



PATIENT **PRESENTING CLINICAL SIGNS**

Toby Kimmich

History: Presented 5/24/23 for AHE. Overall doing well besides some behavior changes such as wanting to get into the trash and litterbox. PE overall unremarkable besides age related changes. Possible organomegaly of cranial abdomen (liver?). Patient has a history of a splenectomy as well as liver biopsies which were WNL. Senior BW was performed and revealed a mild normocytic, normochromic, non regenerative anemia. Hct 35%. Thrombocytosis 687,000 (143-448,000), ALT of 182 (18-121). Recommended starting on B12 supplementation with Cobalequin in case he has an underlying GI deficiency and repeating an abdominal US.

SPECIES

Canine

BREED

Pitbull Mix

SEX

Neutered male

AGE

13 years

WEIGHT

64 lbs

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 dilatation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.0 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The **right adrenal gland** was 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 right adrenal gland measured 1.0 cm at the cranial pole and 0.6 cm at the caudal pole. The region of the left adrenal gland was unremarkable.

IMAGING PERFORMED BY

Dr. Myers

Spleen

The region of the **splenic** fossa was unremarkable.

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Glass

Liver

The **liver** revealed mild, heterogenous parenchymal changes with increased portal markings and hypoechoic, non-disruptive nodular changes, likely benign. Occasional cortical cyst was noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

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Gastrointestinal

The **stomach** was filled with shadowing material and measured up to 4.0 cm and was non-obstructive. The small intestines and colon were unremarkable.

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.

ULTRASONOGRAPHIC FINDINGS

Nodular hyperplasia liver pattern, likely benign.

Minor, shadowing gastric material. Retention of ingesta or hair accumulation or grass.

Age related abdominal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of significant disease and no return of prior pathology.

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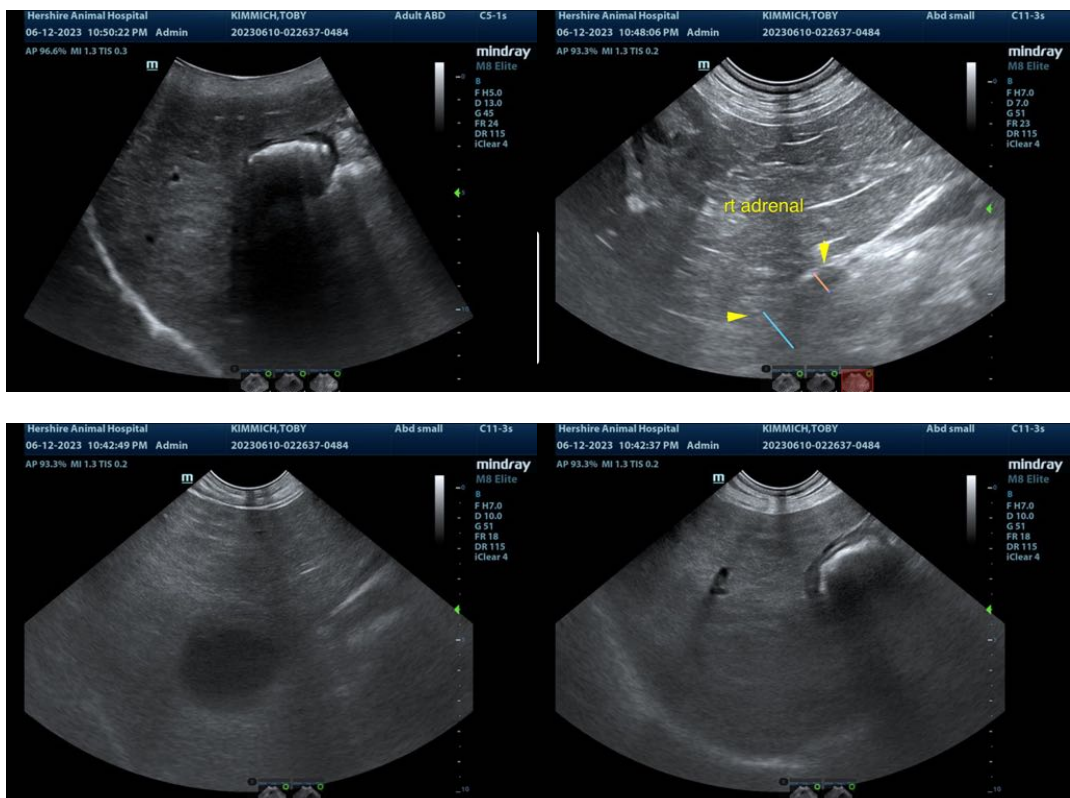
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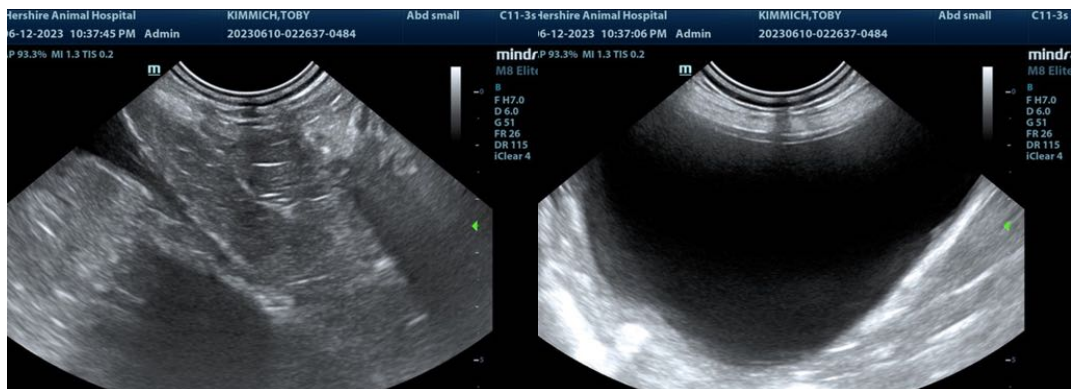
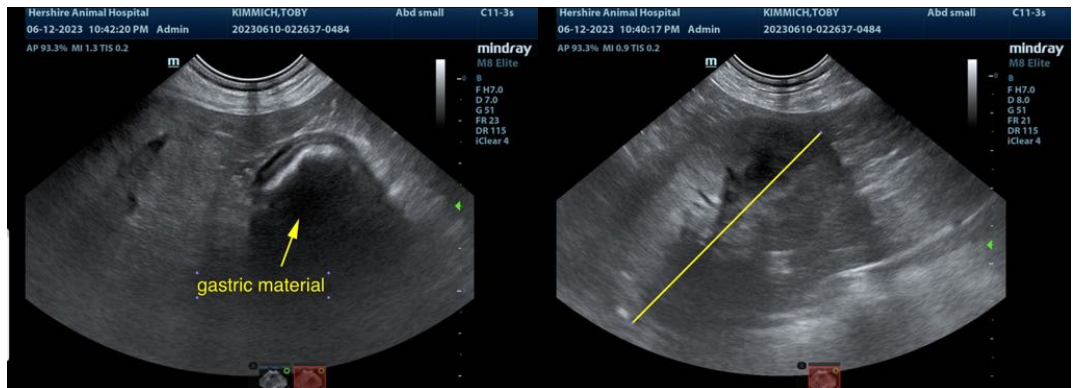
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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