



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Bruce Harrison
SPECIES
Canine

PRESENTING CLINICAL SIGNS
Inappetence and reflux for 3 days Current Medications Sucralfate (1gr po bid), Cerenia (60mg sid)
Radiographic Findings Gas in stomach and mild gas in si; possible hepatomegaly, hepatic mass, or thickened pylorus.

BREED
Basset Hound

Abnormal PE/Chem/CBC/UA Results: Elevated ALP (265), Amyl (1269), PrecisionPSL (653), low T4 (0.6)

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. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

AGE

12 Years
The residual prostate measured 0.80 cm.

Iliac/sublumbar lymph nodes were slightly enlarged and rounded, measuring up to 1.0 cm.

WEIGHT

65.1 Pounds
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. Slight pyelectasia noted in both kidneys. The right kidney measured 7.14 cm. The left kidney measured 8.03 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 right adrenal gland measured 3.58 cm x 1.28 cm at the cranial pole and 0.70 cm at the caudal pole. The left adrenal gland measured 3.64 cm x 0.61 cm at the cranial pole and 0.90 cm at the caudal pole.

IMAGING PERFORMED BY

Jenna Walsh, CVT

Spleen

HOSPITAL NAME

West Eugene AH

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.

REFERRING VET

Dr. Larsen

Liver

INVOICE

44634

DATE

8/3/23

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 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.



PATIENT *Gastrointestinal*

Bruce Harrison

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

SPECIES

Canine

Pancreas

BREED

Basset Hound

The right limb of the **pancreas** presented heterogeneous changes, suggestive for low-grade inflammation.

SEX

Neutered Male

Free Abdomen

Reactive mesenteric lymph nodes noted.

AGE

12 Years

WEIGHT

65.1 Pounds

ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis presentation, no evidence of foreign body
- Possible low-grade pancreatic inflammation
- Slight iliac/sublumbar lymphadenopathy
- Minor renal pyelectasia – may be owing to underlying UTI.
- Age related hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. FNA of the sublumbar/iliac lymph nodes would be ideal in this patient with cytology and culture. I recommend a fresh fecal smear and fecal floatation analysis and treatment for parasitic disease or enterotoxins. No neoplastic criteria met. Plasma expanders, GI protectants, 24-hour NPO followed by slurry feeding or canned BID hydrolyzed or bland diet would be appropriate.

IMAGING PERFORMED BY

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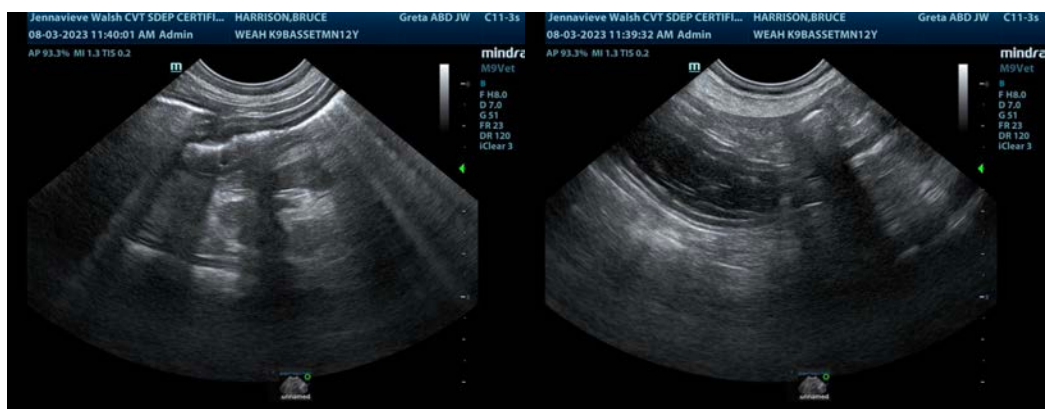
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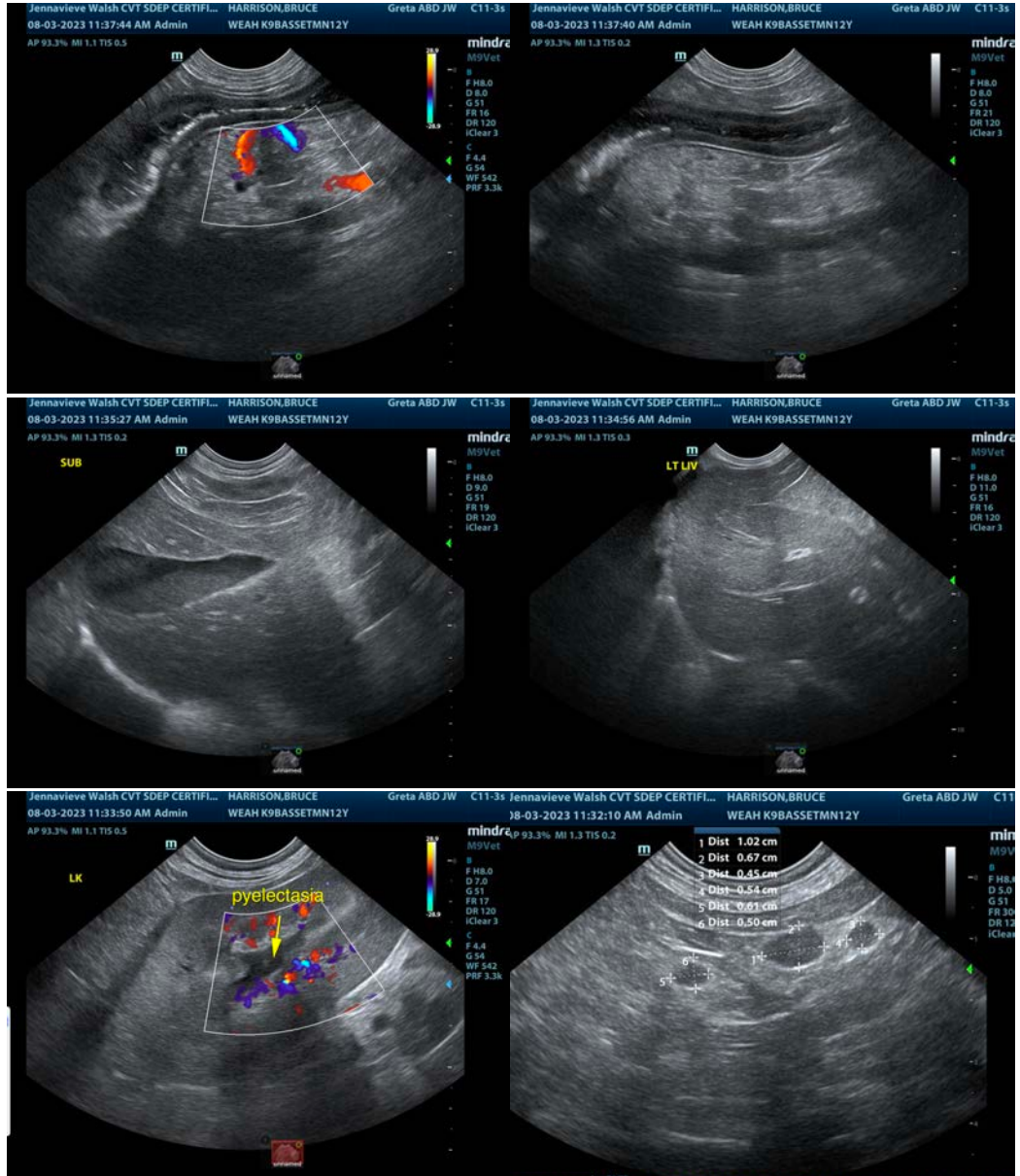
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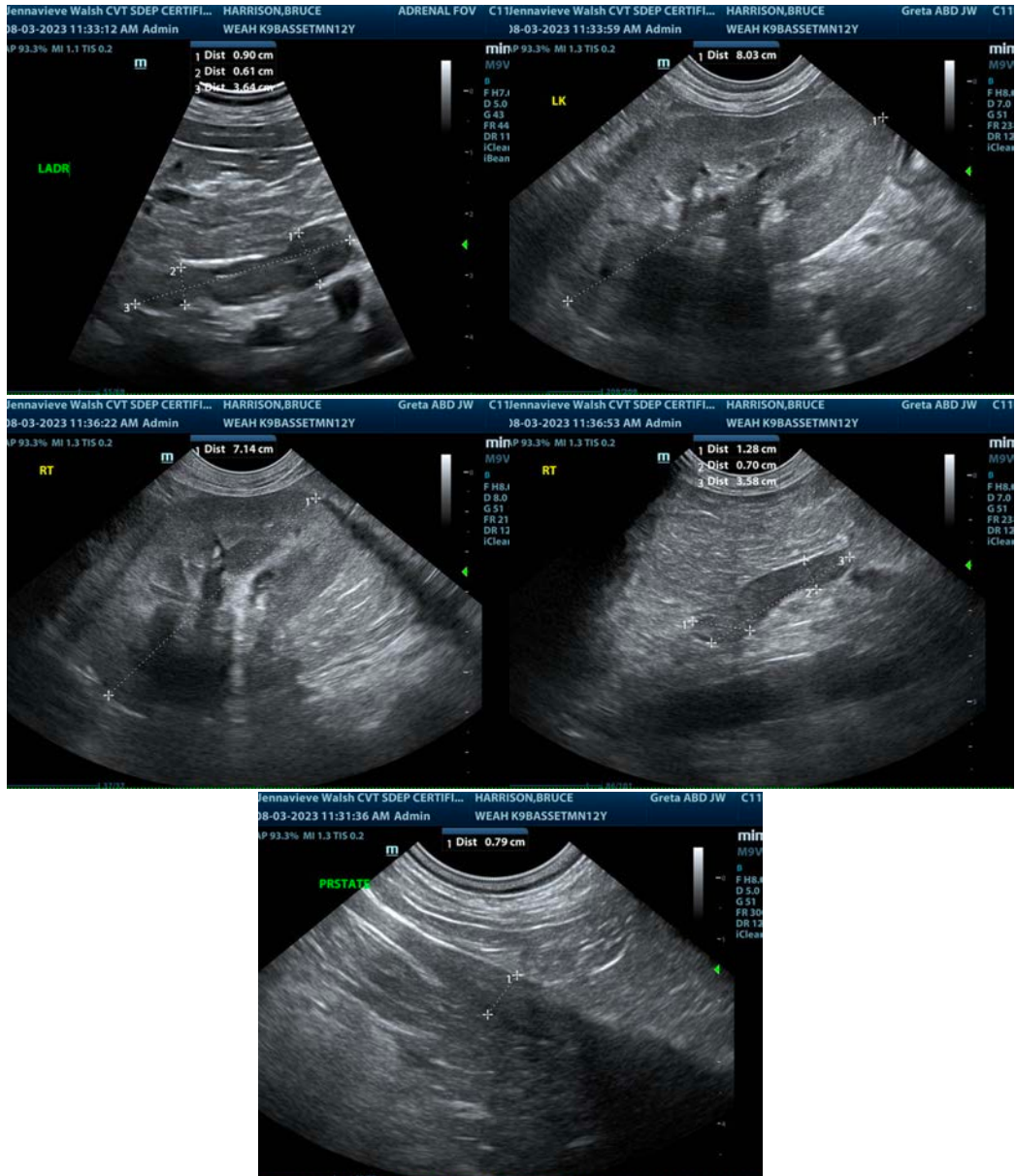
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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