



PATIENT

Brooklyn Bangs

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered Male

AGE

14 Years

WEIGHT

8 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Barengo

INVOICE

16735

DATE

8/5/22

PRESENTING CLINICAL SIGNS

History: In today for annual exam. History of elevated LE, currently on Ursodiol. Did vomit once today (may have gotten into another dog's food). Extremely elevated WBC ct found, and liver looks enlarged on X-ray.

Abnormal PE/Chem/CBC/UA Results: BW: WBC ct 50k, Neut. 44k, Hct 44%, Plt 522. ALP 405 RADS: R side of liver extends well beyond ribs, hepatomegaly on lateral as well. Bronchial pattern in lungs.

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 2.0 cm beyond the cystourethral junction. The residual prostate measured 5.0 mm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 3.79 cm. The right kidney measured 4.35 cm. Slight pinpoint mineralizations were noted.

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 1.52 cm x 0.48 cm at the caudal pole and 0.5 cm at the cranial pole. The right adrenal gland measured 1.08 cm at the cranial pole and 0.54 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 were noted.

Liver

The **liver** was uniformly swollen. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is a minor change, consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. Minor lobar biliary calculi were noted, nonobstructive at the time of the sonogram. Hyperechoic fat was noted in the portal hilus. The gallbladder was not visible.

Gastrointestinal



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The **stomach** was overdistended with chyme. The stomach revealed shadowing material in the pylorus with reactive mesentery noted around the pyloric outflow. The small intestine and colon were unremarkable. The gastric dilation continued into the area of the gastroesophageal inlet and appeared to traverse the diaphragm. I cannot rule out partial hiatal hernia in this patient or significant reflux.

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Pancreas

The right limb of the pancreas was hypoechoic and irregular. A region of approximately 2.0 cm x 3.0 cm appeared to be affected. This is likely playing a role in the delayed outflow.

BREED

Chihuahua Mix

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Pyloric and gastric material with stasis with reflux pattern and possible early hiatal hernia
- The gallbladder was not visible and may be aplastic or prior surgical removal or potential ruptured, collapsed and sealed in the past
- Right limb pancreatitis
- Age-related renal changes with mineralization

AGE

14 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend 24-hour NPO, plasma expanders, broad spectrum antibiotics and pain management in this patient. If any subxiphoid palpation discomfort is present, which I do suspect, assessment of the radiographs for potential hiatal hernia is warranted. Recheck sonogram in 24-48 hours after NPO status and reassessment of SDEP 12, 13 and 14 positions recommended.

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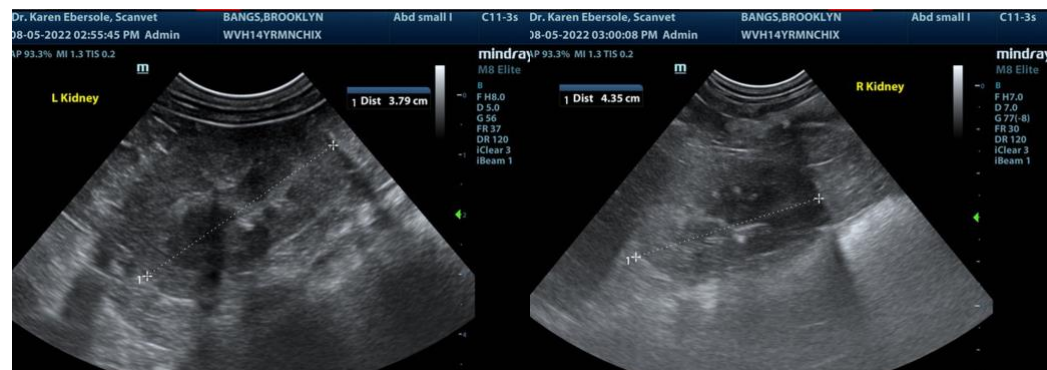


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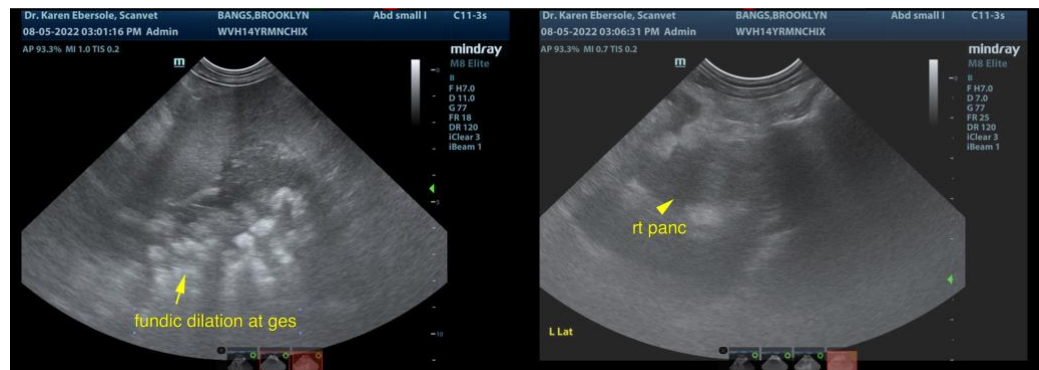
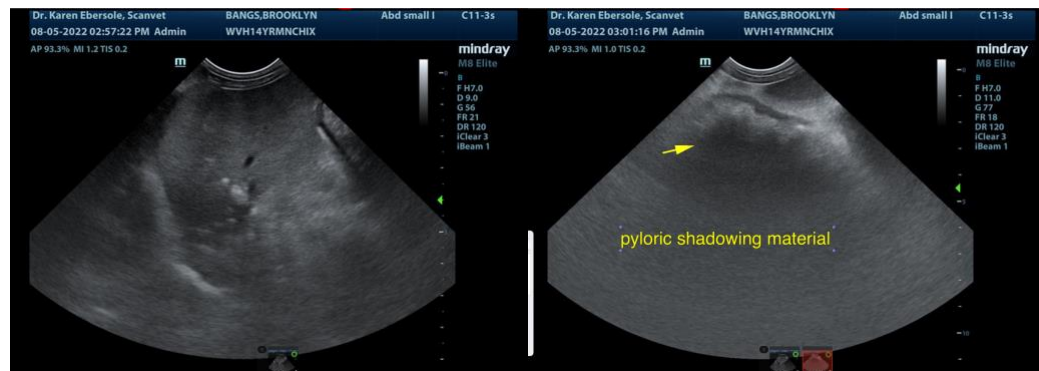
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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