



PATIENT PRESENTING CLINICAL SIGNS

Clancey Kline

History: Hx suspect IBD chronic intermit vomit, Hx PU/PD/polyphagia with Alkp 250 and USG 1.018. urine cort/creat ratio 14 (cush unlikely) resting cortisol 2.8. Acute loss of appetite and stopped drinking 4-7 days ago. Vomit progressive over 3-4 months but now can't keep food down. ate small bits of chicken last night. vomit chicken today before and after initial ultrasound images obtained. final images obtained 3 hours later after water withheld and after vomit.
Abnormal PE/Chem/CBC/UA Results: June labwork Alkp 500, rest NR. Labwork submitted today - expect results tomorrow.

SPECIES

Canine

BREED

Westie

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered male

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

AGE

10 years

WEIGHT

26 lbs

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. Slight pyelectasia was noted in the left kidney. The left kidney measured 4.18 cm. The right kidney measured 4.29 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.47 cm. The right adrenal gland measured 0.32 cm at the caudal pole and 0.36 cm at the cranial pole.

IMAGING PERFORMED BY

Dr. Arms

HOSPITAL NAME

Gilbertsville VH

Spleen

The **spleen** revealed a cystic mass in the mid caudal body measuring 1.8 cm with disrupted architecture and regional inflammation and capsular expansion. Other separate, hypoechoic nodule was noted at the cranial pole of the spleen measuring 1.0 cm.

REFERRING VET

Dr. Arms

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Liver

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. The gallbladder was mildly over distended with suspended and

DATE

9/23/21



PATIENT

dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.

Clancey Kline

SPECIES

Gastrointestinal

Canine

The **stomach** presented minor concentric thickening with increased submucosal echogenicity and thickness. There is minor retention of ingesta. Approximately 3.0 cm of echogenic floating debris was noted floating in the pyloric outflow, possible clots or chyme. No overt loss of mural detail was noted. There was some stasis noted. The small intestine appeared unremarkable other than minor spastic bowel.

BREED

Westie

SEX

Pancreas

Neutered male

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.

AGE

10 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

Splenic mass and nodules. Differentials include hemangiosarcoma, round cell neoplasia, non-neoplastic granulomas or abscessation.

26 lbs

Chronic gastritis with delayed outflow. Minor potential for gastric neoplasia.

INTERPRETED BY

Gallbladder sludge.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Bladder debris.

IMAGING PERFORMED BY

Dr. Arms

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Gilbertsville VH

Immediate splenectomy is recommended after three view chest radiographs and rapid echocardiogram to ensure there is no metastatic disease. I recommend gastric biopsy and manual palpation of the pyloric outflow at the time of the splenectomy. Manual expression of the gallbladder is recommended at the time of surgery. Chronic urinary tract infection is suspected given the bladder debris. Guarded prognosis depending upon splenic and gastric biopsy results. I believe that the gastric presentation has minimal potential for neoplasia.

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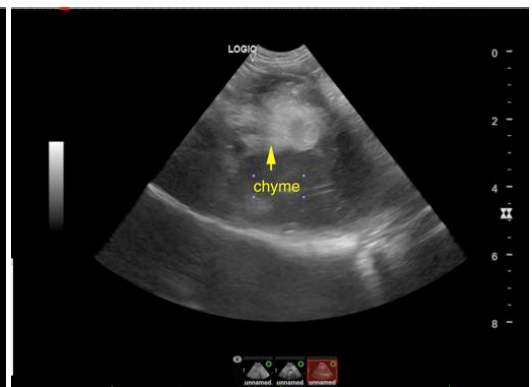
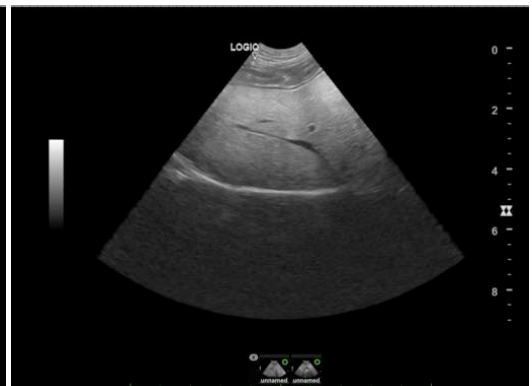
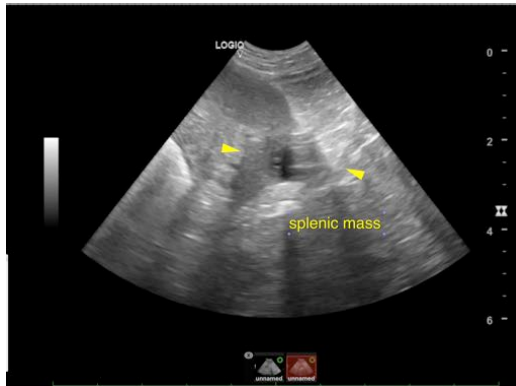
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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