



PATIENT

Gus Webber

SPECIES

Canine

BREED

Pekingese

SEX

Neutered Male

AGE

13 Years

WEIGHT

8.7 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Griffin

INVOICE

16640

DATE

7/15/22

PRESENTING CLINICAL SIGNS

History: Patient has had some episodes of panting /restlessness. He is on Z/D diet and is eating well. He is on denamarin

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 36%, MCV 56.8, MCHC 38.5 CHEM: SDMA 25, ALKP1332 BP:166/143-patient does get very nervous coming into clinic LDDST: 3/11/2022- Pre 6.5, 4HR post 1.1, 8 HR post 1.1 Rads: some increased soft tissue opacity in the right middle lung lobe region- no obvious mass noted on ultrasound, no pericardial or heart mass noted

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.0 cm. The right kidney measured 3.0 cm.

Adrenal Glands

The region of the **left adrenal gland** revealed a heterogeneous nodular structure, measuring approximately 1.2 cm in width. The left adrenal gland measured 0.3 cm.

The region of the **right adrenal gland** revealed no evident pathology.

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** was heterogeneous with coarse architecture and increased portal markings. Minor gallbladder debris was present. Minor gallbladder rounding was noted.

Gastrointestinal

The **stomach** was thickened in this patient with prominent mucosal folds/rugae, up to 2.0 cm., impinging upon the gastric lumen. The small intestine and colon were unremarkable.

Pancreas



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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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ULTRASONOGRAPHIC FINDINGS

- Moderate hepatic remodeling
- Minor gallbladder debris
- Thickened stomach wall
- Nodular structure in the left adrenal area, possible left adrenal enlargement

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Bile acid profile indicated. If bile acids are elevated, adjustment of hepatic oriented diet indicated. Ursodiol therapy could be considered to assist in bile flow, as well as provide further nutraceutical support. Blood pressure should be monitored carefully. Urine catecholamine warranted given the presumed left adrenal enlargement. If urine catecholamine is elevated, then further imaging of the adrenal glands is indicated. Differentials for the prominent rugae include, hyperplasia, low grade epithelial tumor, minor potential for carcinoma, ideally sampled by endoscopy.

AGE

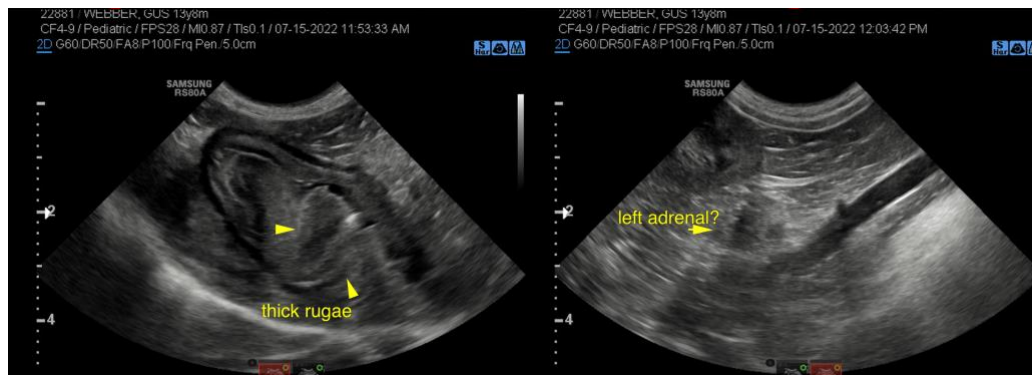
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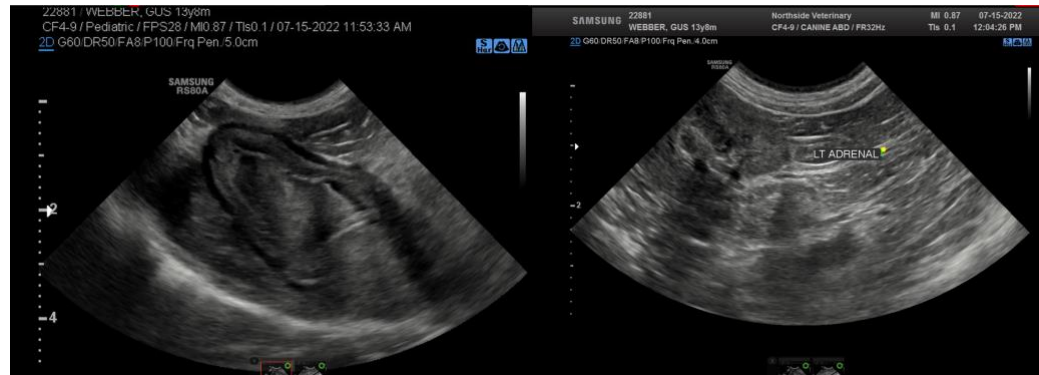
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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