



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Ben Evans  
**SPECIES** Diagnosed and managed diabetic. Presented with episode of acute vomiting and diarrhea 2 days ago that is now explosive and black. Treated with omeprazole and sucralfate for gastric ulcers and went from Hyporexic to anorexic No insulin given last night and BG 19 this am so was given insulin in clinic

**BREED** Canine  
 Abnormal PE/Chem/CBC/UA Results: Liver enzymes moderate elevation in April that has now resolved and has had a previous LDDST that was negative. Hematocrit has dropped 10% over the last 2 days. CPL also elevated

**BREED** Poodle  
**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX** *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

**WEIGHT**

9.4 kg

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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.7 cm. The left kidney measured 4.82 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 0.70 cm at the cranial pole and 0.37 cm at the caudal pole. The left adrenal gland measured 0.46 cm at the cranial pole and 0.44 cm at the caudal pole.

**IMAGING PERFORMED BY**

Dr. Belan

*Spleen*

**HOSPITAL NAME**

Fish Creek AH

The **spleen** measured 1.0 cm in width and 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. Van Slyes

*Liver*

**INVOICE**

44464

The **liver** presented heterogeneous nodular changes. The gallbladder revealed echogenic wall thickening with areas of mineralization continuing into the cystic duct. Dilated cystic duct and lobar biliary ducts noted. Some striating gallbladder debris noted.

**DATE**

8/4/23

*Gastrointestinal*

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and



**PATIENT**

Ben Evans

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.

**SPECIES**

Canine

**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.

**BREED**

Poodle

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Neutered Male

- Thickened polypoid gallbladder wall changes and hepatic nodules
- Partially full stomach

**AGE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Concern for hepatic neoplasia. FNA of the hepatic nodules recommended to ensure hyperplasia as opposed to underlying neoplasia. Ursodiol therapy and gallbladder motility study indicated. Supportive care for GI upset warranted in the meantime until cytology can be evaluated.

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Eric Lindquist, DMV  
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**HOSPITAL NAME**

Fish Creek AH

**REFERRING VET**

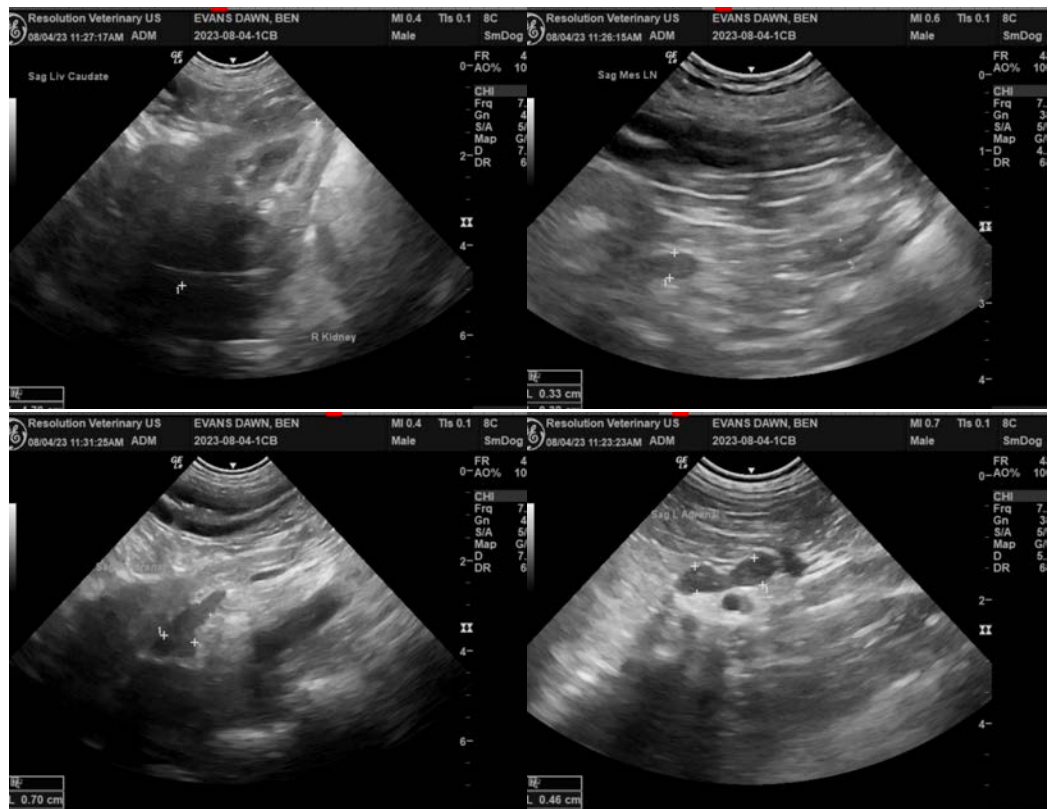
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**PATIENT**

Ben Evans

**SPECIES**

Canine

**BREED**

Poodle

**SEX**

Neutered Male

**AGE**

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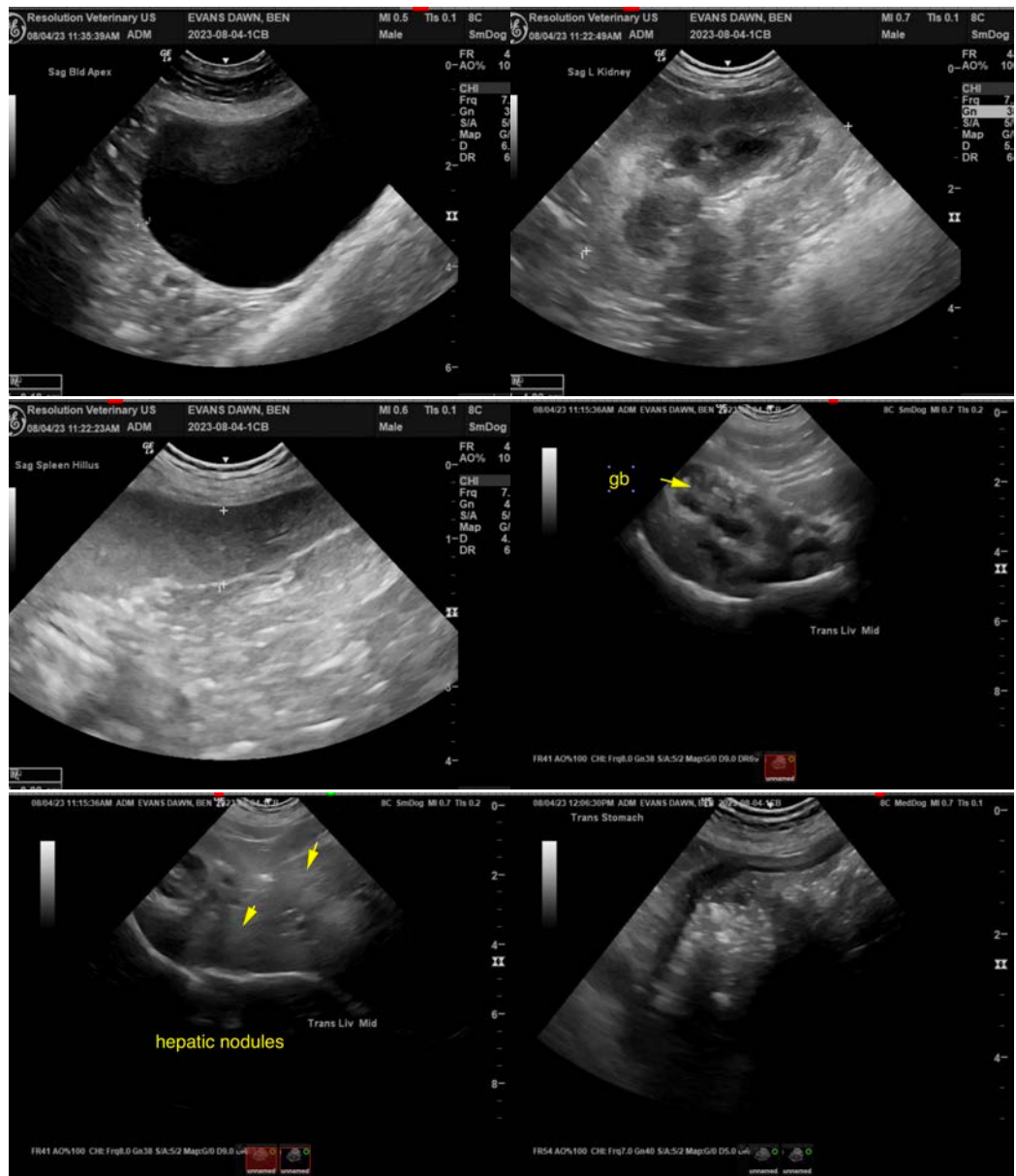
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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