



PATIENT

Wallace Zimmerman

SPECIES

Canine

BREED

Welsh Terrier

SEX

Neutered Male

AGE

16 Years

WEIGHT

17.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

Basking Ridge AH

REFERRING VET

Dr. Blachek

INVOICE

23515

DATE

7/20/23

PRESENTING CLINICAL SIGNS

History: Elevated TBili, extensive medical hx: Chronic pancreatitis, hypertension, gastric reflux, hepatic mass-vacuolar hepatopathy, CKD. Current Meds: Mirataz; Metoclopramide 2.5mg tid; Cerenia 24mg PO q24h (vomits off it); Prednisone 2.5mg am/ 5mg pm (lower airway dz); Gabapentin 100mg q8h; Enalapril 2.5mg q12h; Methocarbamol 250mg q8h; Trazodone 25mg q12h; Pepcid 10mg q12h; Provable Forte 1 cap sid; Vetri Disc support sid; Ellevet CBD chew sid.; Ketamine 0.01mg sq weekly; VitB inj.; Panacur q4mos; Cytopoint inj PRN.

Abnormal PE/Chem/CBC/UA Results: TBili 1.3 (0.6 H); ALP 603

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 residual prostate was uniform, measuring 0.74 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 right kidney measured 4.32 cm. The left kidney measured 4.48 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 1.56 cm x 0.91 cm at the cranial pole and 0.6 cm at the caudal pole. The left adrenal gland measured 1.74 cm x 0.54 cm at the cranial pole and 0.61 cm at the caudal pole.

Spleen

The **spleen** presented multiple nodules. At least two separate isoechoic expansive nodules were noted, measuring up to 1.24 cm.

Liver

The right liver revealed a mixed echogenic expansive nodule, measuring 2.6 cm with other hypoechoic nodular changes. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** was edematous with fluid filled lumen. The small intestine and colon were unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was



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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.

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ULTRASONOGRAPHIC FINDINGS

- Splenic and hepatic nodular changes- strong concern for multicentric neoplasia
- Gastritis pattern
- Mild age-related pancreatic changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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FNA of the splenic and hepatic nodules is strongly recommended. Splenic hyperplasia and suppurative hepatitis are possible yet less likely. Prognosis is guarded depending upon cytology results. Some level of pancreatitis/gastritis is likely but I do not feel it is a primary issue in this patient. This is likely a comorbidity to the splenohepatic pathology.

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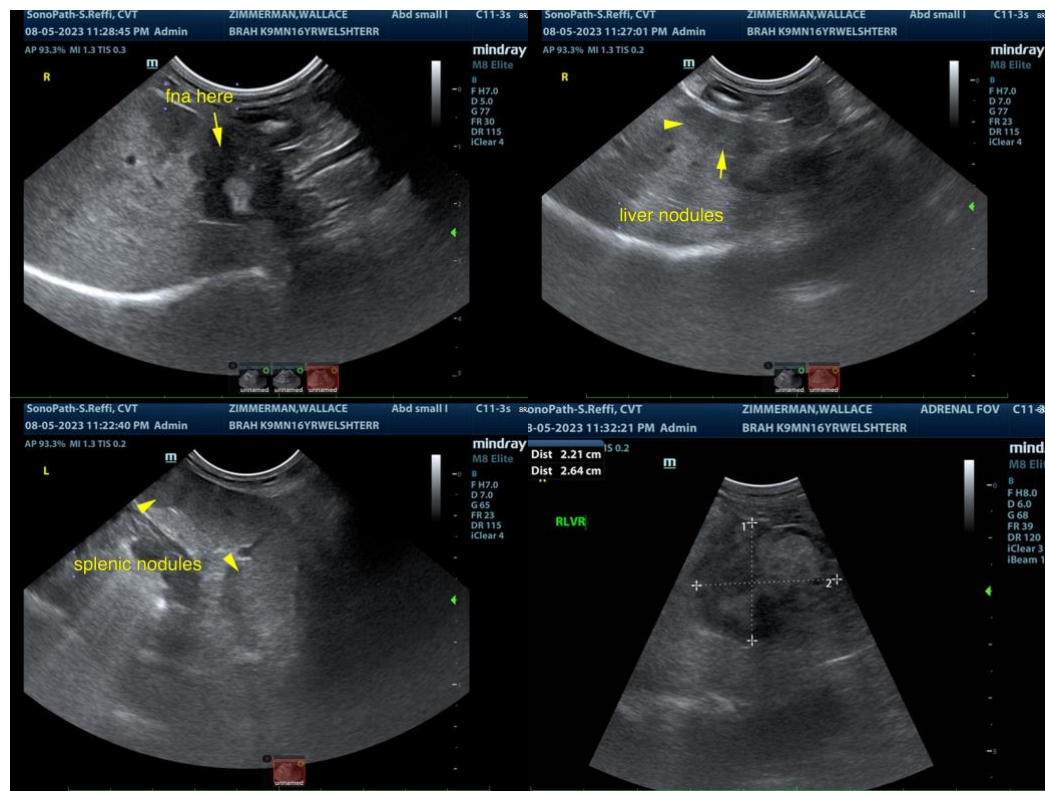
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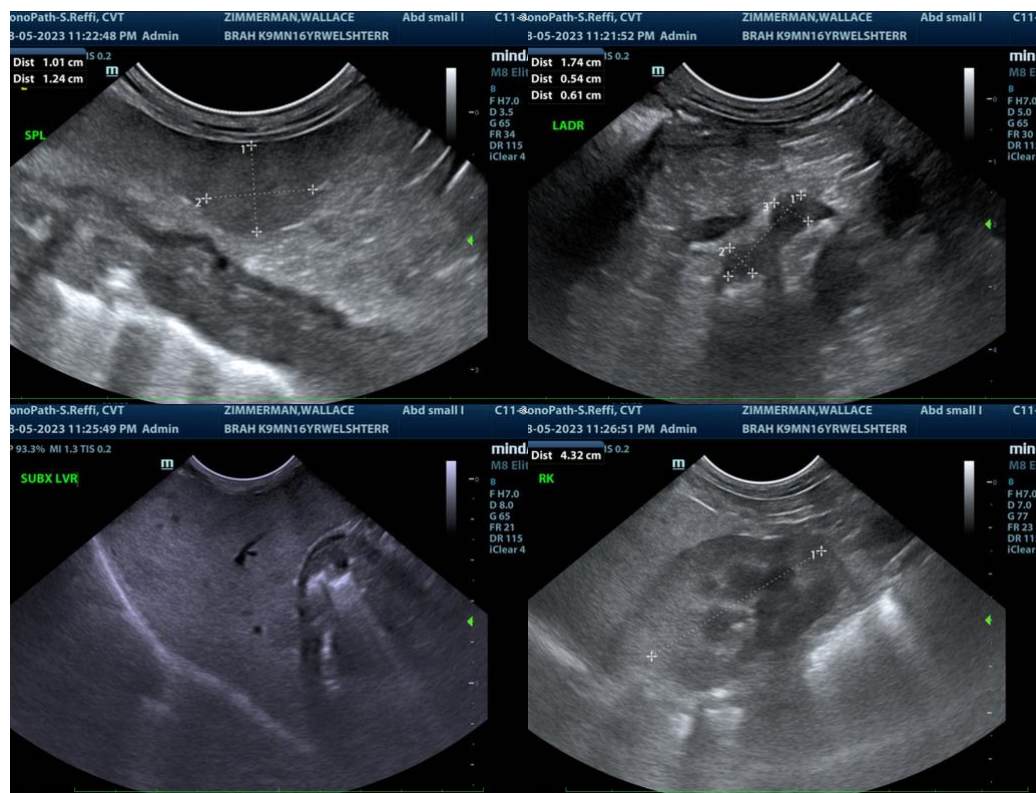
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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