



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Noel Young

**SPECIES**  
Canine

**BREED**  
Poodle

**SEX**  
Spayed Female

**AGE**  
13 years

**WEIGHT**  
14 lbs

**INTERPRETED BY**  
Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**  
M Kermendy CVT

**HOSPITAL NAME**  
Wauwautosa VC

**REFERRING VET**  
Dr. Binor

**INVOICE**  
31039

**DATE**  
6/15/22

**History:** History of pancreatitis since April 2022. On a bland diet (ProPlan Sensitive Stomach), owner discontinued treats in April. Switched to I/D in May and CPL has increased. On hydroxyzine for allergies and thyroxin for hypothyroidism. Abdominal imaging to check the status of pancreas and make sure that there is no other structural disease such as neoplasia/IBD that is contributing to worsening pancreatic values.

**Abnormal PE/Chem/CBC/UA Results:** 4/27/22 CPL = 467 (0-200) 6/8/22 CPL = 520

**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 moderate degenerative changes with corticomedullary calculi and echogenic remodeling. Minor pyelectasia was noted in both kidneys. The patient is likely passing calculi periodically. Pinpoint nephrolithiasis was noted in both kidneys. The left kidney measured 3.73 cm, which is mildly subnormal in size. The right kidney measured 3.6 cm.

**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 0.4 cm.

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. Occasional, hyperechoic lipogranulomatous change was noted in the spleen. This is a positional variant and is not pathological. There was no evidence of significant disease.

**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.



**PATIENT** *Gastrointestinal*

Noel Young Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Areas of spastic small intestine were noted. The upper gastrointestinal tract was unremarkable. Corrugated bowel was present. This is consistent with acute on chronic inflammatory bowel. Mildly increased submucosal echogenicity is noted.

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**Pancreas**

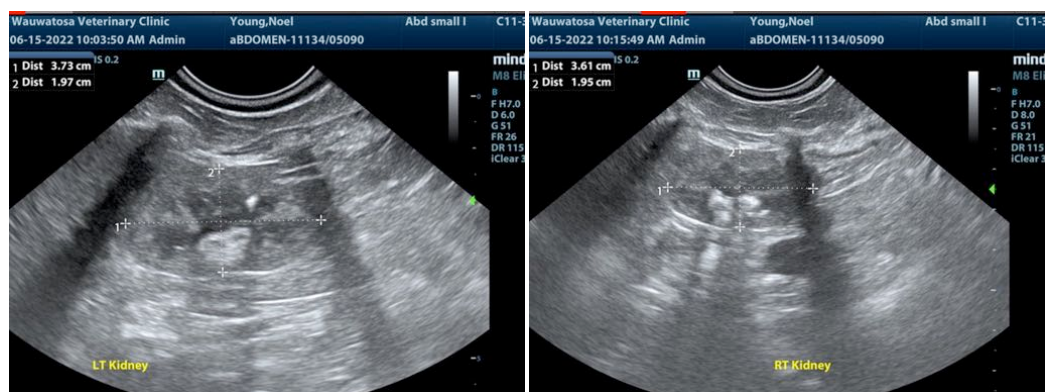
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain 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**

Non-specific and subacute on chronic enteritis pattern.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Broad spectrum anti-parasitic protocol, clinical trial of Enrofloxacin and Metronidazole over a 10 day period is recommended to treat for enterotoxins and low-grade parasitism as well as diet change to a hydrolyzed diet may be appropriate. There was no evidence of significant disease.





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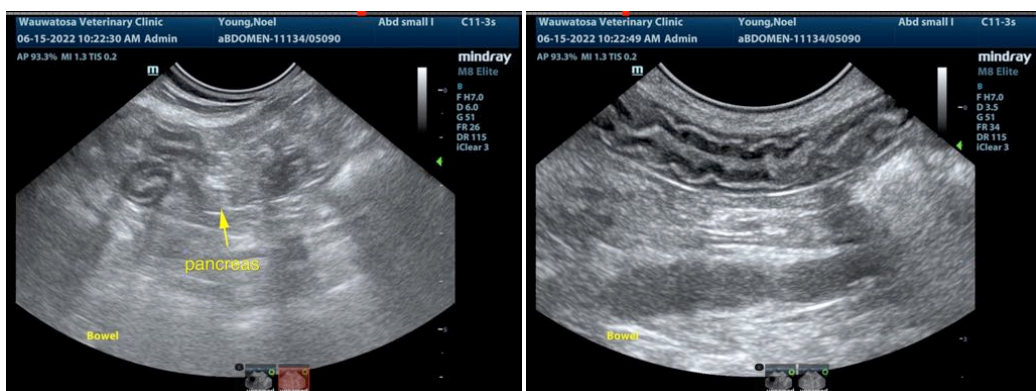
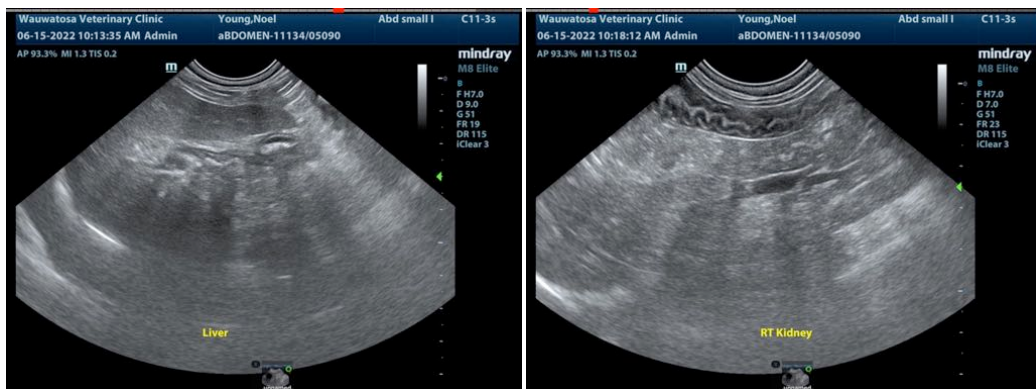
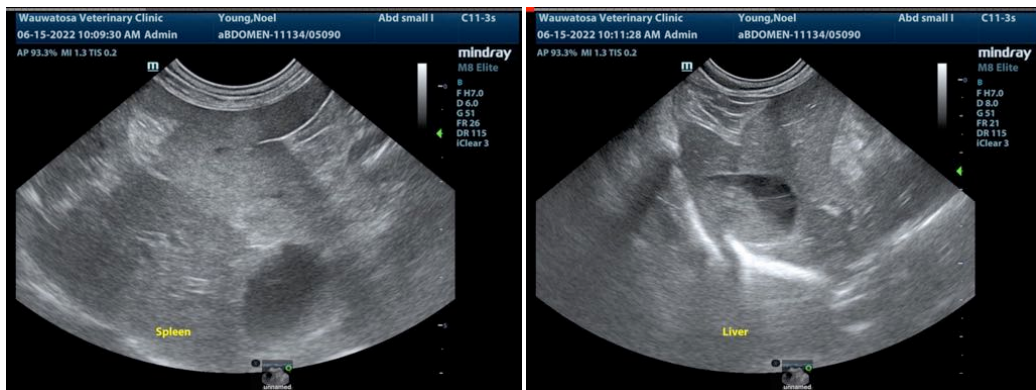
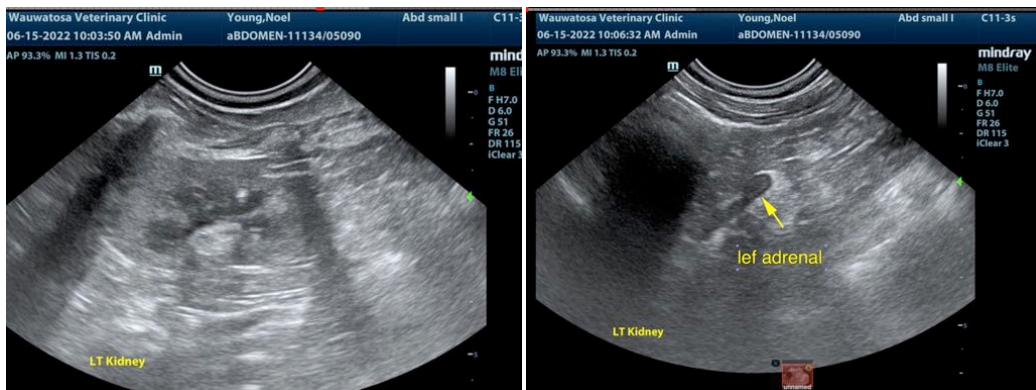
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Poodle

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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