



PATIENT

Baxter Sullivan

PRESENTING CLINICAL SIGNS

History: baxter-azotemia / chronic pancreatitis / weight loss/ loss of appetite diluted urine- ucs pending

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a small calculus, nonobstructive, measuring 5.0 mm.

BREED

Lhasa Apso

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous, and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The kidneys were subnormal in size. The left kidney measured 3.6 cm. Pinpoint mineralizations were noted, nonobstructive. The right kidney measured 3.24 cm.

SEX

Neutered Male

AGE

14 Years

Adrenal Glands

The **left adrenal gland** was mildly enlarged, measuring 7.0 mm.

The **right adrenal gland** was visualized obliquely, measuring approximately 0.6 cm.

WEIGHT

15.60 Pounds

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

IMAGING PERFORMED BY

Kyoung Han

HOSPITAL NAME

Tenaflly VC

REFERRING VET

Kyoung Han

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.

INVOICE

17437

Pancreas

DATE

9/24/22



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BREED

Lhasa Apso

SEX

Neutered Male

AGE

14 Years

WEIGHT

15.60 Pounds

INTERPRETED BY

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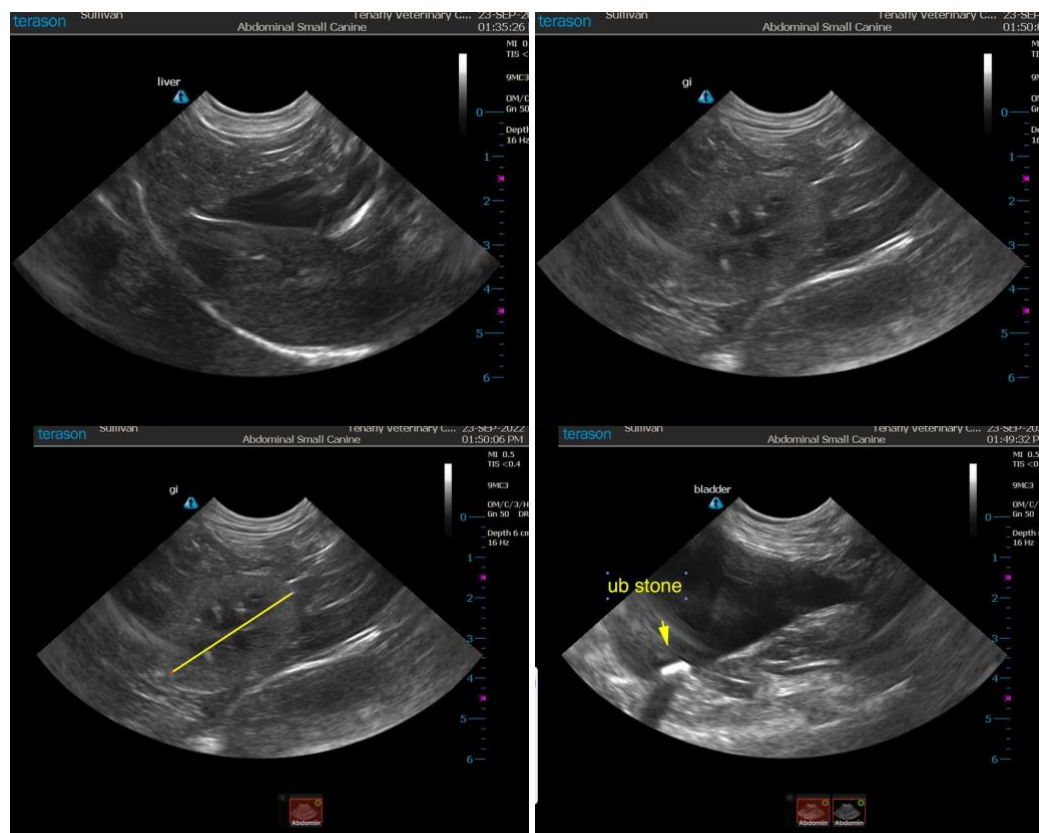
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Moderate degenerative renal changes and nephrolithiasis (non-obstructive)
- Urinary bladder calculus
- Age-related pancreatic and hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjectively near end-stage degenerative renal changes noted. Supportive renal protocol is recommended. No evidence of neoplasia. The patient may have the calculus recently. However, no obstructive disease is noted at the time of the sonogram.





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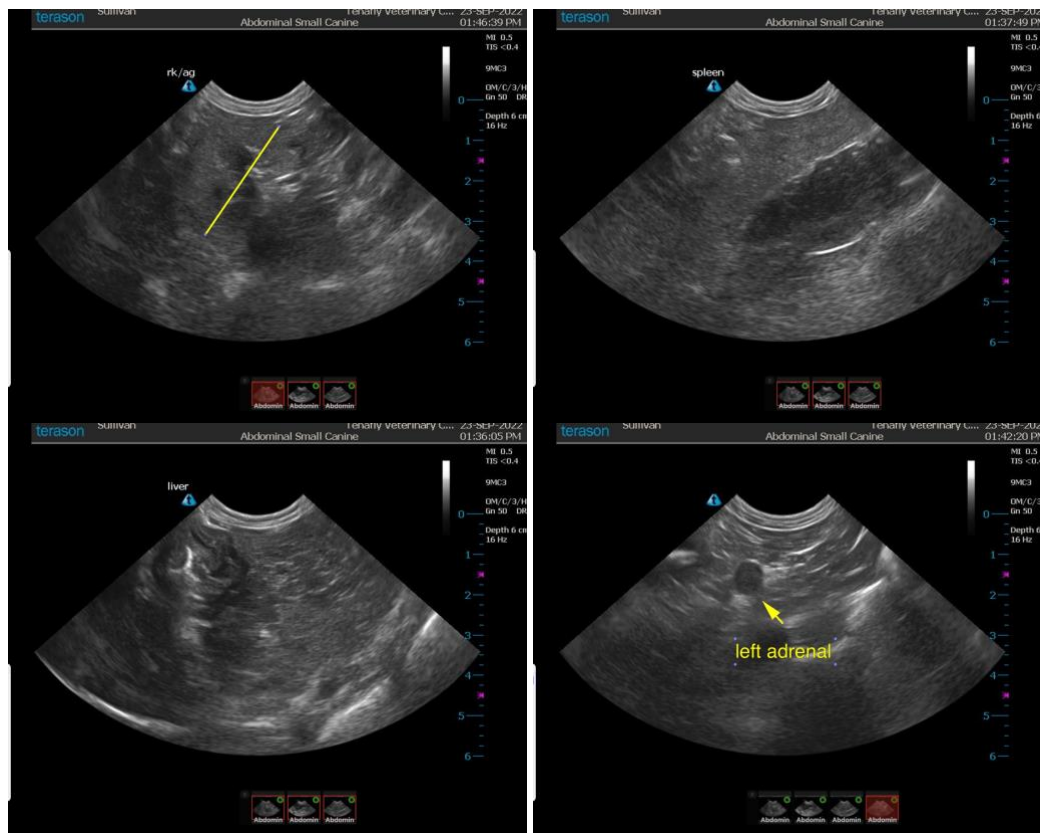
Neutered Male

AGE

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WEIGHT

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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.

IMAGING PERFORMED BY

Kyoung Han

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.

HOSPITAL NAME

Tenaflly VC

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

REFERRING VET

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