



PATIENT

Oreo Caruso

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered male

AGE

15 years

WEIGHT

2.87 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Schwanebeck

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Schwanebeck

INVOICE

75934

DATE

7/7/23

PRESENTING CLINICAL SIGNS

History: Presented for lethargy starting last night and not wanting to eat. Overall ADR. P was DX with collapsing trachea by rDVM. Having a hard time breathing.

Abnormal PE/Chem/CBC/UA Results: Radiographs show 1. Moderately gas distended stomach containing a small amount of heterogeneous soft tissue opaque material. 2. Material in the colon is consistent with diarrhea. 3. Mild hepatomegaly 4. Mineralization of the right kidney Blood work shows 1. Elevated WBC (20.83) 2. Slightly elevated BUN (26 on EPOC and 29.8 on chemistry) 3. Elevated ALP (633 on chemistry)

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 was 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 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. Slight pinpoint mineralization was noted in the kidneys. The left kidney measured 3.6 cm. The right kidney revealed slight pyelectasia that measured 3.1 cm with pyelectasia that measured 0.25 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 left adrenal gland measured 0.3 cm. The right adrenal gland measured 0.5 cm at the cranial pole and 0.3 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 was noted.

Liver

The **liver** was enlarged with multi-focal, mixed echogenic to isoechoic nodular changes. The gallbladder was mildly echogenic with slight debris, yet not pathological. Irregular hepatomegaly was noted.



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Gastrointestinal

Gastric hypertrophy was noted in this patient with thickened muscularis and echogenic remodeling of the gastric mucosa. The small intestine and colon were unremarkable. The curvilinear patterns were respected.

Pancreas

The **pancreas** revealed heterogenous, mixed echogenic changes. History of pancreatitis is likely. No masses were noted.

ULTRASONOGRAPHIC FINDINGS

Pancreatic remodeling.

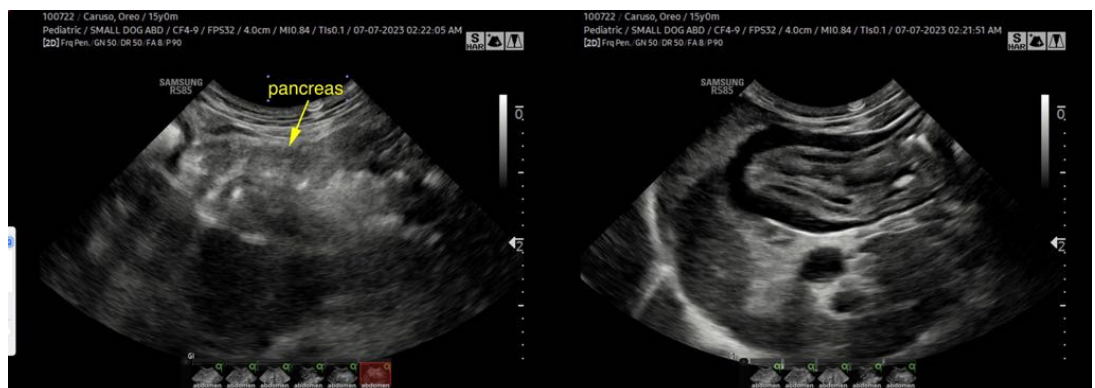
Gastric hypertrophy. History of upper GI and pancreatic inflammation.

Hepatic remodeling and nodular changes.

Age related renal changes with mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of lethargy is not specifically clear in this patient. A discussion could be made for gastritis, low-grade pancreatitis. Urinary tract infection should be ruled out. FNA of the liver is warranted to ensure that the nodular changes are benign. Other causes of clinical signs such as orthopedic, CNS or thoracic disease should also be considered.





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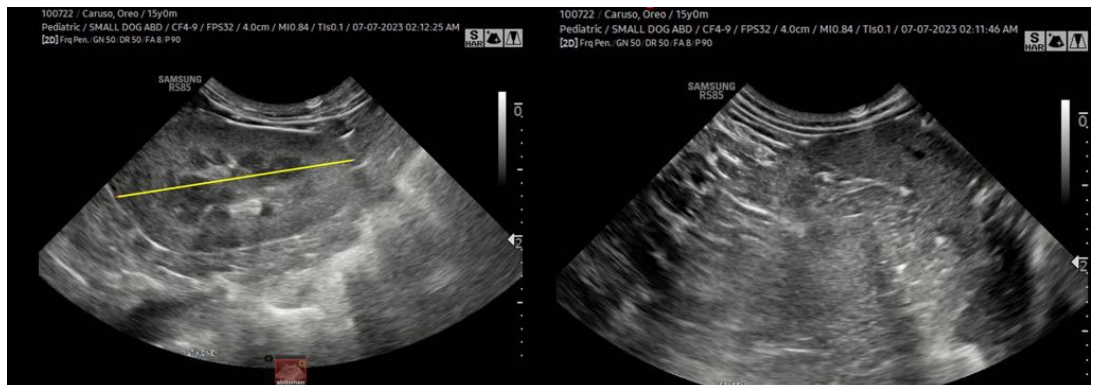
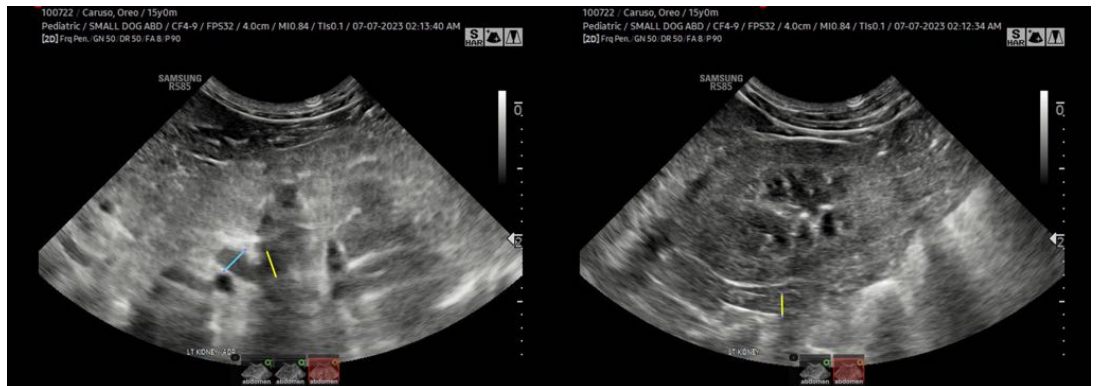
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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