



PATIENT

Ruby Fonaas

SPECIES

Canine

BREED

Terrier/Chihuahua

SEX

Spayed Female

AGE

8 Years

WEIGHT

12.5 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Woodside

HOSPITAL NAME

Sherwood Family PC

REFERRING VET

Dr. Woodside

INVOICE

38824

DATE

6/17/22

PRESENTING CLINICAL SIGNS

Ultrasound 3/7/2022 with Sonopath. Surgery to remove liver mass from right distal lobe and soft tissue sarcoma from right lateral thorax on 3/11/2022. Ruby has been doing well since surgery. Appetite, activity level normal; no vomiting or diarrhea. However, cPL continues to increase inspite of change to low fat diet. Ultrasound to check pancreas, etc. for explanation of continued cPL elevation. Abnormal PE/Chem/CBC/UA Results: PE - obese, CBC - normal; CHEM ALP 1409 (6/7/2022), 1003 (2 weeks post-op), 1509 (in house day of sx); Lipase 321, 325 (250 high normal); cPL 951 (June), 650 (April), 298 (Feb) remainder of Chem, T4, UA normal

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 left kidney measured 4.0 cm. The right kidney measured 4.0 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 0.42 cm at the cranial pole and 0.47 cm at the caudal pole. The right adrenal gland measured 0.40 cm.

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** presented mild generalized enlargement and a uniform vacuolar hepatopathy pattern with slight heterogeneous parenchymal changes and minor uniform swelling. The gallbladder presented a minor amount of excessive debris, yet not to the level of mucocele formation. Normal teardrop appearance was maintained.

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.



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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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

Large amount of abdominal fat noted.

PRIMARY FINDINGS

- Benign hepatopathy with excessive gallbladder debris

SECONDARY FINDINGS

- Pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy should be considered if already being utilized in this patient. No evidence of return of prior pathology. No structural evidence of active pancreatic inflammation. However, diet change could be considered to hydrolyzed diet and a clinical trial of Enrofloxacin/Metronidazole over a 10 day period and reassessment of the clinical status. Low-grade inflammation cannot be completely ruled out, however may be artifactual.

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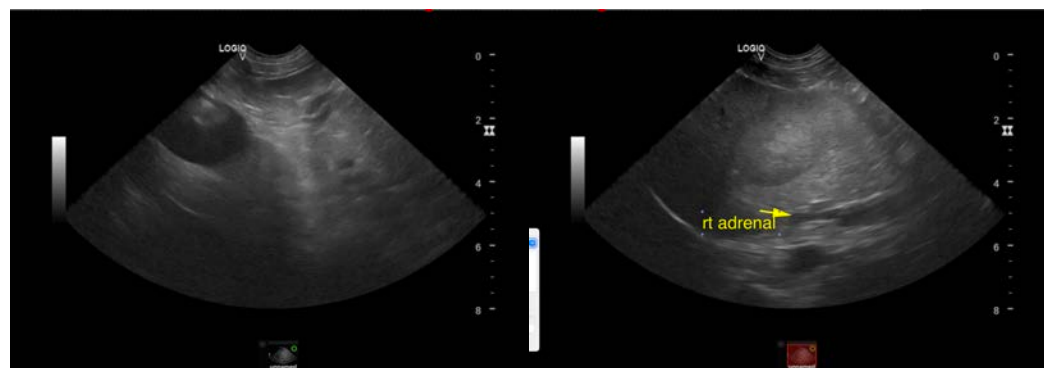
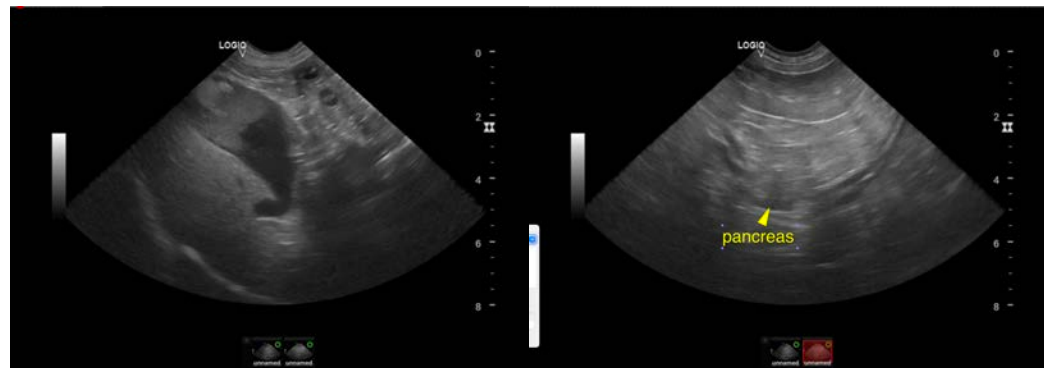
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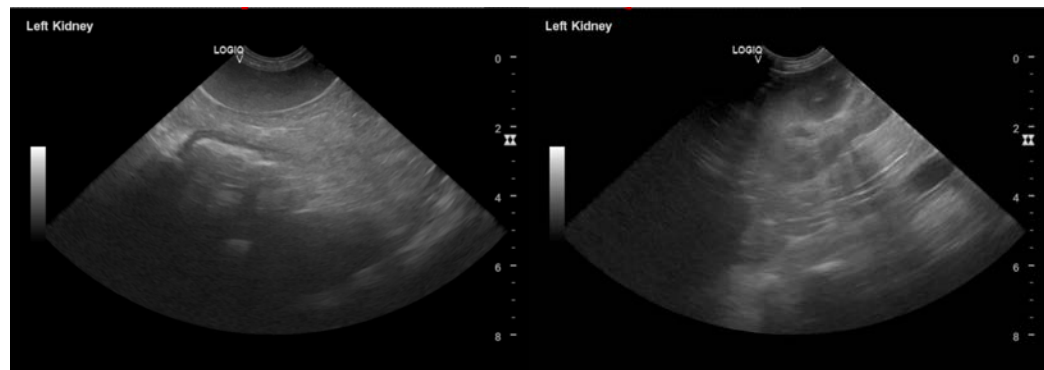
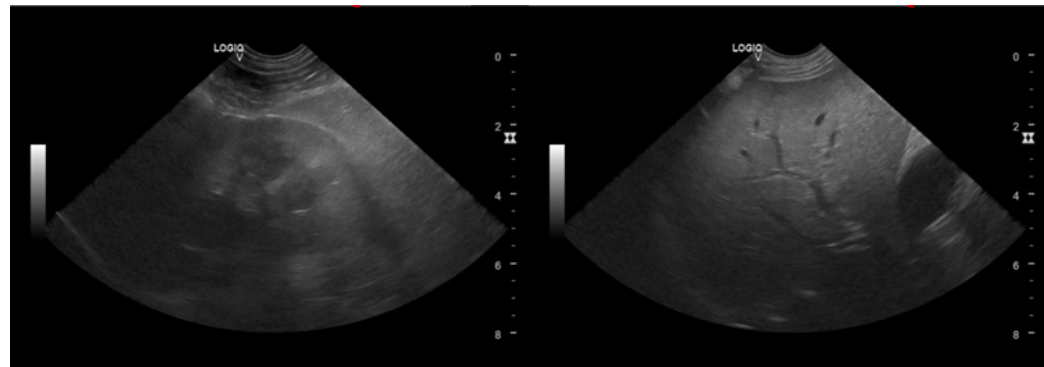
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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