



PATIENT

Emperor Maximus
Terzo

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

15 Years

WEIGHT

18 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Melissa DaSilva

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

Dr. Christine Coyle

INVOICE

23894

DATE

8/11/23

PRESENTING CLINICAL SIGNS

Patient saw ER in Delaware while on vacation 6/26/23 for PU/PD, vomiting & diarrhea. Patient has a history of pancreatitis, last treated for this issue 6/7/23. This is a follow-up ultrasound after being scanned in DE for emergency visit. Patient currently on Enalapril 5mg SID, Ursodiol 80mg BID, Pimobendan 7.5mg 1/3 tab BID. O notes patient has been PU/PD since starting Ursodiol, otherwise is clinically doing well.

Abnormal PE/Chem/CBC/UA Results: Grade IV out of VI heart murmur. Chronic pancreatitis, emerging gallbladder mucocele, pancreatic nodule. Elevated liver enzymes: ALT 195, TBIL 1.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a minimal amount of urine at the time of the sonogram with a minor amount of sand and micropolypoid changes. UTI/cystitis is suspected. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. The left kidney measured 4.28 cm. Minor pyelectasia was noted. An echogenic cyst was noted at the dorsal cortex of the left kidney, measuring 2.0 cm. Ultrasound guided drainage of the left renal cyst and culture could be considered, as this may be harboring infection given the echogenic debris. The right kidney revealed similar changes to the left with a separate anechoic cyst at the dorsal cortex. Pinpoint mineralizations were noted. The patient is likely passing small calculi periodically.

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 2.07 cm x 0.54 cm at the caudal pole and 0.71 cm at the cranial pole. The right adrenal gland measured 0.55 cm.

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 minor 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



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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.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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

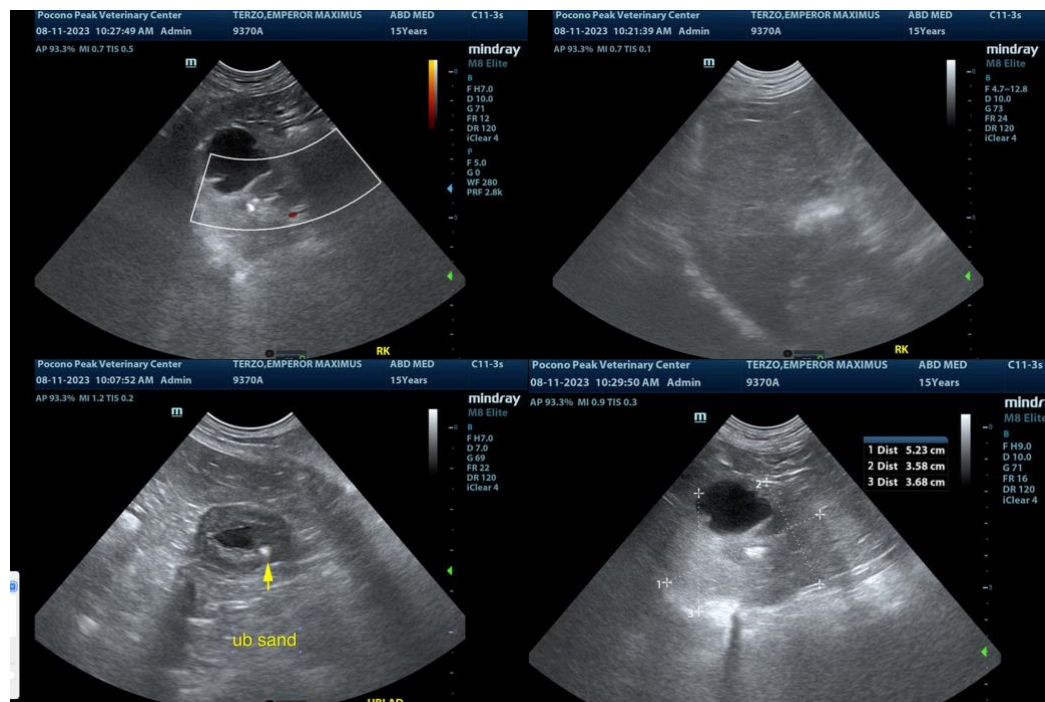
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Cystitis pattern with chronic renal changes, pyelectasia and cysts, possibly infection
- Bladder sand and polypoid changes- UTI/cystitis is suspected.
- Unremarkable liver with minor age-related hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity is warranted. 72hr IV fluid protocol would be ideal. The bilirubin elevation cannot be explained in this patient. I recommend reassessment to ensure this is not artifactual.





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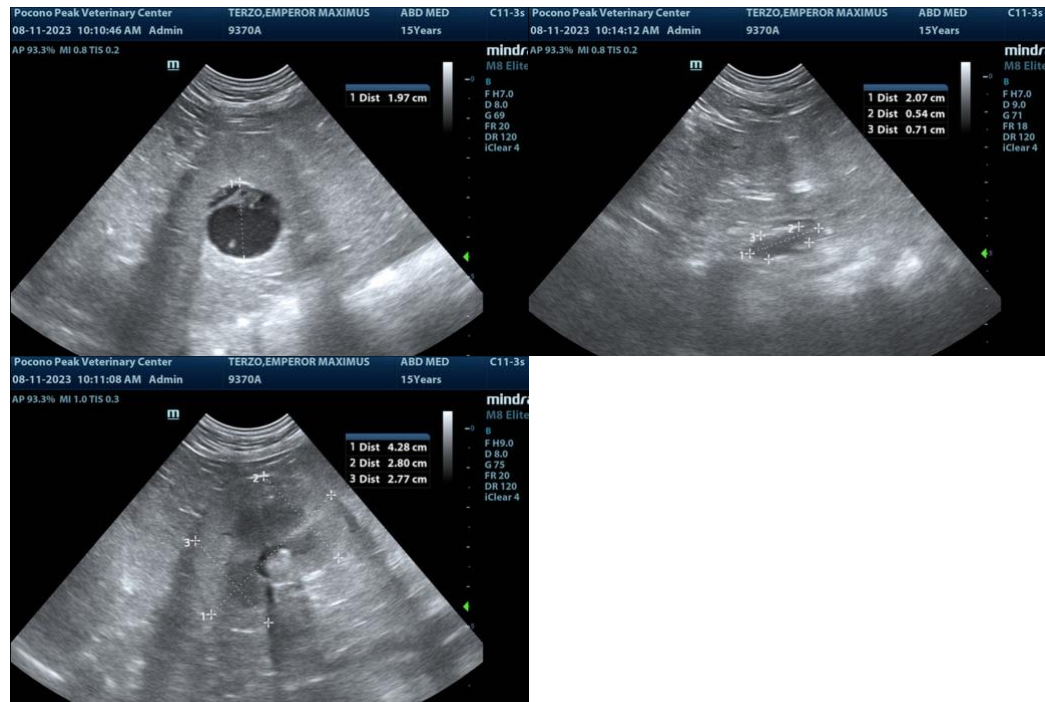
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com