



PATIENT

Cadenza Ryder

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Spayed Female

AGE

11 ½ years

WEIGHT

17 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Todd

INVOICE

31402

DATE

7/1/22

PRESENTING CLINICAL SIGNS

Cadenza is an eleven year old, FS, Jack Russell Terrier with a history of anxiety and is taking fluoxetine chronically. She also takes deramaxx, and proin. She was presented for a professional dental cleaning to a Dental Center on 6/17/22. On pre-anesthetic bloodwork, Cadenza had an elevated ALT (this was normal in January 2022 on wellness bloodwork). Cadenza's dental prophy was postponed, deramaxx was discontinued, abdominal ultrasound and recheck bloodwork was advised.

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 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 4.66 cm. The right kidney measured 4.06 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 right adrenal gland measured 1.48 x 0.6 cm at the cranial pole and 0.4 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 was noted.

Liver

The **liver** was subnormal in size, yet had uniform parenchyma. There was no obvious portosystemic shunting, yet this cannot be completely ruled out. The intrahepatic vascular volume appeared subjectively normal. The gallbladder and common bile duct were unremarkable.



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Gastrointestinal

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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. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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Spayed Female

ULTRASONOGRAPHIC FINDINGS

Microhepatica, non-specific. No evidence of parenchymal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Bile acid profile is warranted. FNA can be considered for further definition. This is likely reactive hepatopathy. If the bile acids are normal then there is no contraindication to anesthetic procedure. Portal hypoplasia/microvascular dysplasia may be an issue.

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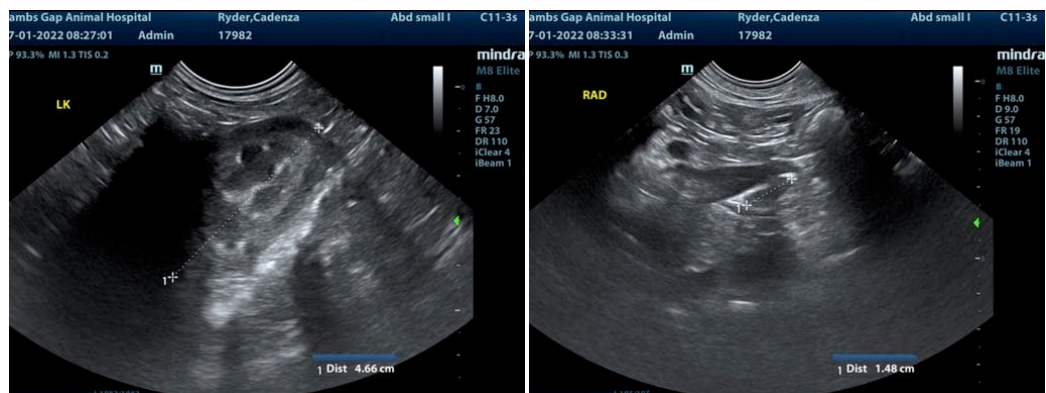
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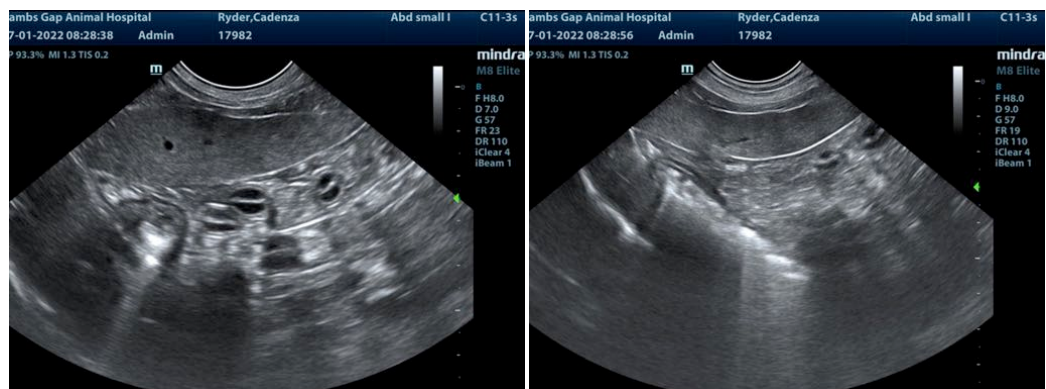
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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