



PATIENT PRESENTING CLINICAL SIGNS

Ruby Thacker

On and Off diarrhea and lethargy since end of May, beginning of June. Losing weight. BM mucous and bloody.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Rads enlarged rounded liver, BW: mild neutrophilia-bands, moderate monocytosis, Low HGB. mild thrombocytosis, mild hyperphosphatemia, marked hypoalbuminemia, moderate increase ALP, CPK. mild increase in amylase. Patient on clavamox for dental disease, was also on metronidazole and cerenia 06/16/2023 but not sure if still taking currently. OWNER reports currently doing better on Metronidazole.

BREED

Chihuahua X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

Urinary System

AGE

9 Years 2 Months

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 2.0 cm beyond the cystourethral junction.

WEIGHT

9.6 kg

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 right kidney measured 5.0 cm. The left kidney measured 5.0 cm.

INTERPRETED BY

Eric Lindquist, DMV

Adrenal Glands

DABVP, Cert. IVUSS

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 right adrenal gland measured 0.89 cm at the cranial pole and 0.20 cm at the caudal pole. The left adrenal gland measured 0.51 cm at the caudal pole and 0.44 cm at the cranial pole.

IMAGING PERFORMED BY

Dr. Judy McFarlen

Spleen

HOSPITAL NAME

Van Isle Vet Hospital

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.

REFERRING VET

Coastland Vet Hospital

Liver

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The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

DATE

6/30/23



PATIENT

Gastrointestinal

Ruby Thacker

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.

SPECIES

Canine

Pancreas

BREED

Chihuahua X

The **pancreas** was hypoechoic and mildly irregular in the right limb. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.

SEX

Spayed Female

Free Abdomen

Reactive iliac lymph nodes noted, up to 0.56 cm. A larger mesenteric lymph node measured 1.3 cm, hypoechoic and rounded.

AGE

9 Years 2 Months

ULTRASONOGRAPHIC FINDINGS

WEIGHT

9.6 kg

- Mesenteric lymphadenopathy – reactive lymphadenitis versus emerging round cell neoplasia possible.
- Mild heterogeneous hepatic changes with enlargement
- Prominent right pancreatic limb – possible low-grade inflammation or history of pancreatic inflammation.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile warranted. Assessment of cytology obtained regarding the next step. However, cause of lethargy is unclear in this patient. Lymphadenitis, enterotoxin, occult Addison's all possible, even though the adrenals appear normal.

IMAGING PERFORMED BY

Dr. Judy McFarlen

Radiographs: Mild hepatomegaly, excessive thoracic and abdominal fat.

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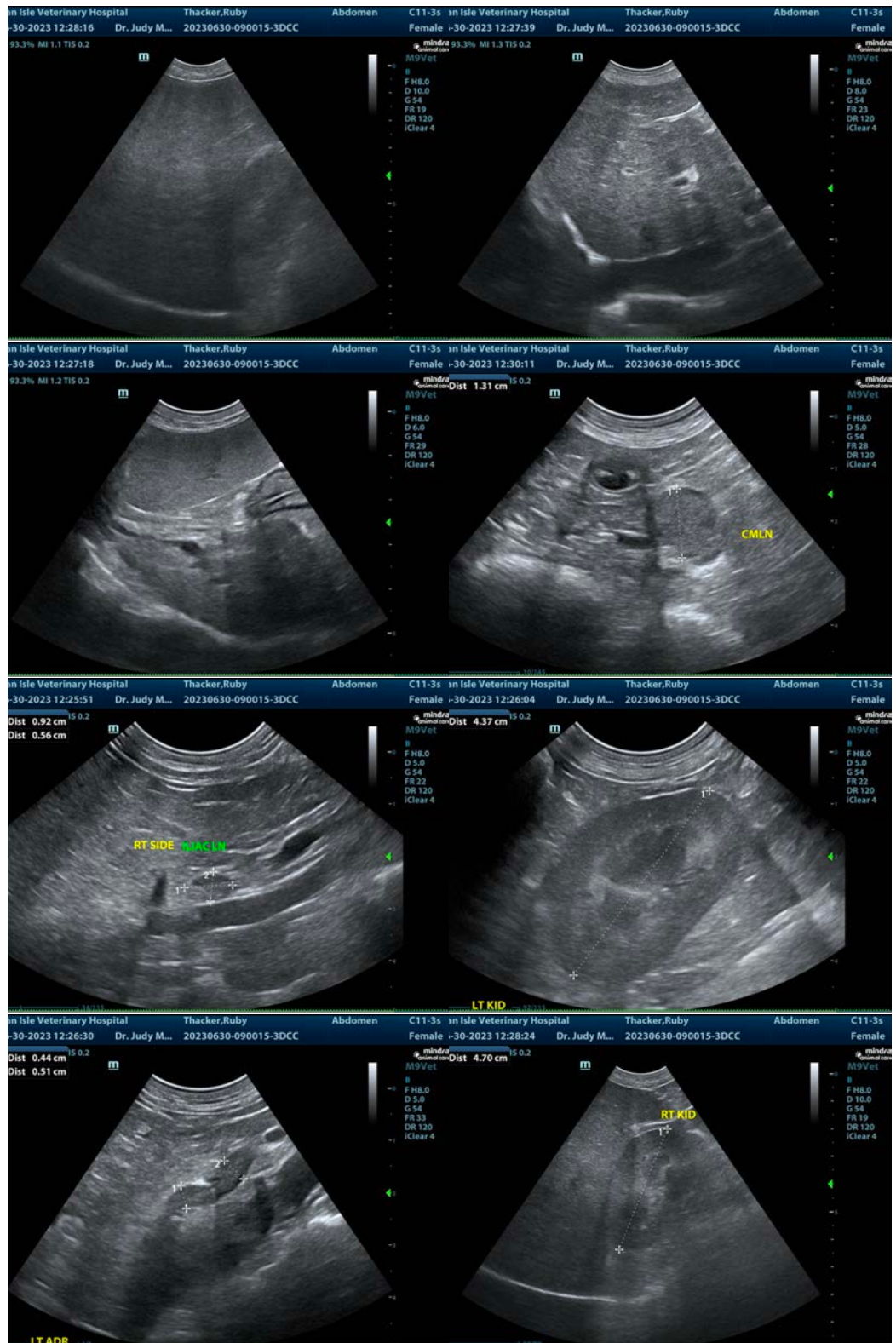
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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