

PATIENT PRESENTING CLINICAL SIGNS

PATIENT
 Ki Murphy
SPECIES
 Canine
BREED
 Yorkshire Terrier
SEX
 Neutered Male
AGE
 10 Years
WEIGHT
 8 Pounds

History: Presented last week for senior exam. Grade IV/VI systolic murmur noted. Started Pimobendan 0.17 mg/kg BID. Presented the next day with a wet cough and difficulty "settling". Radiographs = cardiomegaly and pulmonary edema. Started Lasix 2.5 mg/kg BID. History pancreatitis - currently no symptoms. Abdominal radiographs show mineralization within liver/gall bladder. In PU/PD for past year. Recent labwork - elevated SDMA (16), otherwise WNL. UA pending. Having bi-cavity ultrasound exams. *Sedated with butorphanol/alfaxalone

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 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 3.4 cm. The left kidney measured 3.46 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 0.44 cm at the caudal pole and 0.41 cm at the cranial pole. The left adrenal gland measured 3.4 cm at the cranial pole and 0.5 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** revealed minor heterogeneous changes with a hyperechoic nondisruptive nodule, measuring 1.6 cm in the left cranial liver. Gallbladder calculus or sand accumulation was noted, measuring 1.0 cm.

Gastrointestinal

Some retention of ingesta was noted in the **stomach**. The small intestine and colon were unremarkable.

Pancreas

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP, Cert. IVUSS,
 CEO of
 SonoPath.com

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Falmouth AH

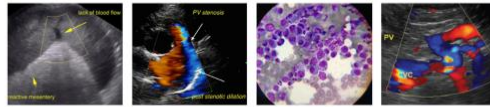
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Dr. Jennifer

INVOICE

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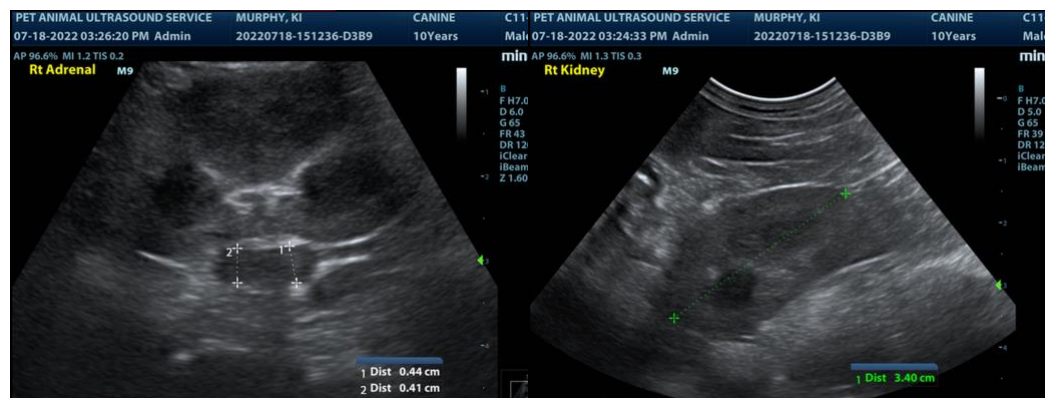
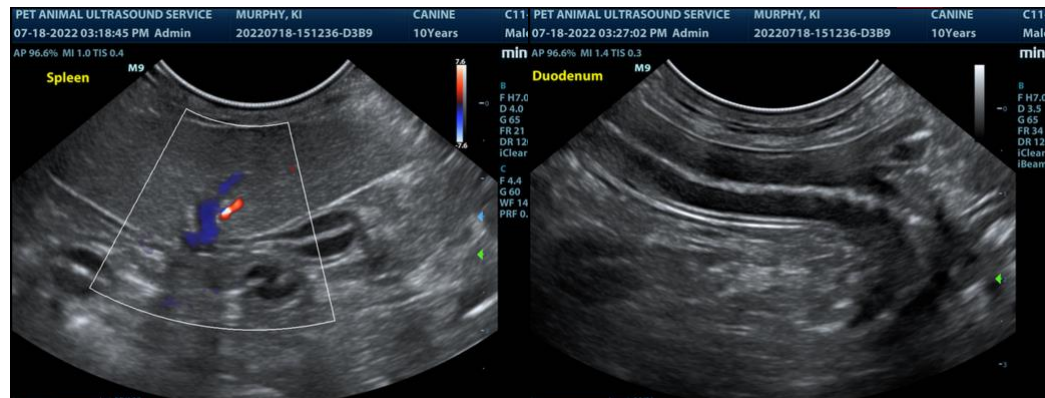
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. 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.

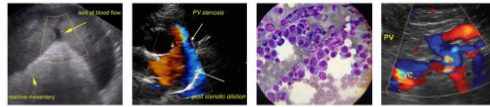
ULTRASONOGRAPHIC FINDINGS

- Gallbladder sand or calculus
- Heterogeneous liver with a hyperechoic nodule
- Stomach ingesta
- Age-related pancreatic changes
- Structurally unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy could be considered to attempt to dissolve the sand/calculus. No evidence of associated inflammation noted.





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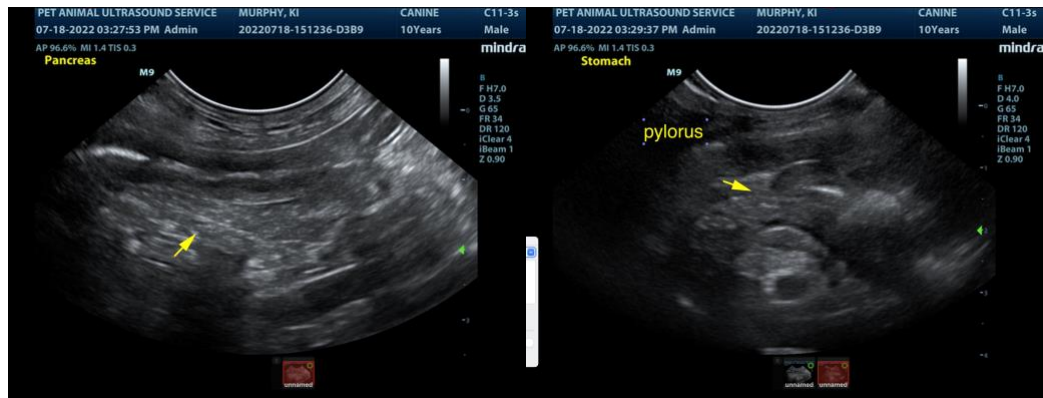
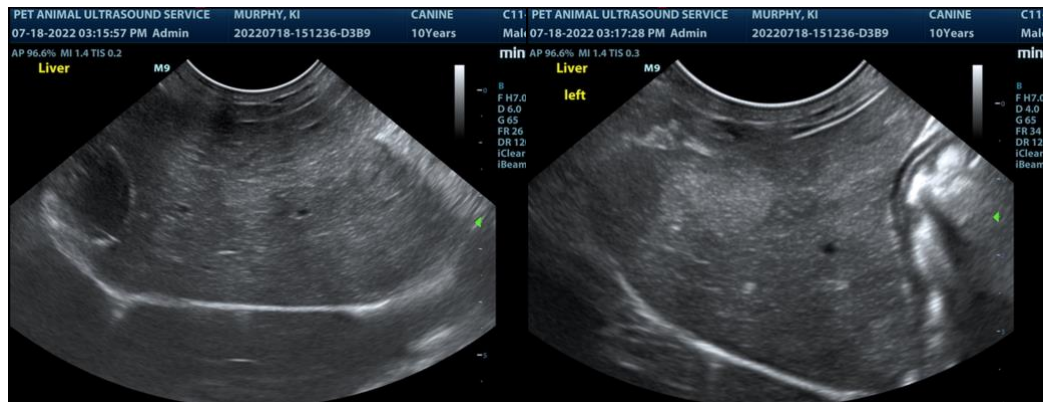
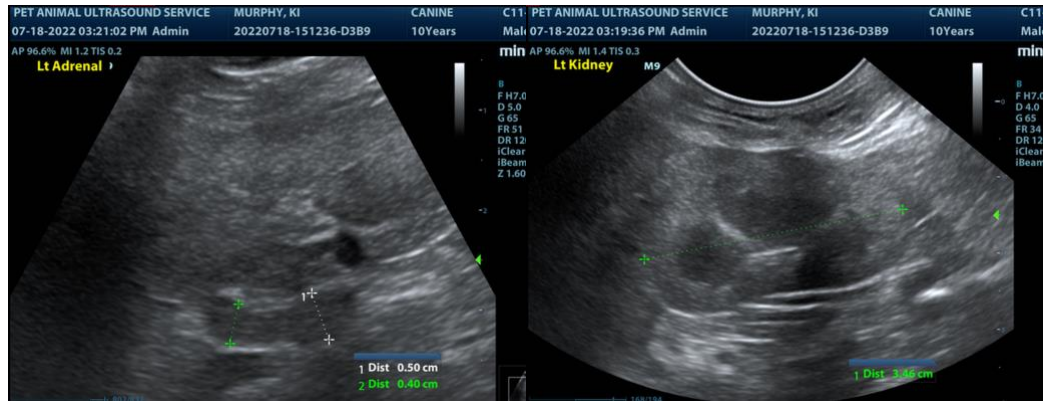
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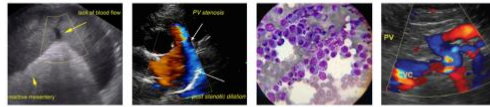
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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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