



**PATIENT**

Cooper Stopa

**PRESENTING CLINICAL SIGNS**

History: consumed chicken feed, mold

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Spaniel Mix

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 was noted. Ureteral papillae were normal.

**SEX**

Neutered male

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization was noted in the kidneys. The right kidney measured 4.88 cm. The left kidney measured 5.4 cm.

**AGE**

12 years

**WEIGHT**

36 lbs

**Adrenal Glands**

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland imbrued 3.07 x 1.29 cm at the cranial pole and 1.1 cm at the caudal pole. The left adrenal gland measured 3.33 x 1.19 cm at the caudal pole and 1.37 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenn

**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 was noted.

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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 was mildly over distended with minor excessive debris.

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**PATIENT**

**Gastrointestinal**

Cooper Stopa

The **gastrointestinal tract** revealed an edematous wall and hyperperistalsis with no loss of mural detail. Minor enhanced surrounding fat was noted around the regions of the gastrointestinal serosa. There was no evidence of foreign body or neoplastic criteria. Images from the stomach, small intestine and colon were presented. This is most consistent with gastroenteritis owing to viral, bacterial/endotoxin or possible parasitic disease.

**SPECIES**

Canine

**BREED**

**Pancreas**

Spaniel Mix

Heterogenous **pancreatic** changes were noted with enhanced mesentery.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Neutered male

Minor pancreatitis.

**AGE**

Bilateral adrenal enlargement.

12 years

Excessive gallbladder debris.

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

36 lbs

Ursodiol therapy is warranted as a preventative. If the patient appears Cushingoid clinically then eventual work-up for PDH is indicated. Plasma expanders, GI protectants and IV fluid support is all indicated as well as treatment for dietary indiscretion.

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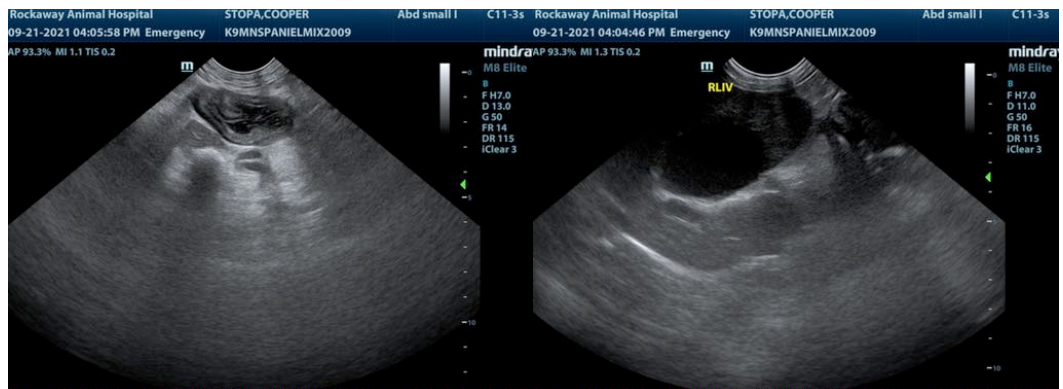
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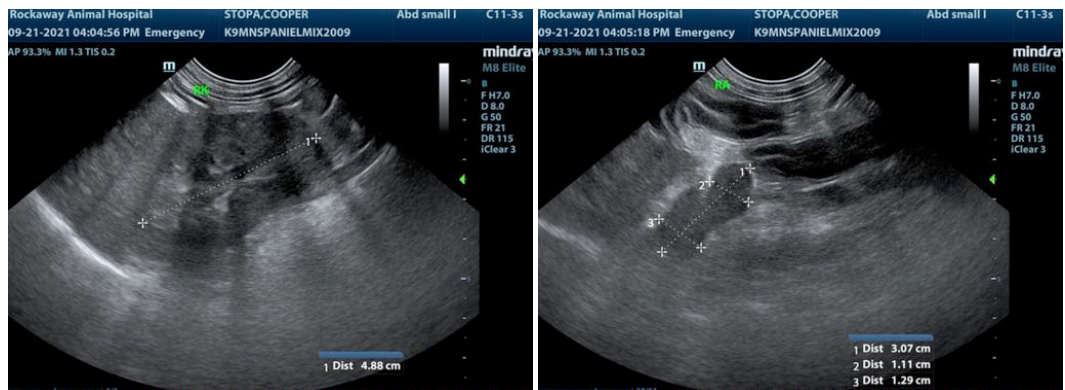
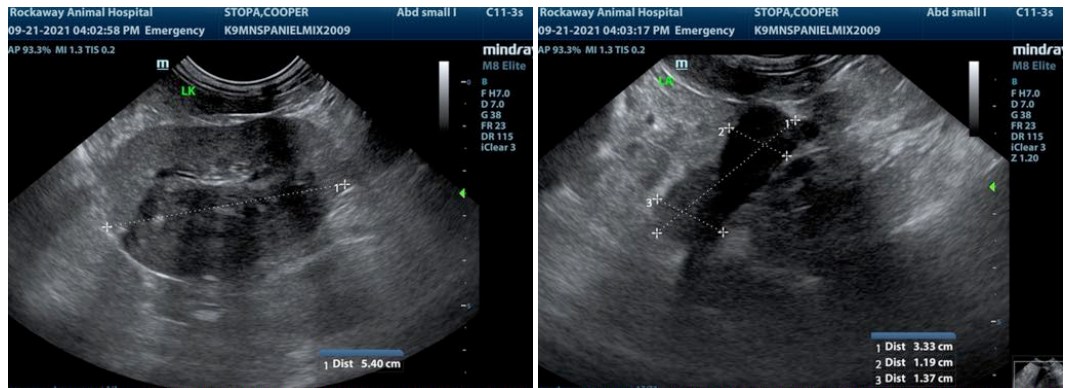
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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