



**PATIENT**

Mickey Rhoades

**SPECIES**

Canine

**BREED**

Australian Cattle Dog

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

64 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Countryside AC

**REFERRING VET**

Dr. Cox

**DATE**

9/16/22

**Invoice**

17328

**PRESENTING CLINICAL SIGNS**

History: Intermittent anorexia and lethargy, overweight

Abnormal PE/Chem/CBC/UA Results: Blood work attached

**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 0.8 cm.

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 right kidney measured 6.62 cm. The left kidney measured 6.51 cm.

**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 2.64 cm x 0.56 cm at the cranial pole and 0.61 cm at the caudal pole. The left adrenal gland measured 2.27 cm x 0.53 cm at the cranial pole and 0.73 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** revealed increased portal markings. Swollen irregular hepatic contour was noted with granular type parenchymal changes. Minor gallbladder debris was noted without significant overdistention.

**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.



**PATIENT**

**Pancreas**

Mickey Rhoades

The **pancreas** revealed mixed hypoechoic irregular parenchyma with minor enhanced surrounding mesentery. A history of pancreatitis is likely. Low grade inflammation is possible yet changes were fairly minor.

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Canine

**ULTRASONOGRAPHIC FINDINGS**

- Acute on chronic cholangiohepatitis liver pattern
- Possible low-grade pancreatitis
- Age-related renal changes

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Australian Cattle Dog

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Leptospirosis titers is indicated. Hepatic FNA is indicated to rule out potential underlying emerging hepatic neoplasia. Prognosis is guarded. This is not a surgical presentation. The liver enzyme elevations are consistent with hepatic failure. The hypoglycemia may be owing to sepsis or more likely liver failure. No obvious evidence of insulinoma noted yet cannot be completely ruled out.

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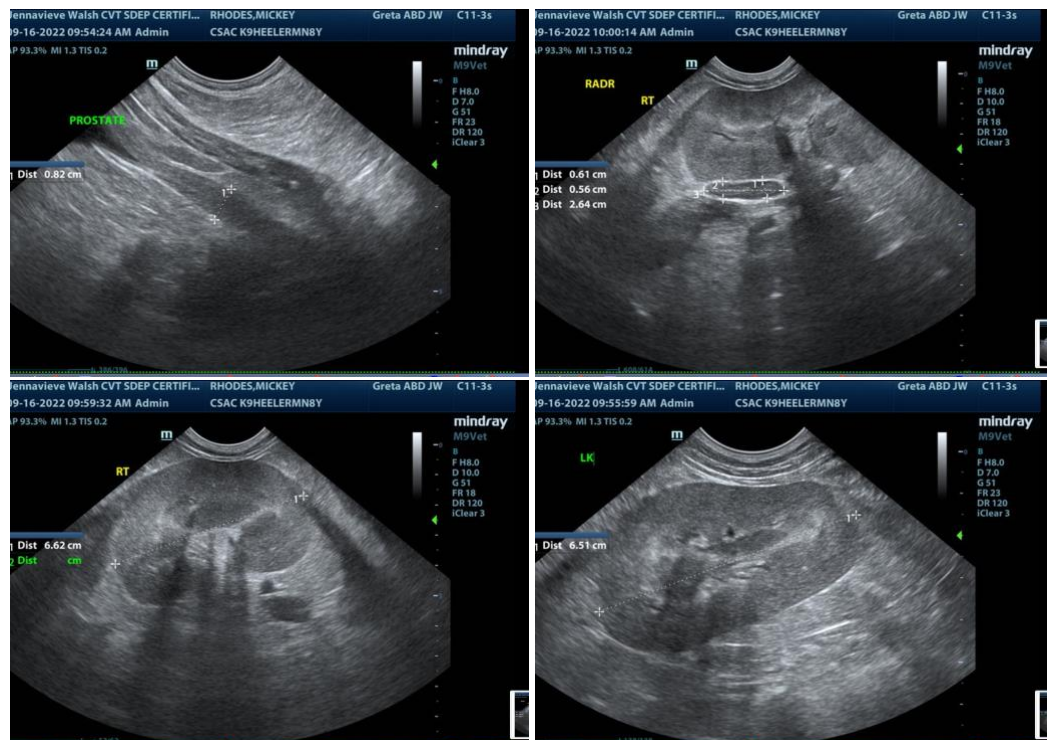
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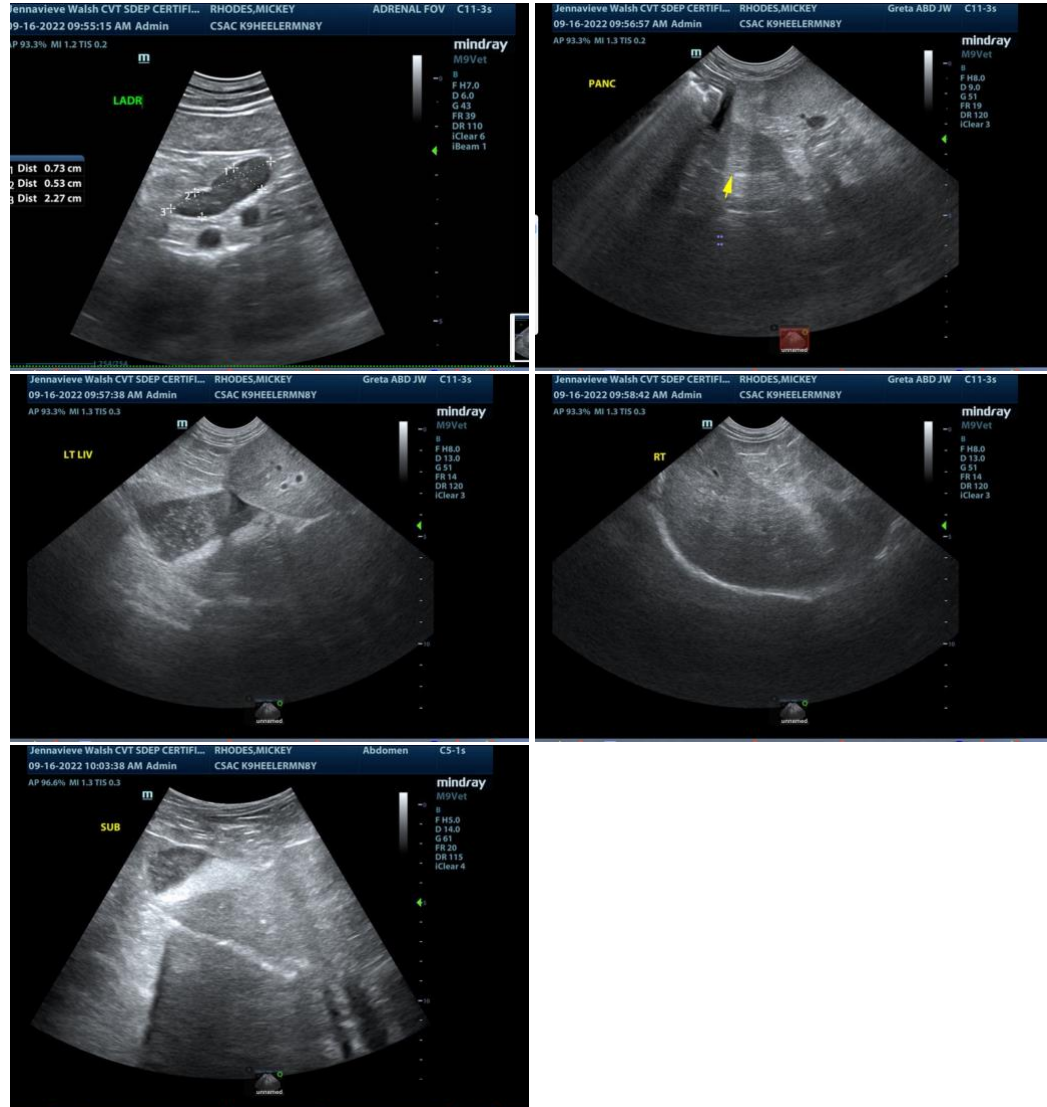
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com



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