



PATIENT

Roxy Nieves

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

14.5

WEIGHT

37 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Reser

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

Reser

INVOICE

23843

DATE

8/8/23

PRESENTING CLINICAL SIGNS

Dog has had chronic vomiting for years, usually once a month, but a month ago became daily. Chem was unremarkable (see below), treated with cerenia ,reglan and tylosin, did well, but last night started vomiting again profusely. Lost 20% body weight since last month

Abnormal PE/Chem/CBC/UA Results: July 23--ALP 249, Potassium 5.4, Na:K 27, all else normal Today--ALP 301, K+ 2.9, Na 145. Dog is very dehydrated and thin today, not painful on palpation of abdomen. Started on fluids and cerenia

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. Slight pinpoint mineralizations were noted. Left kidney measured 5.5 cm. Right kidney measured 5.3 cm.

Adrenal Glands

The regions of the **adrenal glands** were imaged and revealed no evident pathology.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. This is a mild change. A focal hypoechoic nodule was noted in the mid body.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some moderate 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. Multifocal nondisruptive isoechoic nodules were noted with increased portal markings, consistent with a chronic inflammatory hepatopathy.

Gastrointestinal



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The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. This is a mild change.

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.

ULTRASONOGRAPHIC FINDINGS

- Minor intestinal thickening
- Age-related renal changes
- Undefined nodular splenic and hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care should prove effective regarding the GI differentials. Malassimilation may be an issue as well. Screening FNA of the splenic and hepatic nodules are warranted to ensure no significant underlying disease. No neoplastic criteria were met in the GI tract at this point. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Bile acid profile would be ideal given the degree of hepatic remodeling.



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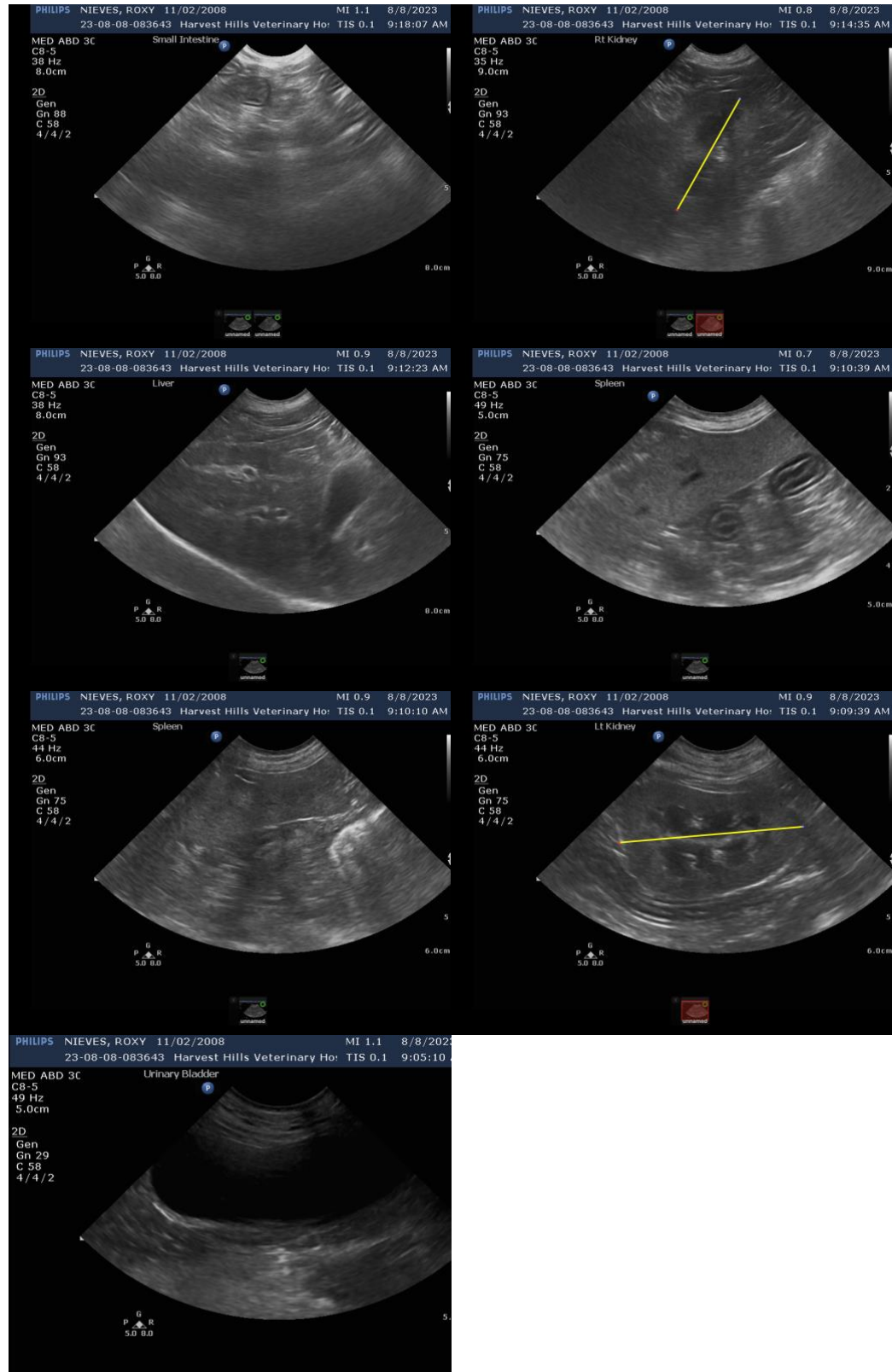
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The information and recommendations provided are based on the images presented by the



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referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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