



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Brody Gee

SPECIES
Canine

BREED
Chihuahua

SEX
Neutered male

AGE
14 years

WEIGHT
4.7 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Jessica Bailes

HOSPITAL NAME
All Creatures Great
and Small VC

REFERRING VET
Dr. Vaughn

INVOICE
46445

DATE
8/3/23

History: acute onset vomiting/diarrhea; now vomiting is primary concern. Improved weight and symptoms w/ cerenia and entyce.
Abnormal PE/Chem/CBC/UA Results: Very thin BCS, heart murmur, otherwise NSF on PE BW: SC: BG 65, PSL 151, SDMA 14.7, TP 4.5, Alb 2.2, Ca 7.5. All other wnl. CBC: WBC 20.2, Neut 16968, Mono 1010. all other UR.

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 and no evidence of pelvic dilation was present. The right kidney measured 3.33 cm. The left kidney measured 3.39 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 1.41 x 0.41 cm at the cranial pole and 0.49 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** revealed a multi-focal, nodular changes were noted in the midst of a hyperechoic parenchyma. Occasional lobar, biliary mineralization was noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

The stomach was over distended with fluid and static. The proximal, upper duodenum revealed a focal thickening that measured 0.6 cm with some loss of mural detail and disrupted muscularis. This continued into duodenal spasm and an overt stricturing mass that measured 3.0 cm with regional inflammation. Diffuse, hyperechoic fogging or overlay throughout the small intestine was noted as well as areas of mucosal striations and speckling. This striation + fogging effect appeared to exclusively affect the mucosal layer with the submucosa, muscularis and serosa left in-tact. Spastic duodenum was noted. Reactive mesentery was present associated with the serosa indicative of active inflammation. This is most consistent with protein losing enteropathy/lymphangectasia. Full thickness biopsies or endoscopy guided biopsies would be ideal to confirm. No obstructive disease or obvious suspicion of neoplasia.

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

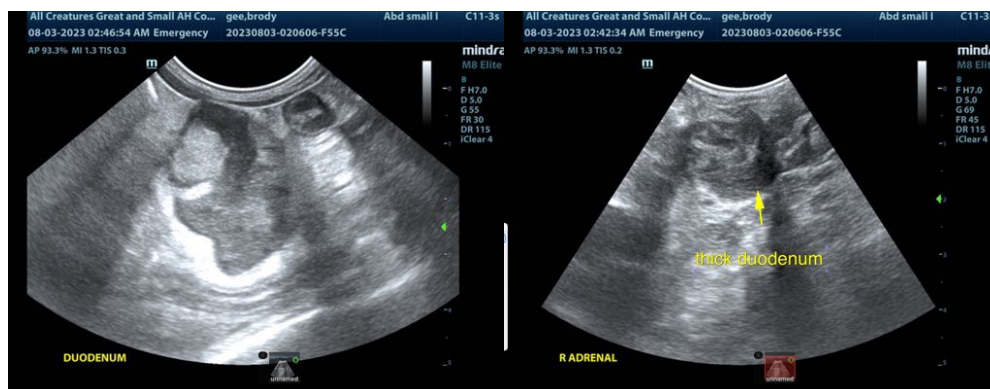
Upper duodenal mass with chronic inflammatory bowel presentation and mucosal fogging. Protein losing enteropathy with duodenal neoplasia is suspected. Carcinoma versus lymphoma.

Nodular hyperplasia liver pattern.

Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA is indicated.





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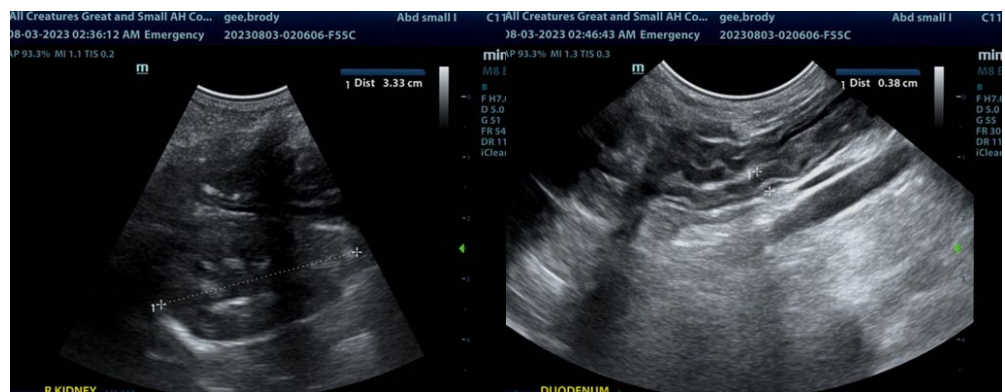
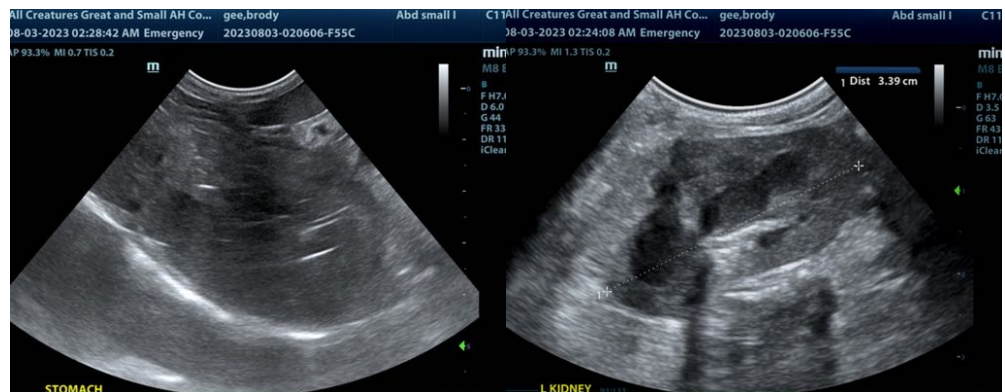
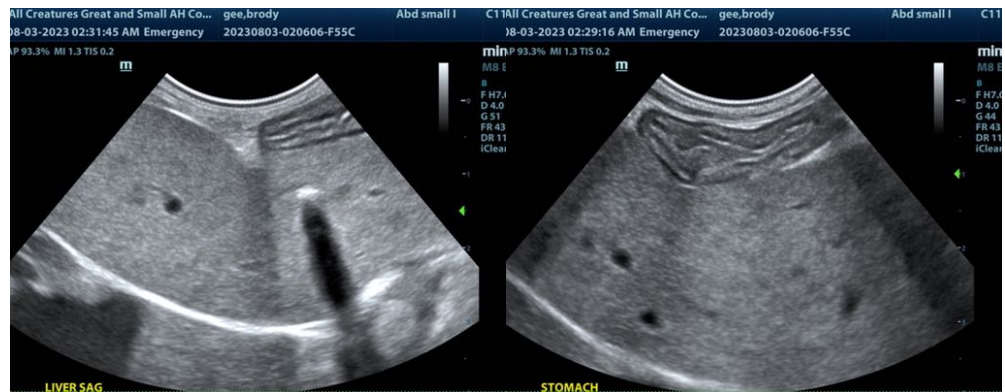
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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