



**PATIENT**

Jaws Bridges

**SPECIES**

Canine

**BREED**

Boxer X

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

168 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Harold Mike Beard

**HOSPITAL NAME**

Animal Care Vet Center

**REFERRING VET**

Dr. Rawn Gabbard

**INVOICE**

40897

**DATE**

8/31/22

**PRESENTING CLINICAL SIGNS**

Hx of Adrenal insufficiency, hypothyroidism, OA, allergies, chronic intestinal parasites. Is on Prednisone 10mg EOD, Thyrotabs, joint supplements. Morbidly obese.

Abnormal PE/Chem/CBC/UA Results: SAP, Triglycerides, Amylase, Precision PSL elevated. T4 low.

**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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 left kidney measured 6.0 cm with slight pinpoint mineralizations noted. The right kidney measured 6.0 cm.

**Adrenal Glands**

The **left adrenal gland** was flattened and isoechoic, measuring 0.50 cm.

The **right adrenal gland** was flattened and isoechoic, measuring 0.50 cm.

**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** 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.

**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.



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**Pancreas**

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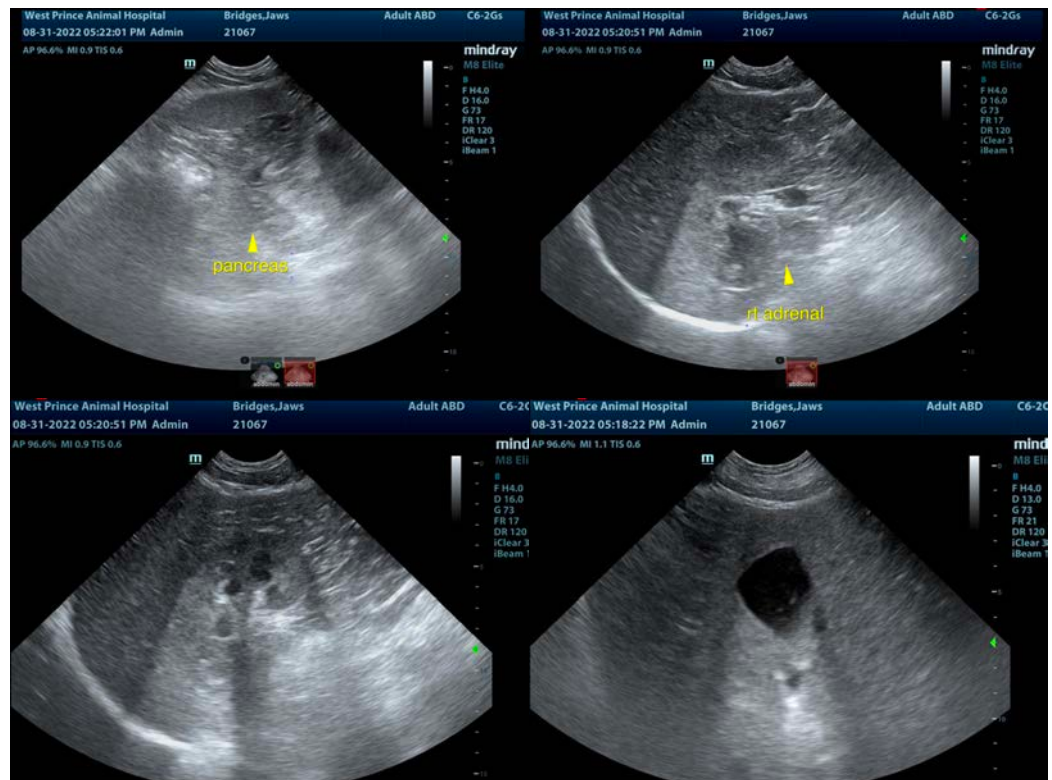
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain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

**ULTRASONOGRAPHIC FINDINGS**

- Structurally unremarkable abdomen with flattened, isoechoic adrenal glands, expected for Addisonian patient.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recheck ACTH stimulation recommended to assess Addisonian state. Adjustment of medications may be necessary. No specific GI lesions noted in this patient. Dietary adjustment to geriatric hydrolyzed diet may be in this patient's best interest. Structurally the abdomen was unremarkable.





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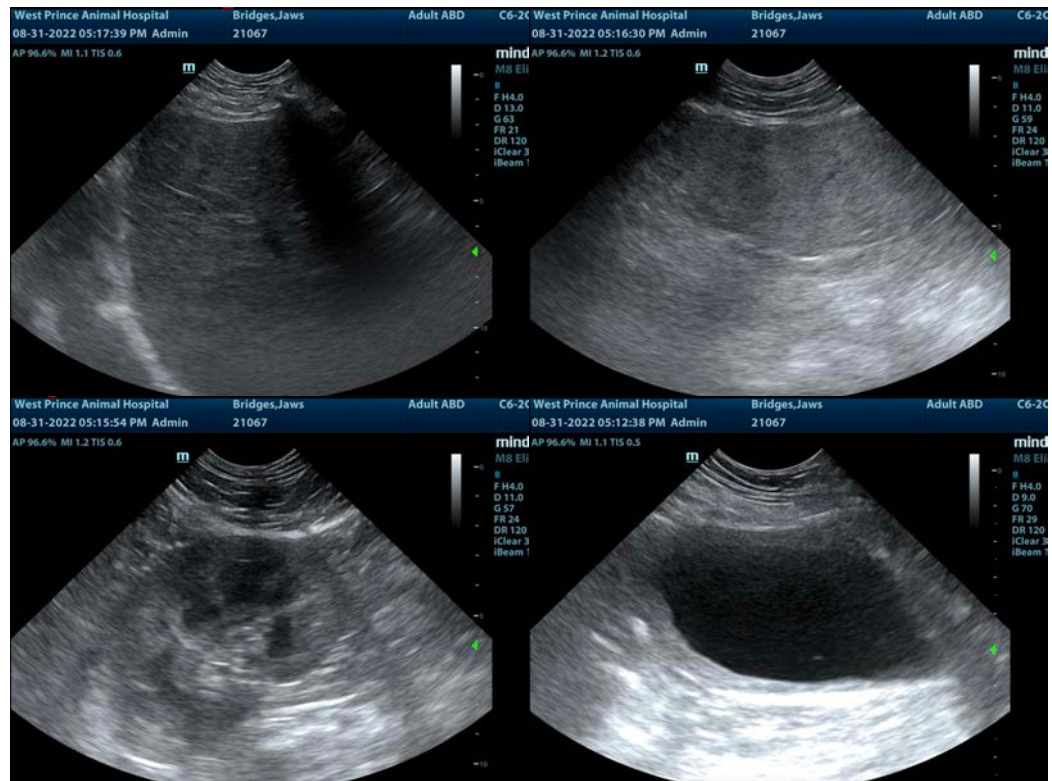
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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