



PATIENT

Buddha Outwin

SPECIES

Canine

BREED

Australian Shepherd

SEX

Male

AGE

12 Years

WEIGHT

70.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sammy Burmeister

HOSPITAL NAME

Faith AC

REFERRING VET

Dr. Faith

INVOICE

16840

DATE

8/12/22

PRESENTING CLINICAL SIGNS

History: This patient had an ultrasound done in June of this year at a different clinic. Based on their findings, a recheck ultrasound in 2-4 months was recommended. Owner relocated and Buddha is now a patient at our clinic. Previous findings showed a hyperechoic hepatic nodule, persistent but stable changes to the liver, mild enlargement of the left adrenal, gall bladder sludge, thickened intestines, and small uroliths in the bladder. Patient is currently on gabapentin and has been recently weaned off Temaril-P. He was also started on a urolith dissolving diet that he has been on since June. Bloodwork results showed an elevated cholesterol which was also noted on bloodwork done in May of 2021. Currently he is maintaining his weight but owner did note that he has been having coughing fits during the night that will occasionally make him vomit.

Abnormal PE/Chem/CBC/UA Results: Attached are the bloodwork results performed today (8/12/22)

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** 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 6.0 cm. The right kidney measured 6.0 cm.

Adrenal Glands

The **left adrenal gland** was mildly enlarged and uniform, measuring 1.15 cm at the caudal pole and 0.7 cm at the cranial pole.

The **right adrenal gland** was normal in size and contour, measuring 0.8 cm at maximum width.

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 a mild change and consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.



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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

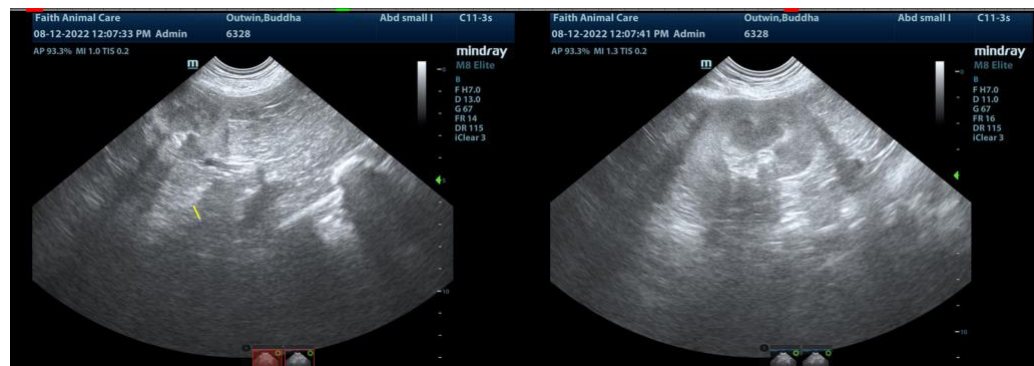
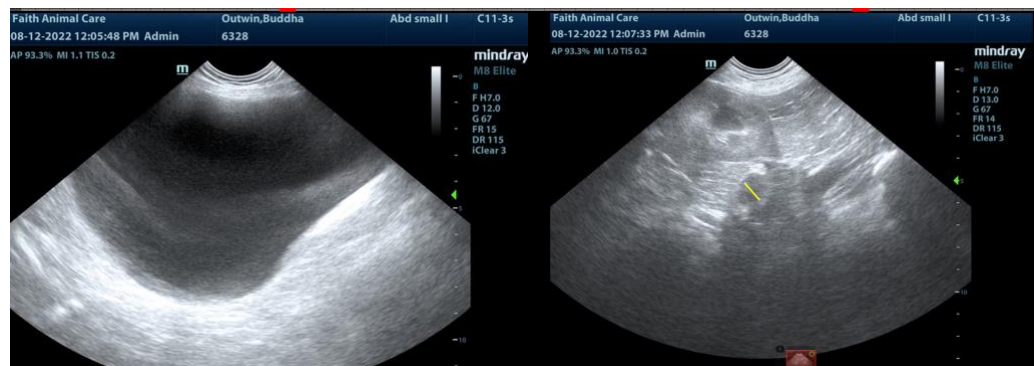
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Slightly swollen left adrenal gland, likely hyperplasia
- Age-related renal and hepatic changes otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease. If urine specific gravity drops below 1.020, and the patient appears Cushingoid, then work up for PDH could be considered yet the abdomen appears benign at this time.





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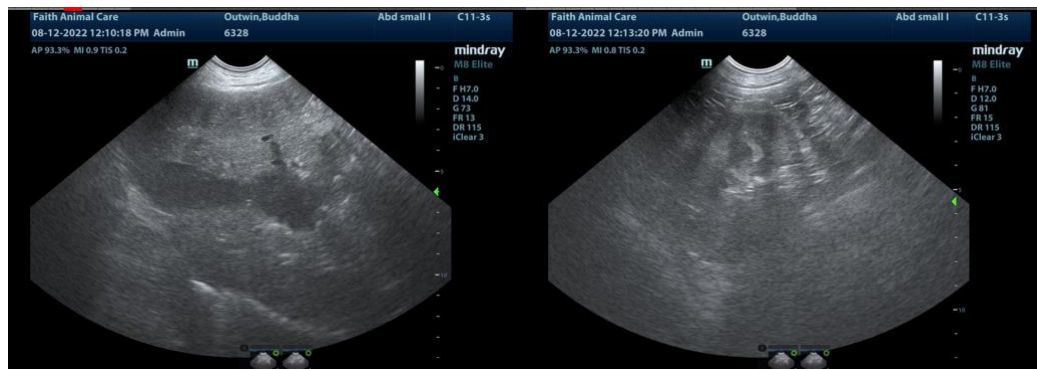
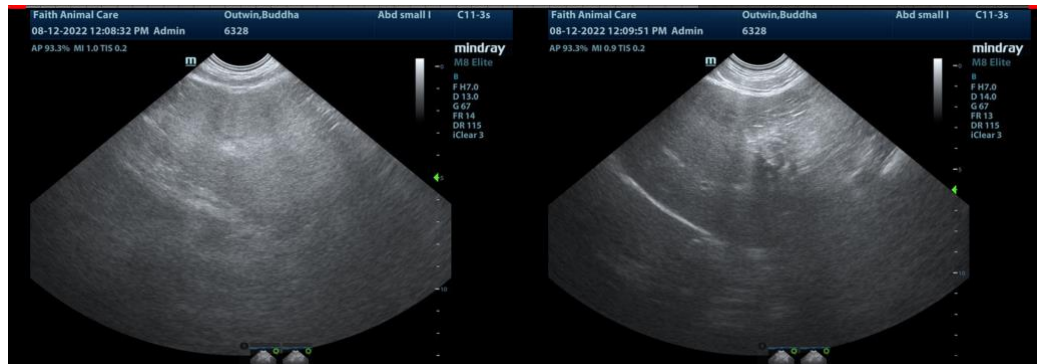
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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