**SEX**

FS

**AGE**

14 years

**WEIGHT**

16.4 lb

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Prescott

**HOSPITAL NAME**

Rondout Valley  
Veterinary Associates

**REFERRING VET**

Dr. Prescott

**INVOICE**

10808ag

**DATE**

06/14/2022

**PRESENTING CLINICAL SIGNS**

History: Period of anorexia and lethargy since Tuesday. One episode of vomiting food. With fluids, cerenia, zofran patient started eating well but remains lethargic. Mentation also seems off as per owner. Possibly CDS but want to rule out other causes of lethargy.

Abnormal PE/Chem/CBC/UA Results: Normal CBC/CHEM/LYTES/4DX

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder, trigone, and pelvic urethra presented normal thicknesses and normal tone to depth of 2 cm. 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 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 and no evidence of pelvic dilation was present.

The left kidney measured 4.4 cm in length. The right kidney measured 4.58 cm in length.

*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 1.02 cm. The right adrenal gland measured 2.18 cm in length by 0.46 cm caudal pole width by 0.47 cm cranial pole width.

*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.

*Liver*

The liver images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor 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 presented some minor dependent debris with essentially normal contour, this is not a pathological finding. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

*Gastrointestinal*



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The gastrointestinal tract presented considerable gastric artifact due to the presence of ingesta. This did not permit thorough evaluation of portions of the gastric and upper intestinal structure. No overt abnormality was seen in the visualized tissue, however. This is consistent with a post-prandial presentation within a few hours of mealtime. If the prandial temporal interval does not fit the case history, and the patient presents a history of post-prandial vomiting, this could indicate a delayed upper gastrointestinal outflow due to primary or secondary pyloric hypertrophy, upper GI infiltrative disease, motor deficits, or a non-visualized foreign body. A prudent approach would be to rescan this patient at 24 hour NPO status to further review the non-visible regions if stomach primarily as well as assess any delayed outflow issue.

### 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

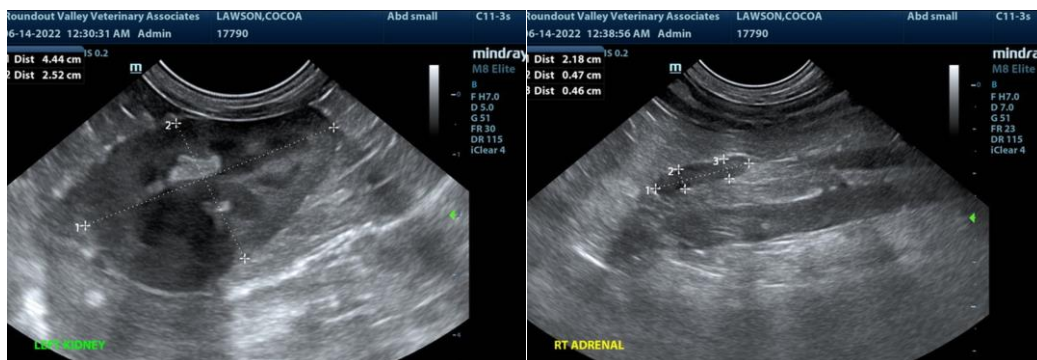
- Largely a geriatric abdomen

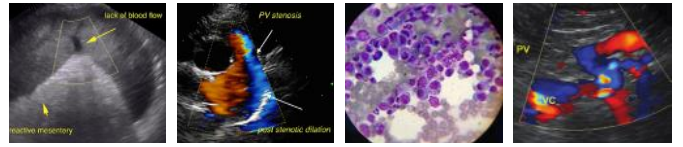
### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of significant abdominal disease present in today's study. A full CNS examination +/- skull CT with contrast to assess for primary CNS disease given the patient history could be considered, however the abdomen exhibits expected changes for this age and breed.

Screening for Addison's disease with a baseline cortisol level could be considered however this is unlikely given the patient's age though technically possible.

Assessment for arrhythmogenic disease is also indicated.





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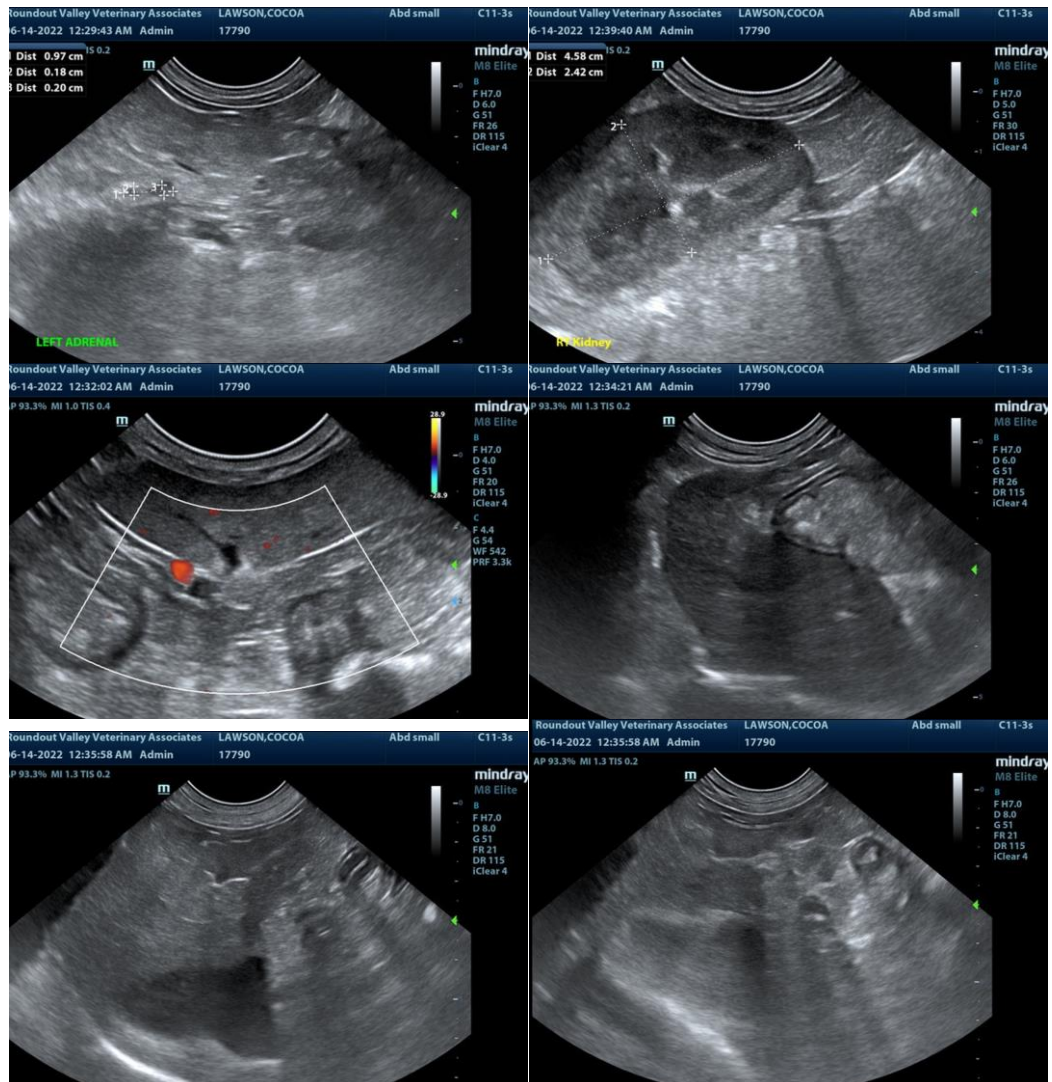
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
Eric.Lindquist@SonoPath.com