



PATIENT

Jake Kennedy

SPECIES

Canine

BREED

Bichon Frise Mix

SEX

Neutered male

AGE

12 years

WEIGHT

12 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Trudeau

HOSPITAL NAME

Petworks VH

REFERRING VET

Dr. Trudeau

INVOICE

30966

DATE

6/13/22

PRESENTING CLINICAL SIGNS

History: history of pancreatitis and have been treating him for pancreatitis since May 24 ; not eating on his own, a feeding tube has been placed He is having regurgitation, some weight loss, and his liver values are getting worse; originally referred for a GB removal but wanted to be sure there are no other underlying disease

Abnormal PE/Chem/CBC/UA Results: most current labs May 30 ALT 734 u/L; ALP 1715 U/L and an abnormal cpl; all other labs (CBC/Chem) NSF

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 was noted. Ureteral papillae were normal.

The **kidneys** 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 right kidney measured 4.12 cm.

Adrenal Glands

The right **adrenal gland** was mildly heterogenous and slightly swollen measuring 0.81 cm at the cranial pole and 0.4 cm at the caudal pole. The cranial pole was mildly enlarged and a bit more than usual. Cranial to caudal pole disparity should be monitored. Capsular expansion was noted without capsular expansion. There was no evidence of masses or suspicion of neoplasia. This is largely an age related change. The left adrenal gland was normal in size and contour measuring 0.32 cm at the cranial pole and 0.31 cm at the caudal pole.

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.

Liver

The **liver** revealed a uniform, minor vacuolar hepatopathy pattern with slightly increased portal markings. The gallbladder was slightly over distended with a slight amount of suspended debris. The gallbladder was somewhat rounded with minor enhanced fat at the apex of the gallbladder. This is suggestive for inflammation.



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Gastrointestinal

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The gastric wall revealed slightly thickened rugae with a minor amount of luminal fluid. The colonic wall was mildly thickened. The colic lymph nodes were enlarged and slightly rounded. The mesenteric lymph node was slightly enlarged and rounded measuring 0.57 x 0.36 cm. A separate lymph node measured 0.8 x 0.56 cm.

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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

Hepatic remodeling.

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Mildly inflamed immature gallbladder mucocele.

Minor gastritis pattern.

Slightly prominent right adrenal gland, yet not overtly pathological.

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Otherwise, age related abdominal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cranial to caudal pole disparity should be monitored in the right adrenal gland; however, no neoplastic criteria is present.

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From a security measure prior to cholecystectomy I recommend FNA and culture of the colic lymph node enlargement as well as serial blood pressure measurements regarding the right adrenal gland enlargement. Parenchyma inflammatory disease was noted in the liver as well as inflamed immature gallbladder mucocele. If blood pressure measurements are normal and FNA of the colic lymph node is benign then cholecystectomy and liver biopsy would be appropriate.

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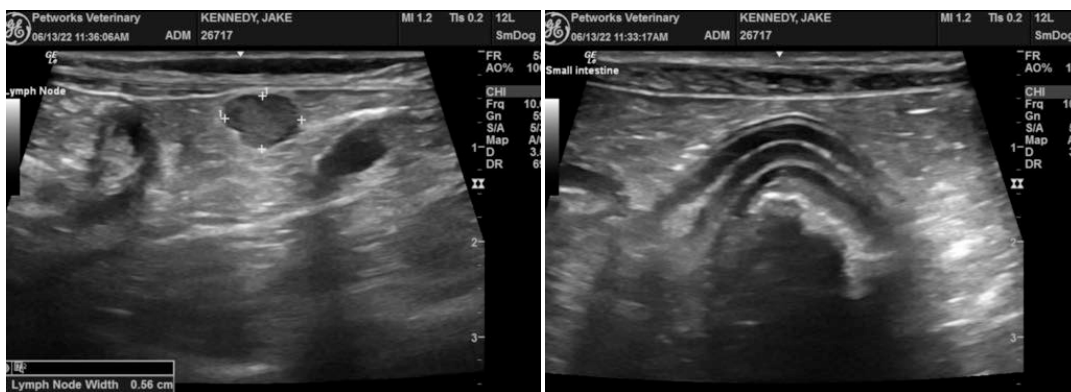
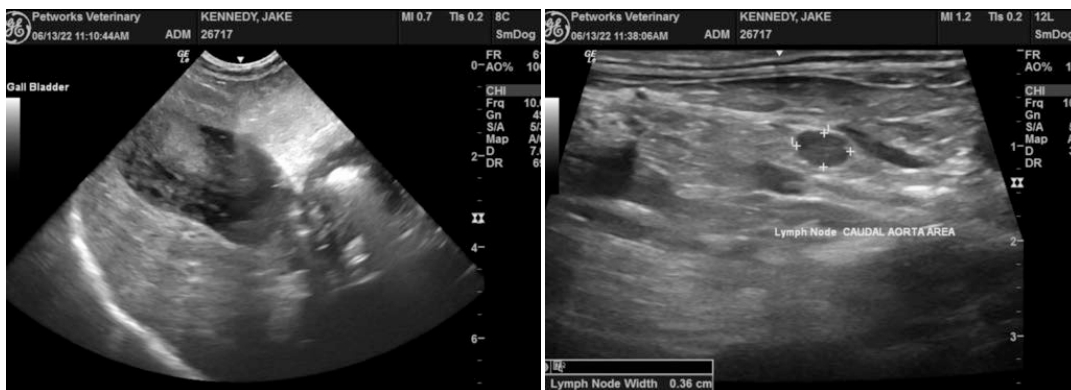
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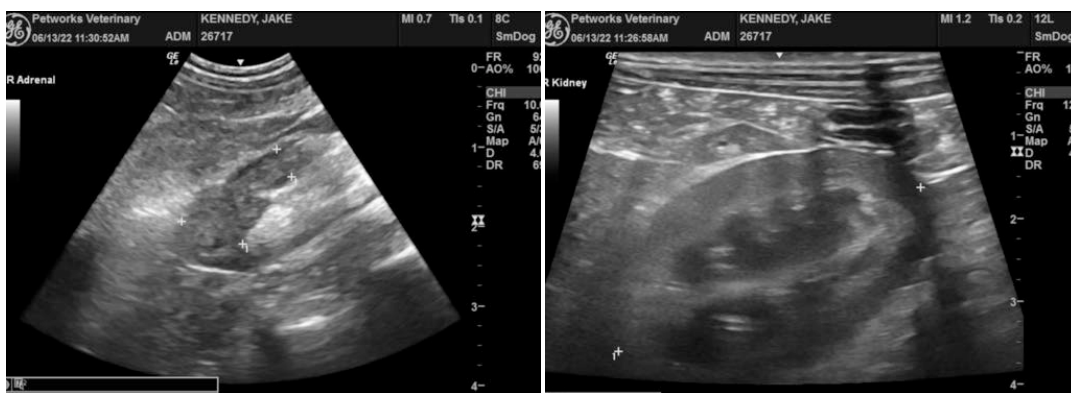
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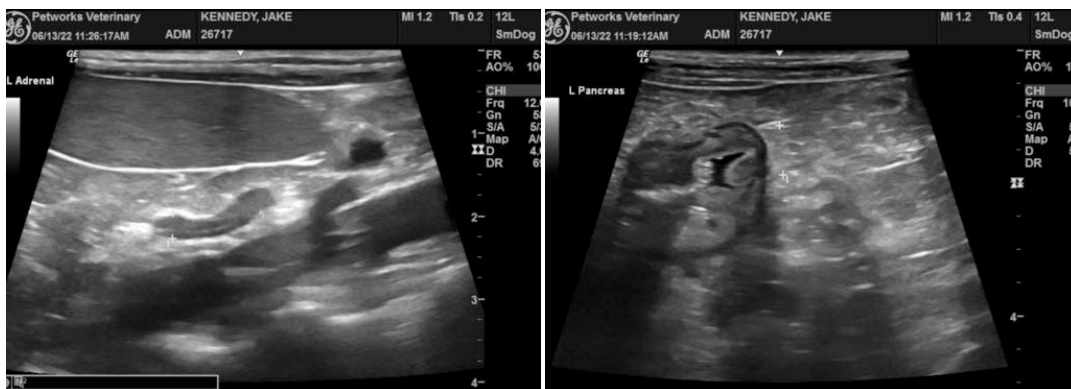
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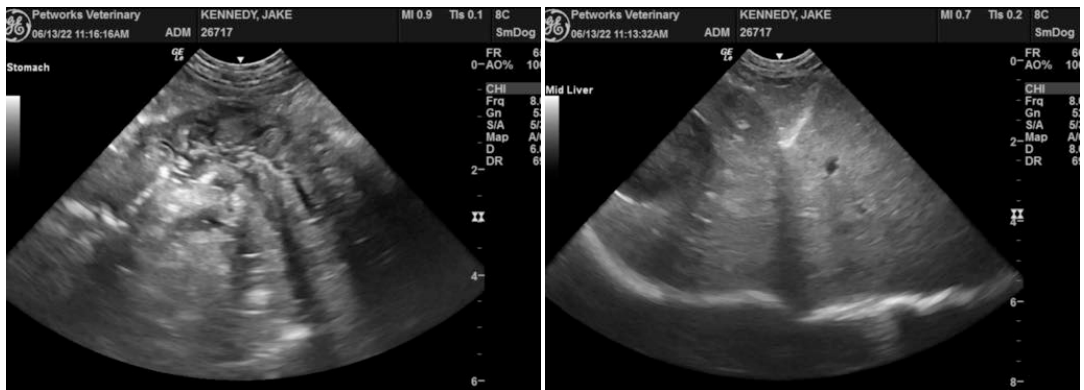
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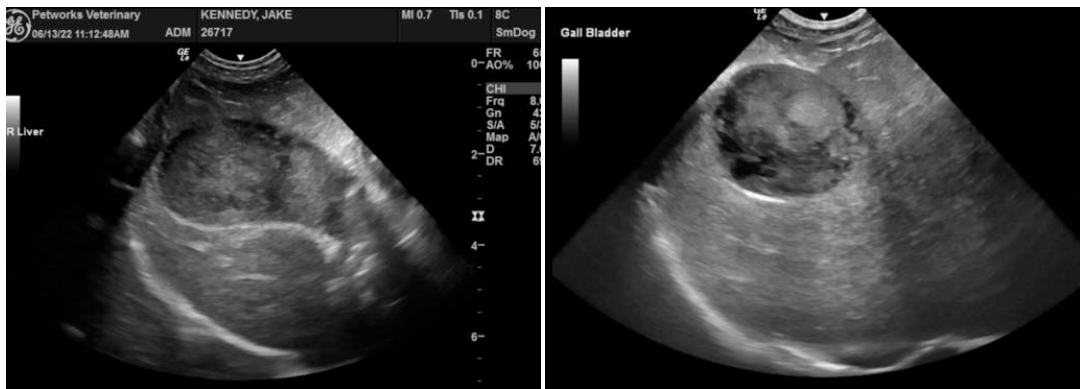
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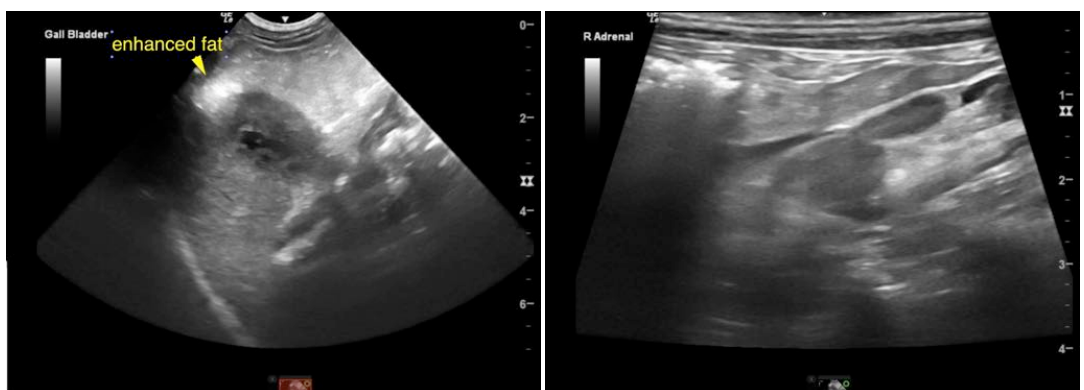
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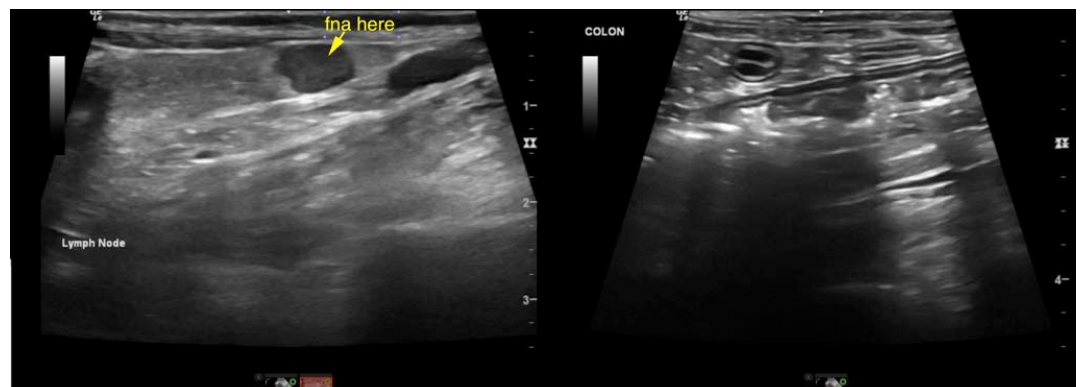
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com