



## PATIENT PRESENTING CLINICAL SIGNS

Jake Vassar

Diabetic An abdominal ultrasound could potentially be helpful screening for an adrenal mass and assessing the appearance of the urinary tract. Current Medications Diclofenac Opth Sol Strength 0.1% : 1 drop in the left eye once daily prednisolone ophth suspension 1% : 1 drop once daily in the right eye Detemir 21units twice daily.

## SPECIES

Canine

## BREED

Australian Cattle Dog

## SEX

Neutered Male

Abnormal PE/Chem/CBC/UA Results: Chem10/cbc: Elevated BUN: 113, Creat 2.8. Alkp >2000. USG 1.018 In June BUN was 53, Creat 1.74, USG 1.028, Alkp 1700 R/O renal failure, Cushings disease; She believes he has Cushing's Disease which explains his terrible glucose control with Levemir dx open Pt is marginally controlled diabetic. Has continuous glucose monitor in place Rec further work up at OVRA possible Cushings evaluation, UPC? Owner to call OVRA. Sent owner copy of labwork done today and in June.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### AGE

10 Years

### 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 residual prostate measured 1.13 cm.

### WEIGHT

56.2 Pounds

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 7.3 cm. The left kidney measured 6.38 cm.

## INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

### Adrenal Glands

The **right adrenal gland** was 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 3.12 cm x 1.1 cm at the cranial pole and 0.60 cm at the caudal pole.

## IMAGING PERFORMED BY

Jenna Walsh, CVT

## HOSPITAL NAME

The Ark Vet Clinic

The **left adrenal gland** was upper limits of normal to slightly swollen, measuring 2.52 cm x 0.62 cm at the caudal pole and 0.85 cm at the cranial pole.

## REFERRING VET

Dr. Mercer

### 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.

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### Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive



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sludge was present. The gallbladder wall was echogenic. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

### **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.

### **Pancreas**

The right **pancreatic** limb revealed mixed hypoechoic parenchymal changes with hyperechoic surrounding fat, suggestive for low-grade inflammation.

### **ULTRASONOGRAPHIC FINDINGS**

- Benign hepatopathy with minor remodeling
- Suspect right limb pancreatitis, minor/low-grade
- Slightly swollen left adrenal gland
- Age related renal changes

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Right digital subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. The cause of azotemia is unclear in this patient. Leptospirosis titers warranted. Pre-renal disease, acute renal insult, infectious agents should all be considered, yet structurally the kidneys appears innocuous sonographically.





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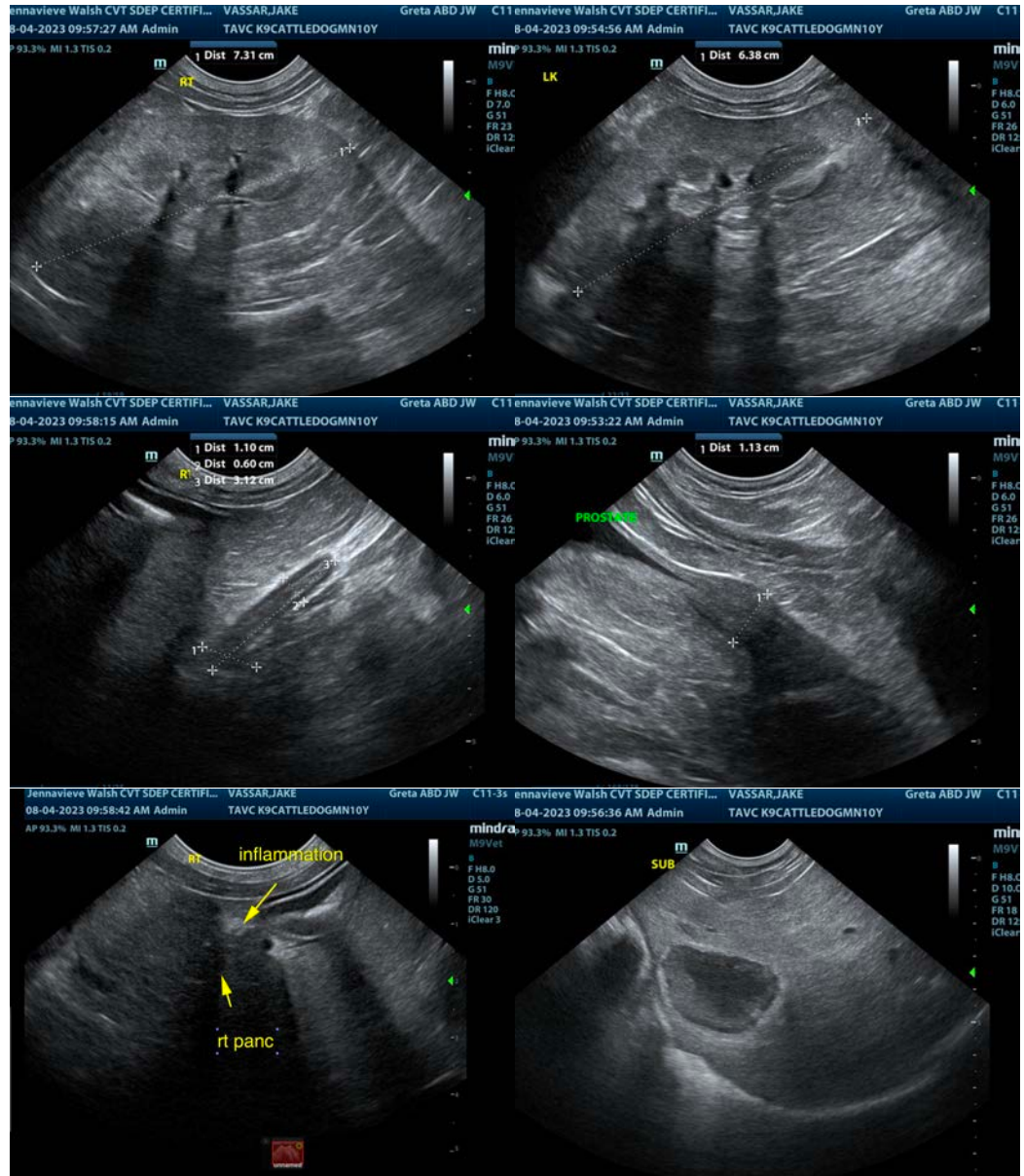
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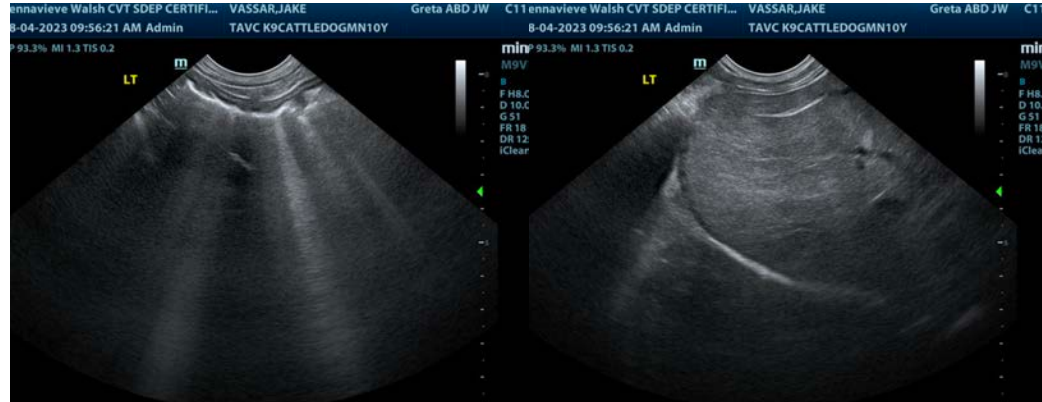
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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