



PATIENT PRESENTING CLINICAL SIGNS

Jack Aronovici

History: Patient presents for suspect pancreatitis vs. other.

HCT 12.8, monocytes 1.29, SDMA 20, creat. 1.9, BUN 31, T4 1.0, lipase 1,127, Spec cPL 1,173. U/A: USG 1.017, pH 6.0, protein 1+, blood 1+, WBC 20-30, RBC 2-5, 2+ epithelia cells.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Mix

The **urinary bladder** revealed a 1.2 cm calculus along with small calculi and debris. Grouping of which measured approximately 2.0 cm. Apical bladder wall thickening was noted. This is consistent with chronic cystitis.

SEX

Neutered male

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 this age patient. Medullary structure differed distinctly from that of the cortex. The left kidney revealed corticomedullary mineralization along with pelvic dilation measuring 1.0 x 0.5 cm with echogenic debris. This is likely owing to pyelonephritis. The right kidney measured 4.78 cm. The left kidney measured 4.43 cm.

AGE

16 years

WEIGHT

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 2.36 x 1.0 cm at the cranial pole and 0.83 cm at the caudal pole. The left adrenal gland was slightly enlarged at the caudal pole and measured 2.53 x 1.0 cm at the caudal pole and 0.75 cm at the cranial pole.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Saddle Brook VC

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.

REFERRING VET

Dr. Aronovici

INVOICE

91291

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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

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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.

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Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

BREED

Mix

SEX

Neutered male

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

AGE

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WEIGHT

Free Abdomen

The iliac lymph node was reactive and measured 1.35 x 0.58 cm.

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ULTRASONOGRAPHIC FINDINGS

- Bladder calculi.
- Chronic pyelonephritis pattern in the left kidney.
- Enlarged adrenal glands.
- Possible Cushing's or hyperplasia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Blood pressure measurements are recommended. The cause of anemia is unclear in this patient. CBC path review is warranted along with urine culture and sensitivity, eventual cystostomy and stone analysis are all indicated. If the anemia is non-regenerative then a bone marrow aspirate would be appropriate. If the anemia is regenerative then GI blood loss should be considered as a potential.

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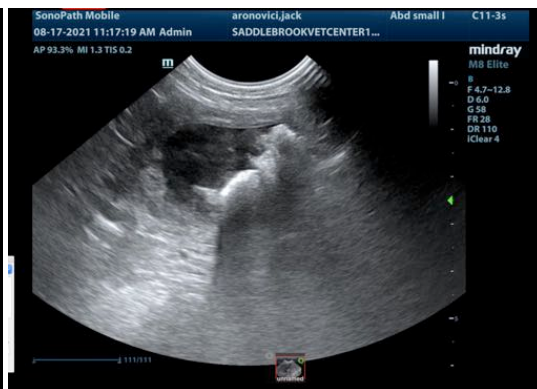
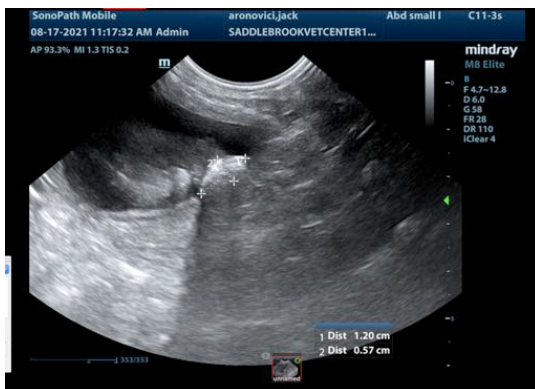
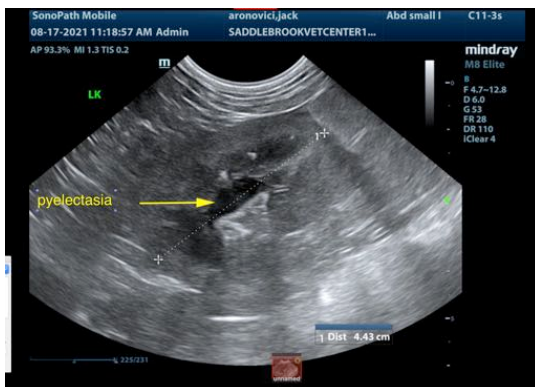
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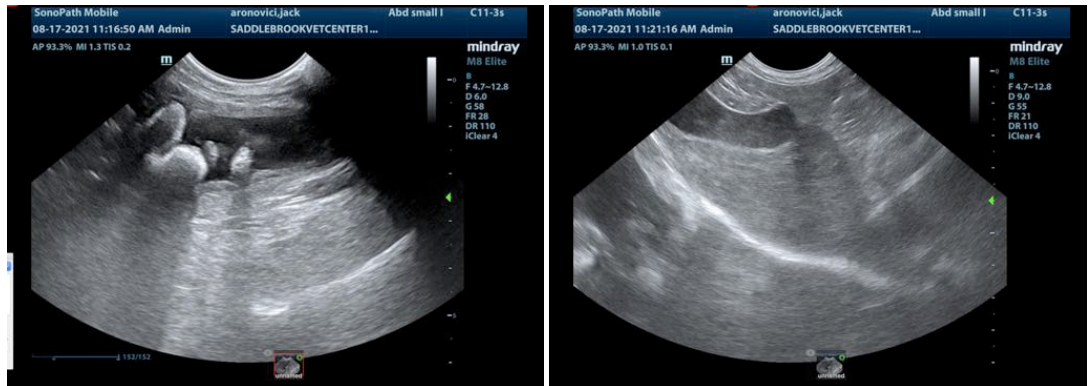
SEX

Neutered male

AGE

16 years

WEIGHT



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.

INTERPRETED BY

Eric Lindquist, DMV
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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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