



**PATIENT**

Quincy Hatfield

**SPECIES**

Canine

**BREED**

Keeshond

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

35.2 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Couser

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Couser

**INVOICE**

16474

**DATE**

7/3/22

**PRESENTING CLINICAL SIGNS**

History: Presented 7/2/22 for possible abdominal or back pain. Went to the groomer and seemed to have trouble standing or walking. History of Hypoadrenocorticism (managed with 2.5 mg pred SID + percorten injections every 24-28 days), HypoT4 (managed with levothyroxine), bladder stones & recurrent UTIs (attempting dietary dissolution due to non-obstructive bladder stones), episode of pancreatitis in April 2022, and alopecia X. Goal of Abd US is to rule out any underlying pathology that could be resulting in abdominal pain.

Abnormal PE/Chem/CBC/UA Results: Mildly painful or tender on abdominal palpation during initial exam. Waited several hours after exam prior to US; by the time of US P was BAR and walking much better, no pain on abd palpation. No blood work done today.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed a minor amount of nonobstructive sand. The bladder wall was slightly thickened without loss of structural detail. Minor echogenic micropolypoid mucosal changes were noted. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. The residual prostate was uniform, measuring 1.0 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 left kidney measured 5.0 cm. The right kidney measured 5.0 cm.

**Adrenal Glands**

The regions of the **adrenal glands** were 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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



**PATIENT**

Quincy Hatfield

**SPECIES**

Canine

**BREED**

Keeshond

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

35.2 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Couser

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Couser

**INVOICE**

16474

**DATE**

7/3/22

**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 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.

**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.

**ULTRASONOGRAPHIC FINDINGS**

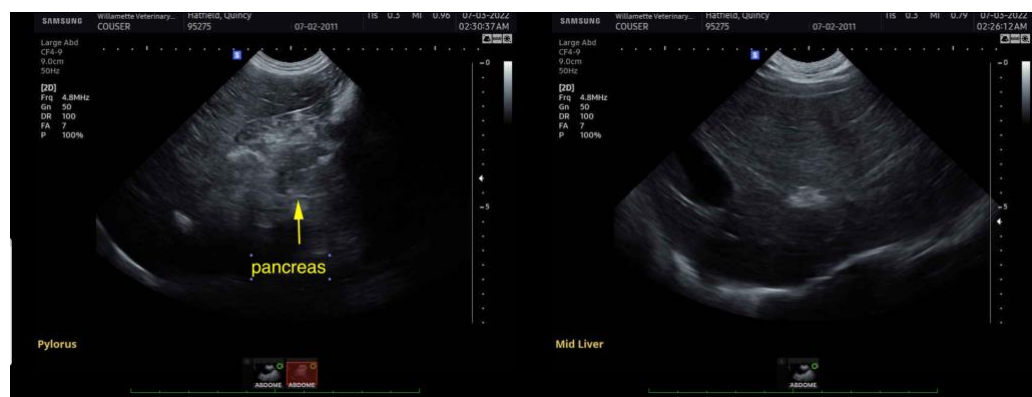
- Minor urinary bladder sand
- Retention of ingesta in the stomach
- Age-related renal and hepatic changes
- Structurally unremarkable abdomen otherwise

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Cystotomy, sand analysis and culture indicated, or medical management. The sand +/- bladder wall is likely serving as niduses for recurrence. Medical management with 4-6 weeks of antibiotics could be considered to attempt to clear.

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





**PATIENT**

Quincy Hatfield

**SPECIES**

Canine

**BREED**

Keeshond

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

35.2 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Couser

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

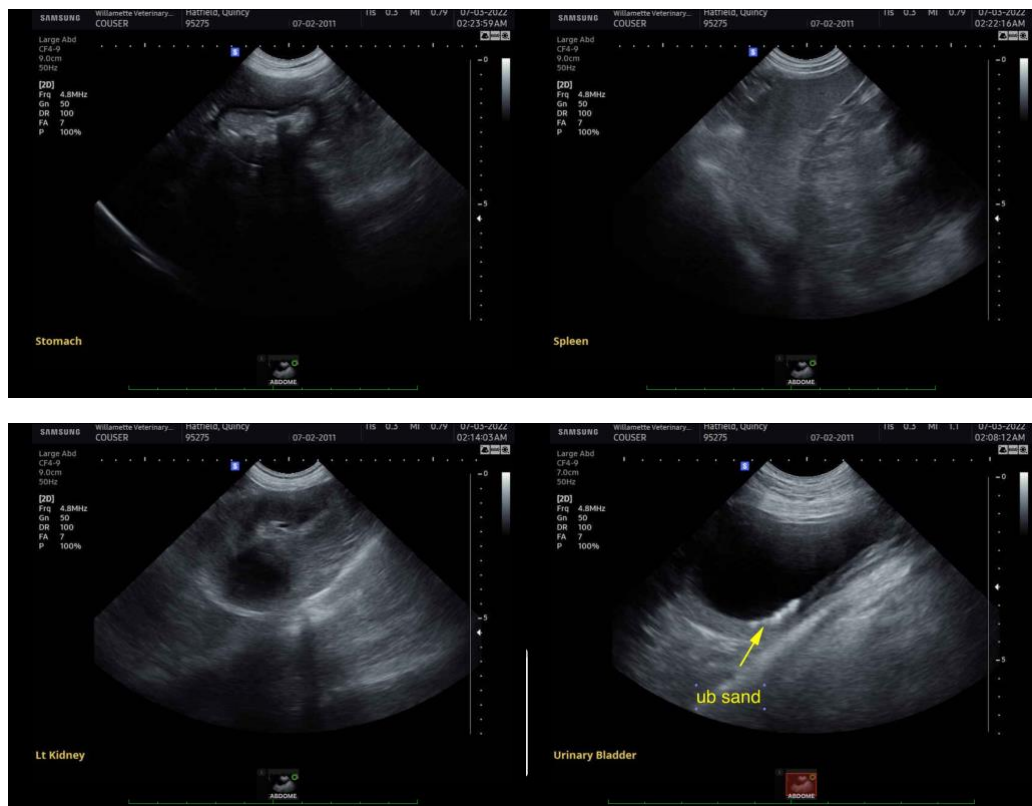
Dr. Couser

**INVOICE**

16474

**DATE**

7/3/22



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