



**PATIENT**

Tin Polit

**SPECIES**

Canine

**BREED**

Jack Russell

**SEX**

Neutered male

**AGE**

14 years

**WEIGHT**

16.9 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Mayra Sanchez

**HOSPITAL NAME**

Sunset AH

**REFERRING VET**

Dr. Polit

**INVOICE**

91963

**DATE**

9/23/21

**PRESENTING CLINICAL SIGNS**

History: History of IVDD; on Gabapentin and Methocarbamol PRN Acute vomiting x 12 hours  
Abnormal PE/Chem/CBC/UA Results: PE: recent weight loss ~2 lbs CBC: Leukocytosis 29.8, neutrophilia 27.1 Chem: ALP 1674, ALT 1976, TBILI 3.3, PHOS 6.8 cPL: normal Fecal scan: NPS

**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 was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.0 cm. The right kidney revealed trace pyelectasia.

**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.

**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.

**Liver**

The **liver** revealed swollen contour with increased portal markings. Irregular lobar pattern was noted in the left liver. The gallbladder wall was echogenic and thickened.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Minor intestinal thickening and reactive mesentery was noted.



**PATIENT**

**Pancreas**

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The **pancreas** in this patient revealed areas of hypoechoic parenchyma and slight, irregular contour. There is a potential for low-grade inflammation. There were no obvious masses noted. Subxiphoid palpation is recommended to assess for any discomfort in the region of the pancreas.

**SPECIES**

Canine

**Free Abdomen**

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Reactive mesentery was noted in the midabdomen.

**SEX**

Neutered male

Acute on chronic cholangiohepatitis liver pattern.

Enteritis with a minor pancreatitis pattern.

**AGE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the liver is warranted. There is a minor potential for underlying hepatic neoplasia. Toxin exposure such as mushroom toxicity or similar should be considered. Ampicillin, Metronidazole, GI protectants, and plasma expanders are all indicated. Guarded prognosis. Leptospirosis titers are indicated.

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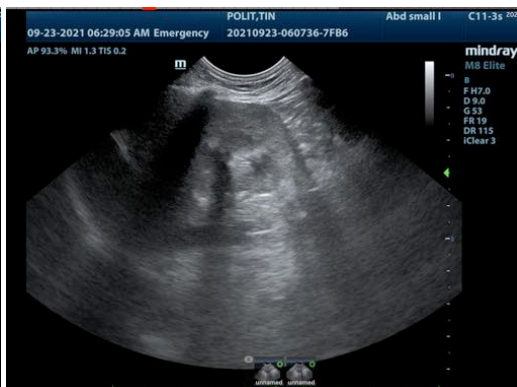
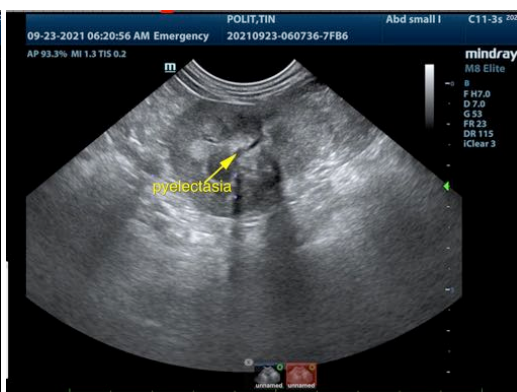
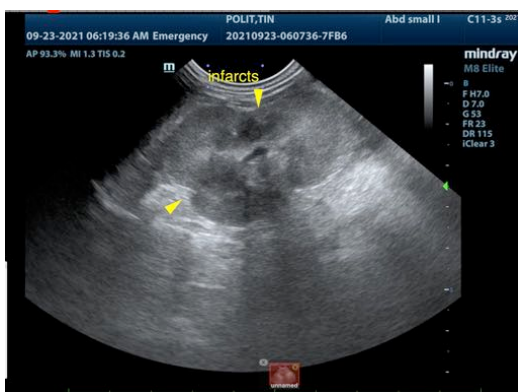
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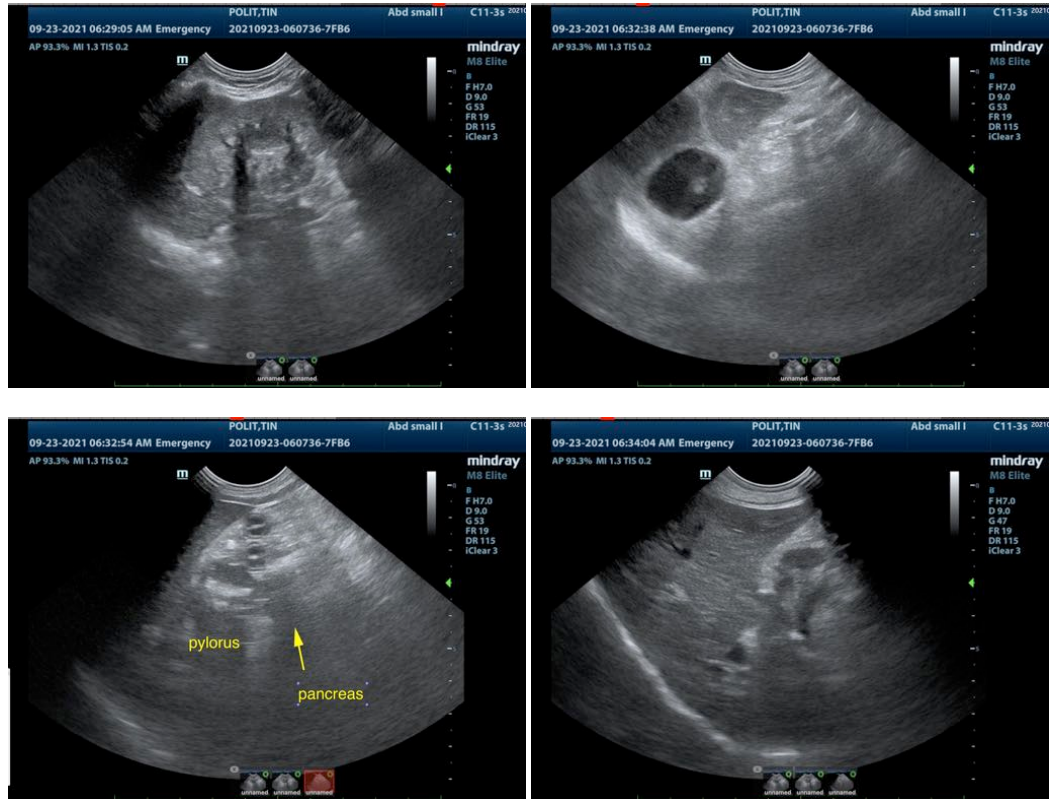
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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