



PATIENT

Griffin Bongo

SPECIES

Canine

BREED

Cavalier King Charles
Spaniel

SEX

Neutered Male

AGE

15 Years

WEIGHT

14.7 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Jessica Miller

HOSPITAL NAME

Marsh Animal Hospital

REFERRING VET

Dr. Milwicki

INVOICE

43652

DATE

6/30/23

PRESENTING CLINICAL SIGNS

Pt lives in FL part time. Has had chronic enteritis since February. Hx of Murmur since 2018. Also Positive for Flea Tapeworm and treated multiple times. Current meds: Furosemide 6.25mg SID, Pimobendan 1.25mg BID, Tylan BID, (Spironolactone 20mg/Benazepril 2.5mg)-1 SID

Abnormal PE/Chem/CBC/UA Results: Folate >24.0, RBC 4.93, Hct 33.7, Hgb 11.1, Chole 193, Triglyc 64, Amylase 879, Lipase 179, Creatine Kinase 536

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 **right kidney** 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 right kidney measured 4.87 cm.

The **left kidney** revealed corticomedullary and cortical calculi with anechoic cyst at the caudal pole with a moderate amount of remodeling. The left kidney measured 4.04 cm. Pericapsular inflammation noted.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 1.4 cm x 0.62 cm at the caudal pole and 0.64 cm at the cranial pole. The right adrenal gland measured 0.80 cm at the cranial pole and 0.29 cm at the caudal pole.

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 passive congestion pattern with generalized enlargement and hepatic vein dilation. Hypoechoic irregular parenchyma noted. Minor gallbladder polyps noted. Enhanced mesentery noted.

The vena cava measured 1.4 cm at the diaphragm.

Gastrointestinal

Upper **gastrointestinal** thickening noted with hypertrophied muscularis. The small intestine and colon were unremarkable.



PATIENT *Pancreas*

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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

Moderate ascites, indicative of right-sided failure.

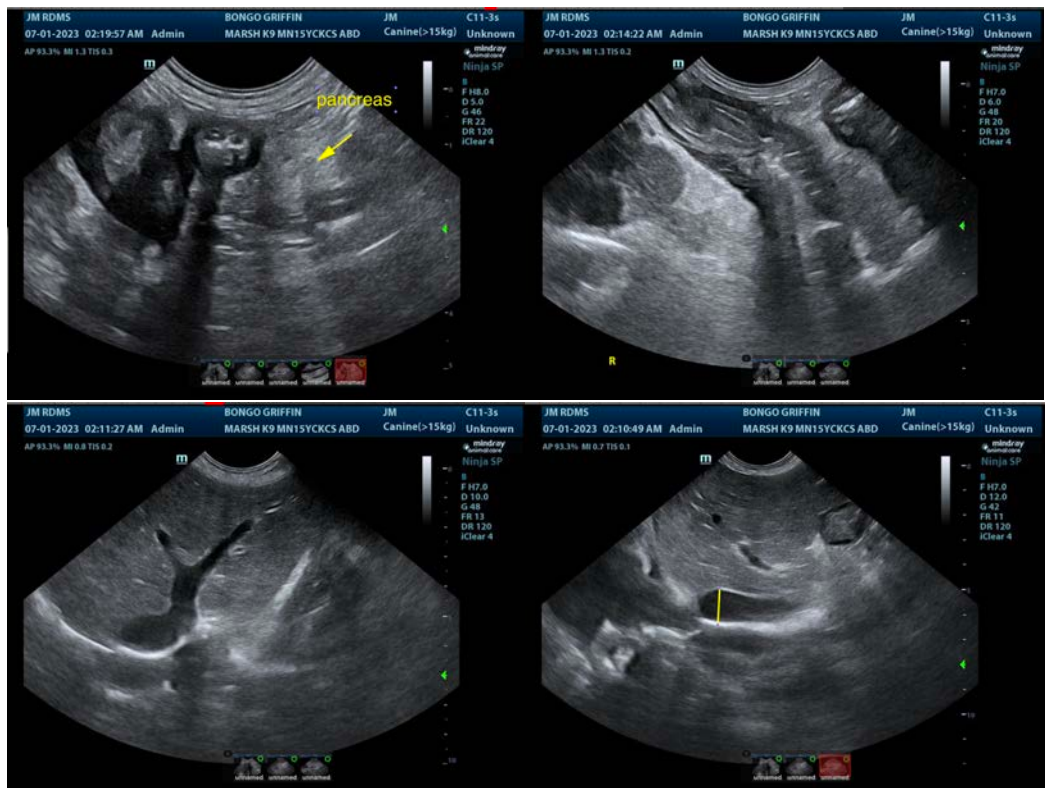
ULTRASONOGRAPHIC FINDINGS

- Passive congestion liver pattern
- Dilated vena cava
- Moderate ascites
- Left renal infarct and active inflammation with adjacent calculi and cyst
- Age related adrenal and pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Movement of calculi or infarcts possible. Recommend urinary workup in this patient if not already performed and focus on the cardiac presentation regarding right-sided failure from the abdominal perspective. Prognosis is guarded depending upon the ability to manage the cardiac pathology.

Radiographs: Generalized severe cardiomegaly, mild irregular hepatomegaly.





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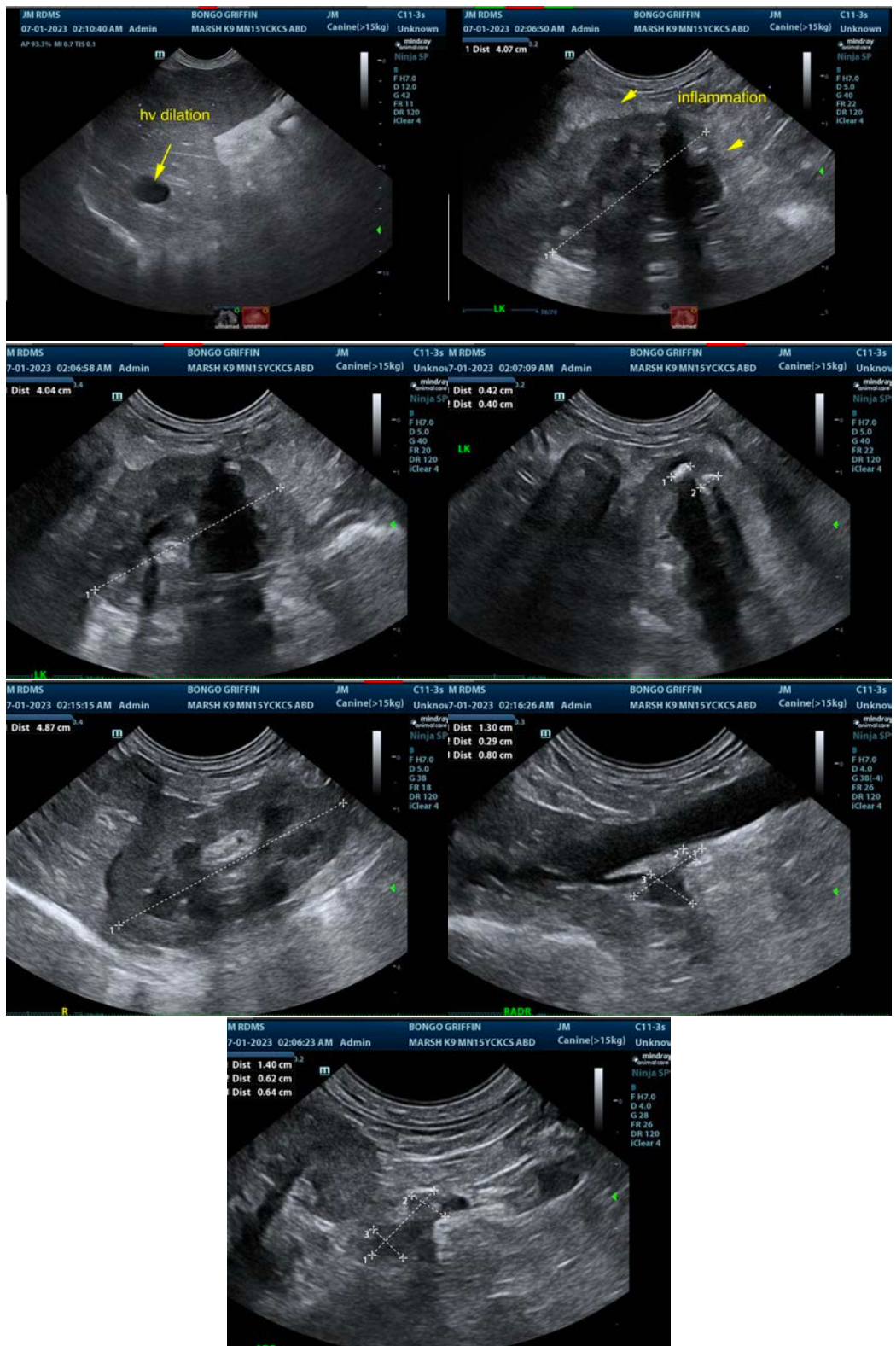
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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