



**PATIENT PRESENTING CLINICAL SIGNS**

Tino Martin  
pancreatitis, CKO, poss GI ulceration  
Abnormal PE/Chem/CBC/UA Results: BUN 123 Creat 1.9 Cpl abnormal

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

**BREED**

Yorkie

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.

**SEX**

Neutered Male

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 4.62 cm. The left kidney measured 4.7 cm. Blood flow to the kidneys appeared to be subnormal. Microcystic changes noted in both renal cortices.

**AGE**

12 Years

**Adrenal Glands**

**WEIGHT**

8 Pounds

The **left adrenal gland** was mildly enlarged and heterogeneous, measuring 2.4 cm x 0.70 cm at the caudal pole and 0.73 cm at the cranial pole. The **right adrenal gland** was mildly heterogeneous, measuring 0.80 cm at the cranial pole and 0.60 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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.

**IMAGING PERFORMED BY**

Jenn

**Liver**

The **liver** presented a large amount of remodeling and increased portal markings. The gallbladder and common bile duct were unremarkable. The portal vein was enlarged with irregular vessels between the portal hilus and kidney, which would suggest portal hypertension and secondary shunting.

**HOSPITAL NAME**

Rockaway AH

**Gastrointestinal**

**REFERRING VET**

Dr. Maniar

The **stomach** presented mild mucosal hypertrophy without loss of mural detail. Anechoic fluid filled lumen noted, most consistent with gastritis or non-specific GI upset. The small intestine and colon were unremarkable with normal uniform curvilinear patterns. No loss of mural detail and unremarkable. lumen.

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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.

**DATE**

6/30/22



**PATIENT**

Tino Martin

**PRIMARY FINDINGS**

- Chronic hepatic remodeling with secondary shunting
- Subjectively near end stage interstitial nephrosis renal pattern
- Mildly enlarged, heterogeneous left adrenal gland
- Heterogeneous right adrenal gland
- Uremic gastritis likely
- Age related pancreatic changes

**SPECIES**

Canine

**BREED**

Yorkie

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

72 hour IV fluid protocol, blood pressures, GI protectants all indicated, and reassessment of the clinical status.

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

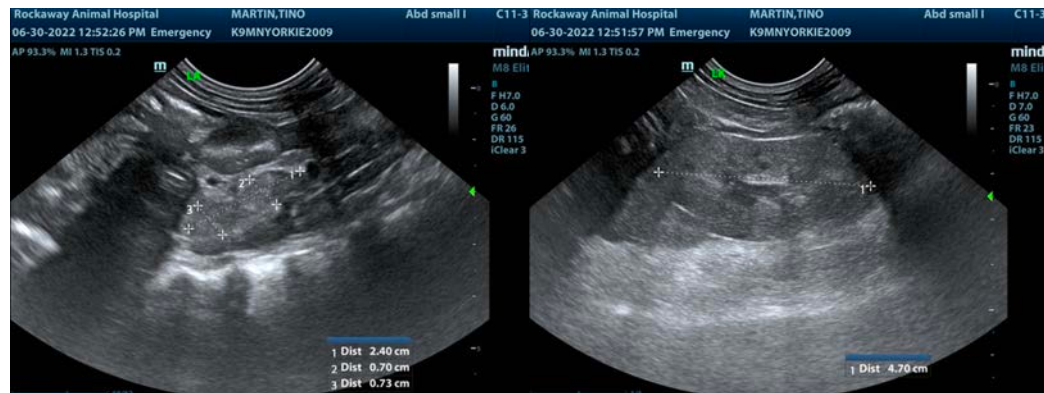
8 Pounds



**INTERPRETED BY**

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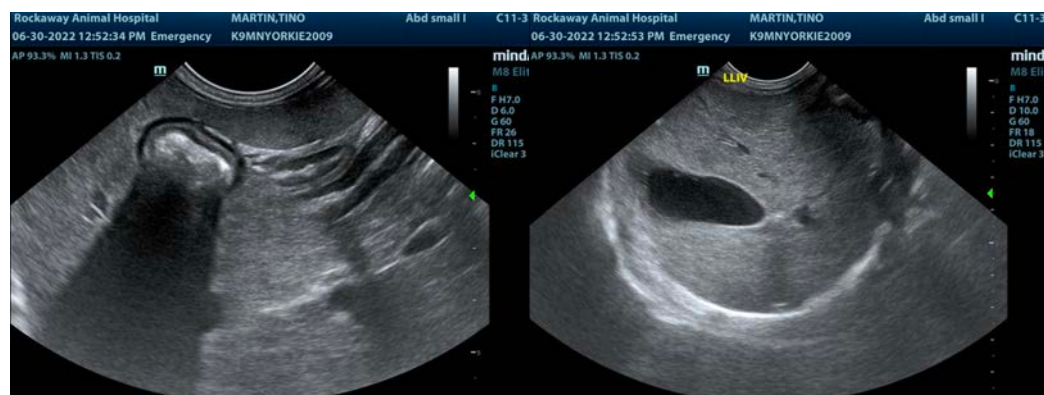


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**HOSPITAL NAME**

Rockaway AH



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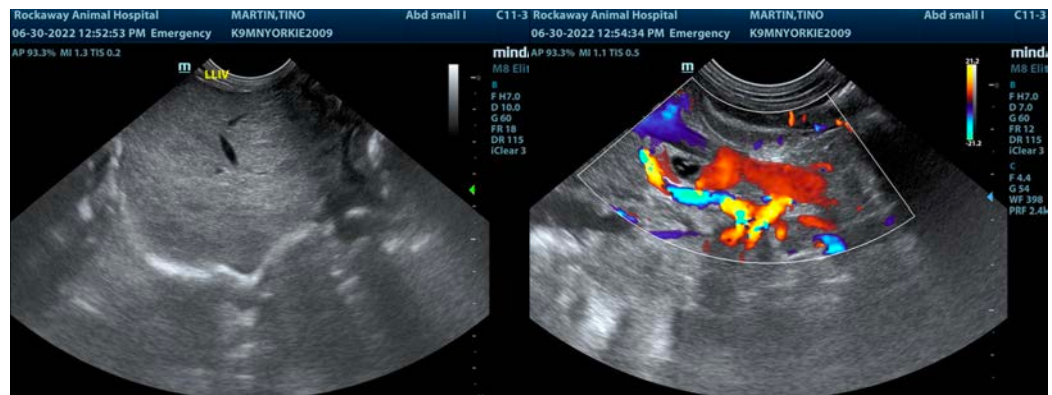
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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