



PATIENT PRESENTING CLINICAL SIGNS

Ace Querengesser

History: Presented for acute vomiting and possible dietary indiscretion. AFAST showed possible mass. Has previously had splenectomy. Has very large Lipoma on abdomen left side in scanning region of bladder. Has had Cerenia on Aug 18th.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Mild normocytic normochromic non-regenerative anemia, mild thrombocytosis and increased Lipase.

BREED

Yorkie X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

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.

AGE

11 Years

The **kidneys** revealed largely normal size and structure, corticomodullary 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 and no evidence of pelvic dilation was present. Slight mineralization was noted in the kidneys. The right kidney measured 3.77 cm. The left kidney measured 3.38 cm.

WEIGHT

3.9 kg

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 1.64 cm x 0.65 cm at the caudal pole and 0.58 cm at the cranial pole. The right adrenal gland measured 1.13 cm x 0.58 cm at the caudal pole and 0.9 cm at the cranial pole.

IMAGING PERFORMED BY

Crystal Hill

Spleen

The region of the **splenic fossa** was unremarkable.

HOSPITAL NAME

New Hamburg VC

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 tract was of normal volume and no evidence of congestion was noted. 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.

REFERRING VET

Dr. Puckering

INVOICE

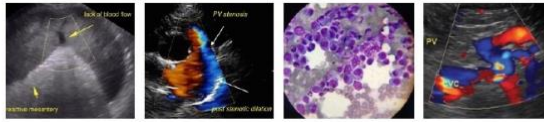
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The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

DATE

8/19/22

Gastrointestinal



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The **stomach** presented with an excessive amount of gas yet empty lumen and normal wall. The small intestine and colon were unremarkable.

Pancreas

SPECIES

Canine

Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxyphoid palpation reveals pain response. No overt masses were noted. This is a mild to moderate change.

BREED

Yorkie X

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Age-related hepatic changes with minor excessive gallbladder debris
- Age-related renal changes with slight mineralization
- Pancreatic fibrosis
- Excessive gas in the stomach

AGE

11 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

3.9 kg

Occult parasitism, chronic food intolerance and helicobacter are all potentials in this patient. Given the patient history, I recommend diet change to bland diet, coverage for Helicobacter and antiparasitic protocol all indicated. Ursodiol therapy could be justified in this patient and recheck sonogram in 6 weeks.

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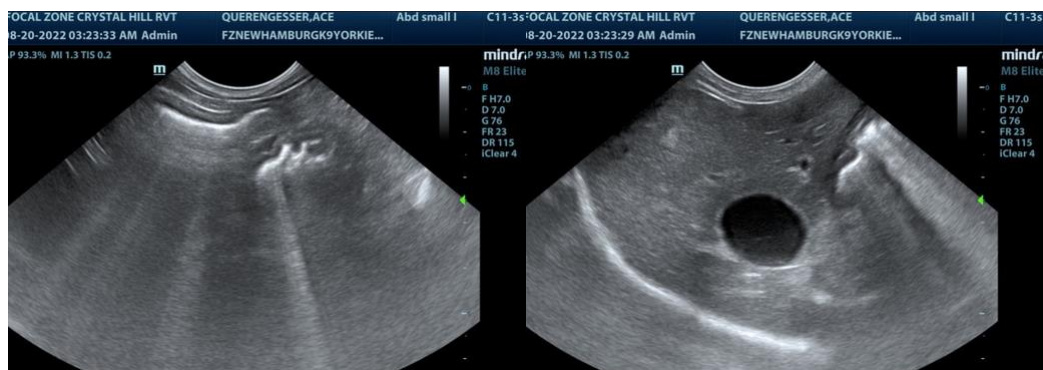


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SPECIES

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Yorkie X

SEX

Neutered Male

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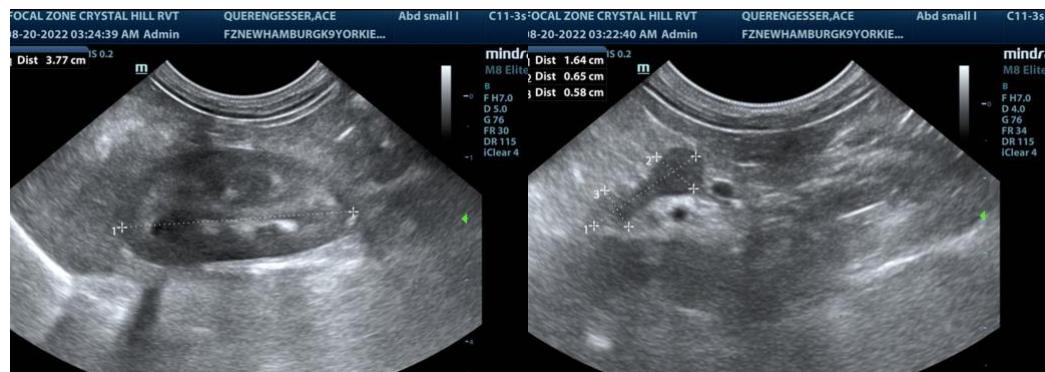
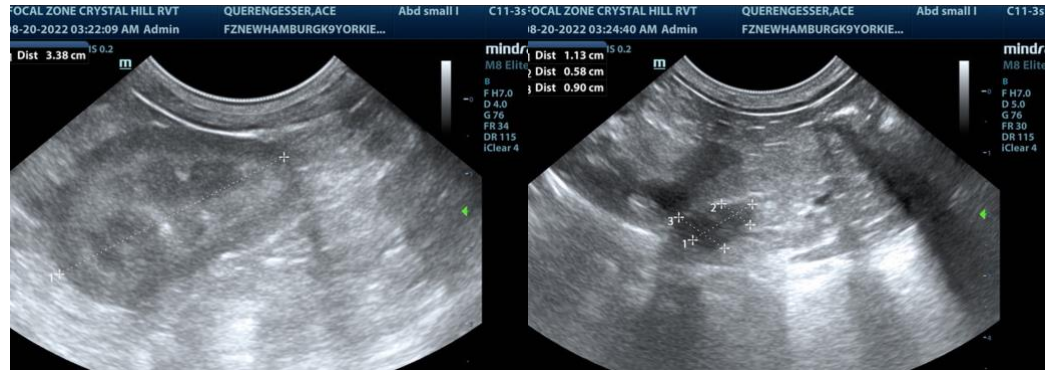
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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