



**PATIENT**

Willie Claussen

**SPECIES**

Canine

**BREED**

Cocker Spaniel

**SEX**

Male

**AGE**

10 Years

**WEIGHT**

24.5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Andrew Beachy

**HOSPITAL NAME**

Linn Vet Hospital

**REFERRING VET**

Dr. Katie Stern

**INVOICE**

44241

**DATE**

7/21/23

**PRESENTING CLINICAL SIGNS**

Reduced appetite, 6 lb weight loss in 7 months, coughing and dyspnea last few weeks. No V+, chronic hx of soft BM

Abnormal PE/Chem/CBC/UA Results: Dental dz, grade IV/VI systolic heart murmur with irregularly irregular rhythm, no pulse deficits, organomegaly palpated cr. abd, mildly distended pendulous abd BW and rads attached.

**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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Slight cortical mineralizations noted. The left kidney measured 5.7 cm. The right kidney measured 6.4 cm with slight pyelectasia noted.

**Adrenal Glands**

The **left adrenal gland** was visualized obliquely, measuring 0.80 cm, slightly enlarged at the caudal pole.

The **right adrenal gland** was not visualized.

**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 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.

**Gastrointestinal**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and



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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.

**BREED**

Cocker Spaniel

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Male

- Interstitial nephritis renal pattern
- Benign hepatopathy
- Slightly enlarged left adrenal gland

**AGE**

10 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Structurally the kidneys appeared to have moderate degenerative changes. Acute renal insult should be considered. Toxin exposure, Leptospirosis titers, blood pressure measurements indicated. No evidence of neoplasia. Given that the right adrenal gland was not visualized, screening for Addison's warranted, even though the left adrenal caudal pole is slightly swollen.

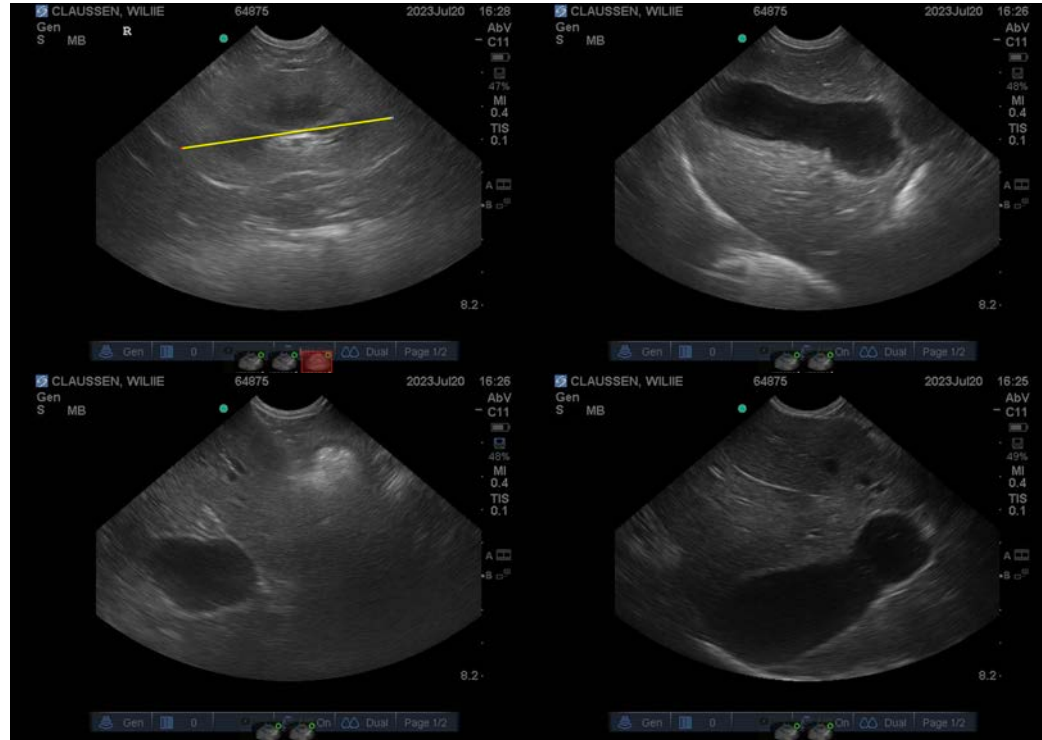
**WEIGHT**

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*Radiographs: Hepatomegaly and splenomegaly.*

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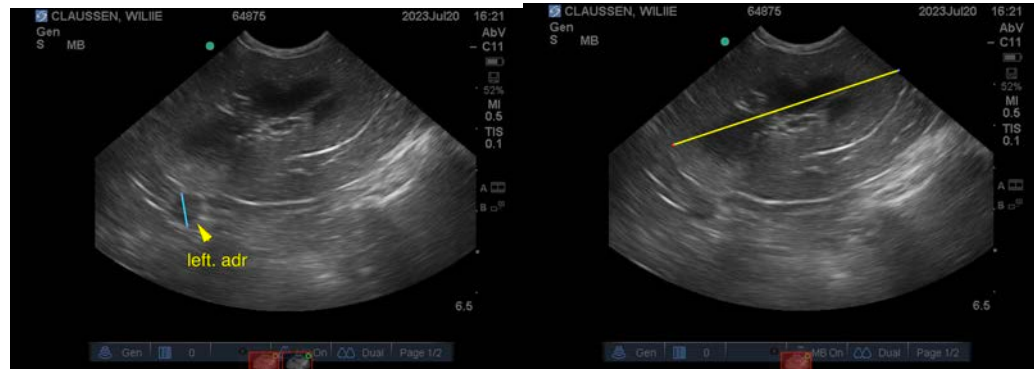
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)