



PATIENT PRESENTING CLINICAL SIGNS

Hugo Bayajian Dx with pancreatitis on lab work 6/3. Decreased appetite, lethargic, panting. Current meds: cerenia, Baytril, Omprazole, Entyce

SPECIES Abnormal PE/Chem/CBC/UA Results: ALT 136, Alk Phos 325

Canine

BREED *Urinary System*

Briard

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

SEX

Neutered Male

AGE

11

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 right kidney measured 8.09 cm. The left kidney measured 8.06 cm.

WEIGHT

114 Pounds

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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. A hypochoic nodule was noted in the caudal pole of the left adrenal gland measuring 0.67 cm x 0.61 cm. The left adrenal gland measured 3.29 cm x 0.79 cm at the caudal pole and 0.67 cm at the cranial pole. The right adrenal gland measured 3.19 cm x 1.0 cm at the cranial pole and 0.60 cm at the caudal pole.

IMAGING PERFORMED BY

Jessica Miller

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

Basking Ridge AH

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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 dependent debris with essentially normal contour. 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.

REFERRING VET

Dr. Rotella

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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.



PATIENT

Pancreas

Hugo Bayajian

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Briard

- Very subtle left adrenal nodule
- Age related kidney and hepatic changes

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of poor appetite and lethargy is not overtly evident from a visceral standpoint. Other causes such as CNS, thoracic or orthopedic pain should be considered. Serial blood pressures warranted to assess for hypertension. If hypertension is present, then urine catecholamine would be indicated, yet the left adrenal nodule is likely benign and should be monitored over the next 2-3 weeks to assess for any growth.

AGE

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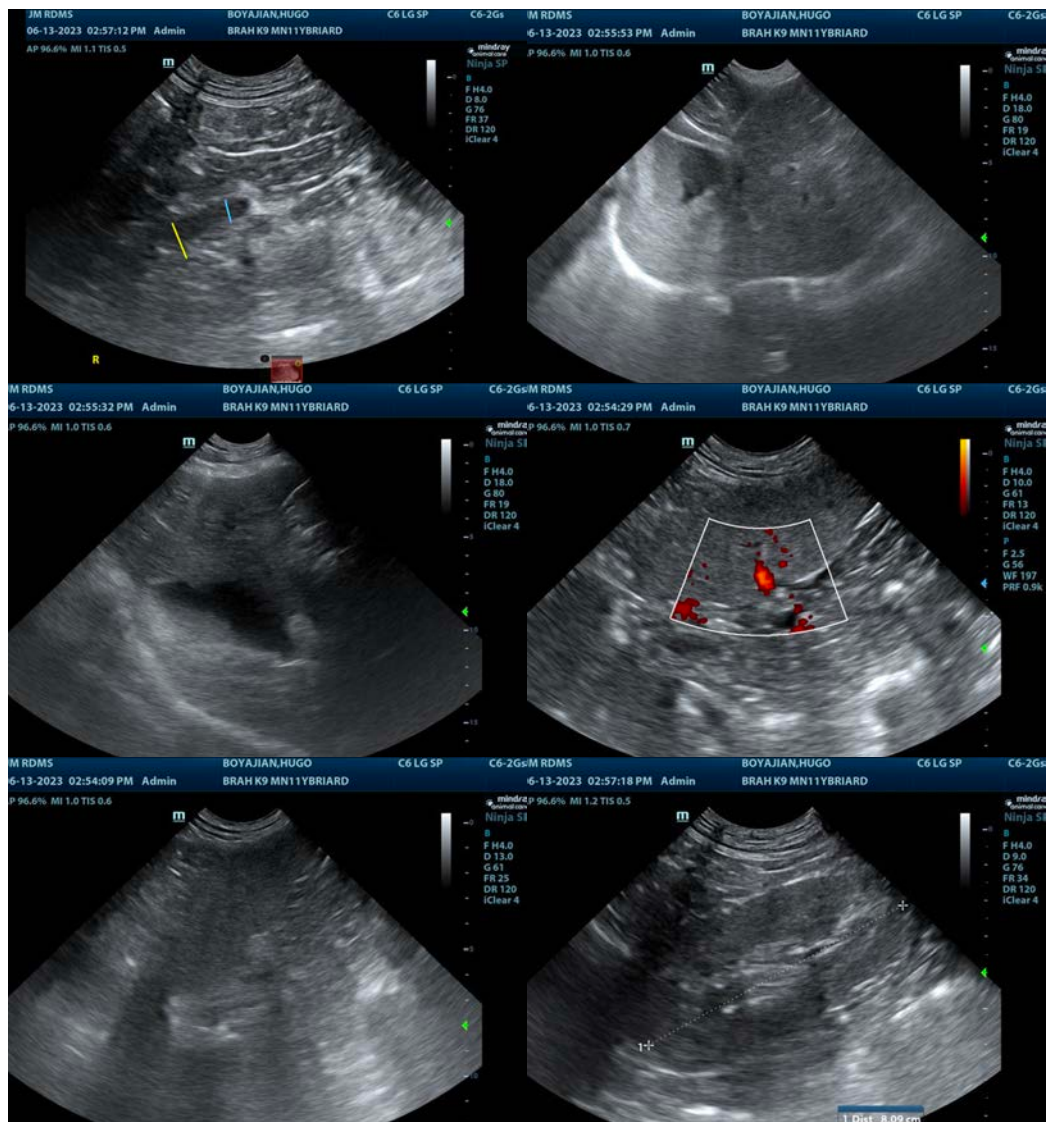
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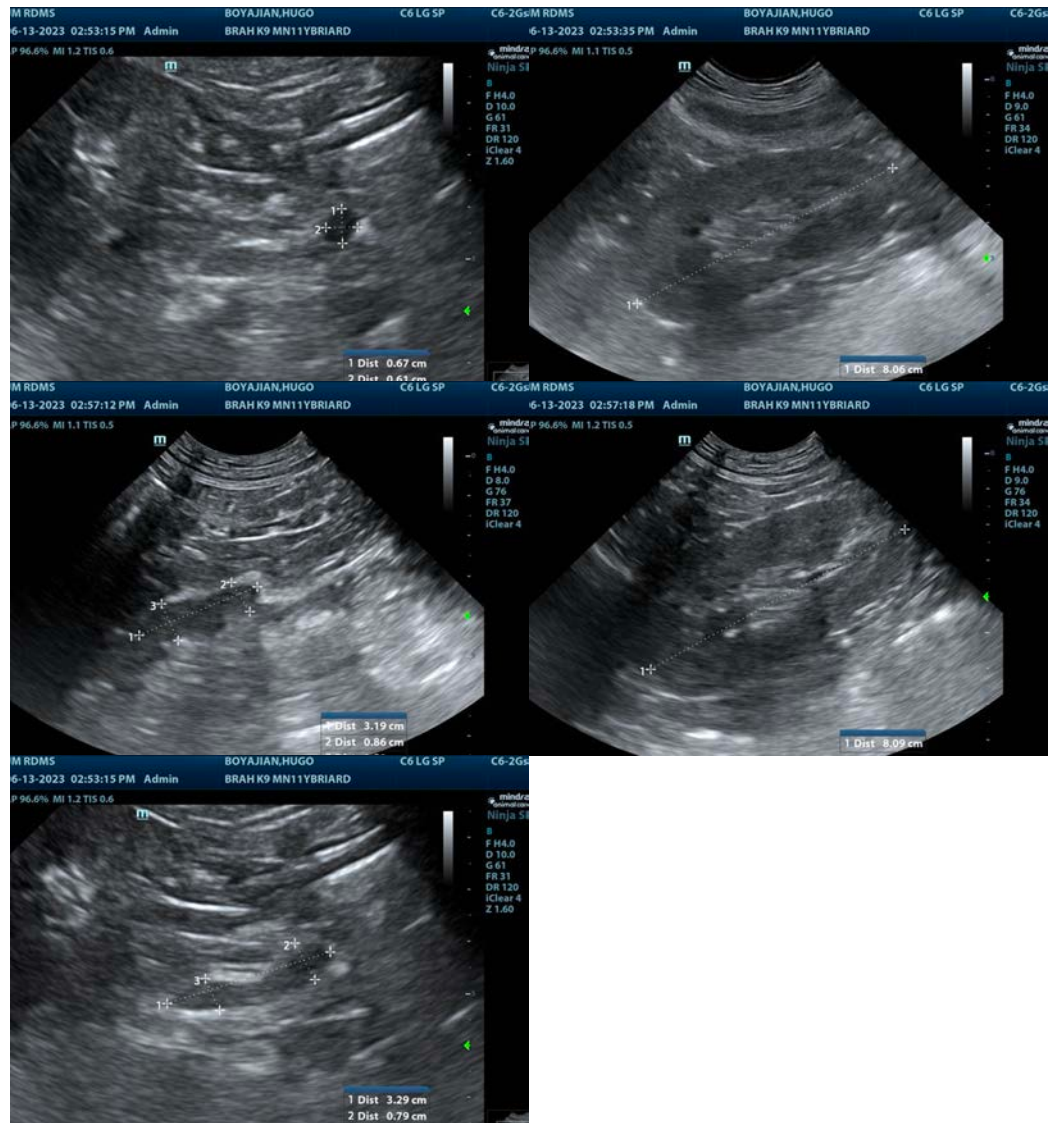
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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