



**PATIENT**

Rolo Land

**SPECIES**

Canine

**BREED**

Miniature Poodle

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

12.6 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Potomac Mobile

**HOSPITAL NAME**

Banfield Sterling  
Cascades

**REFERRING VET**

Dr. Cathy Jarrett

**INVOICE**

25216

**DATE**

9/7/21

**PRESENTING CLINICAL SIGNS**

Weight loss. Not eating much at all. Used to weight 12.3# now weights 9.4#. History of renal issues and pancreatitis. Hospitalized for IV fluids for a few days back in May. Currently getting Denamarin, Metronidazole and proin.

Abnormal PE/Chem/CBC/UA Results: Chem- ALP 680, ALT 229, Globulin 4.6, Glu 155, CBC- Plt 530  
USG 1.010 LDDST normal.

**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. A minimal amount of urine was present at the time of the sonogram with minor apical collapse. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The residual prostate was uniform at 0.68 cm.

The **kidneys** presented normal size and contour. The left kidney measured 4.34 cm with an idiopathic hyperechoic medullary rim sign noted. Minor age related changes present. Cortical cysts were noted in both kidneys, not pathological.

**Adrenal Glands**

The **left adrenal gland** was slightly heterogeneous, measuring 1.38 cm x 0.61 cm at the caudal pole and 0.46 cm at the cranial pole. The **right adrenal gland** revealed minor heterogeneous changes and measured 1.86 cm x 0.34 cm at the caudal pole and 0.46 cm at the cranial 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. Occasional hyperechoic lipogranulomatous nodules noted. 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** presented coarse architecture and minor heterogeneous parenchymal changes, largely expected for this age patient. Normal size and contour. The gallbladder and common bile duct were unremarkable.

**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.

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some 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.



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**ULTRASONOGRAPHIC FINDINGS**

- Largely geriatric abdomen
- Minor heterogeneous adrenal glands

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of visceral pathology to be responsible for the weight loss. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered. FNA of the liver could be considered to define the inflammatory hepatopathy further. However, structurally it appeared benign and changes were largely expected for this age patient.

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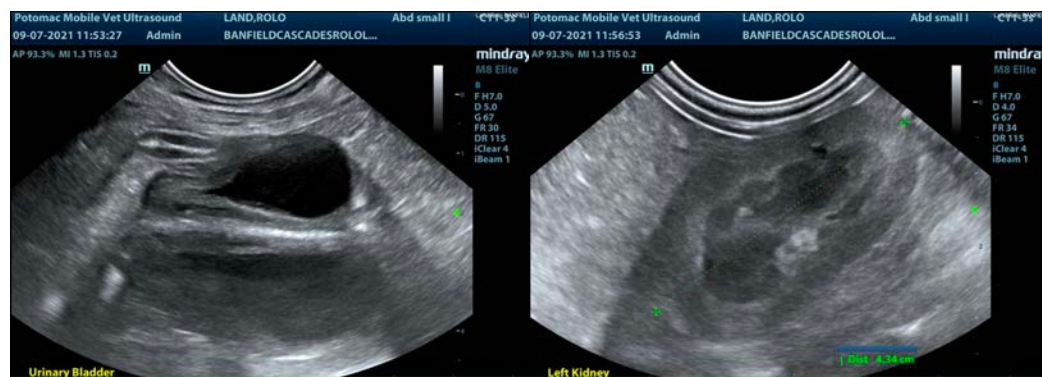
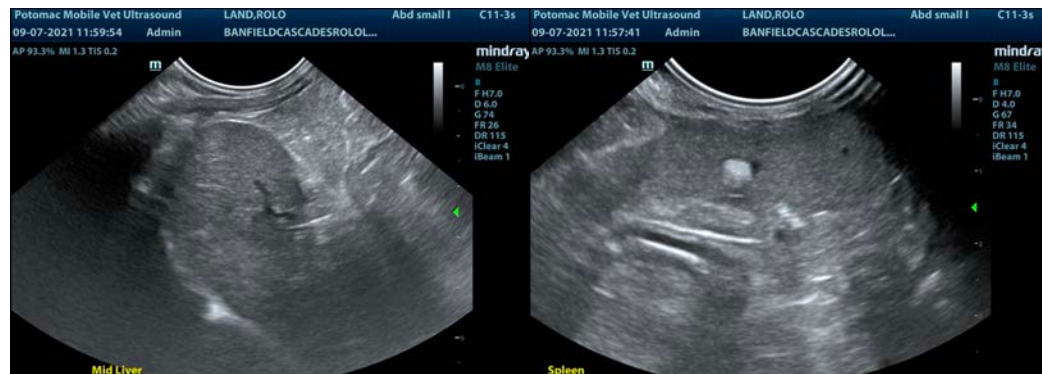
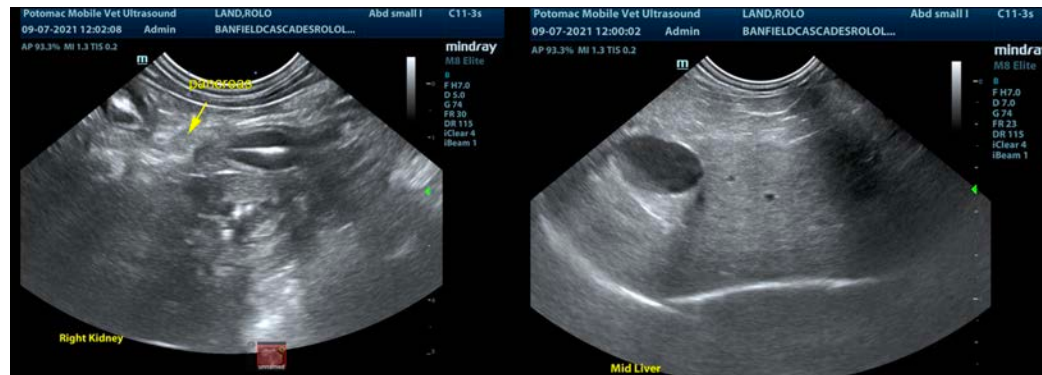
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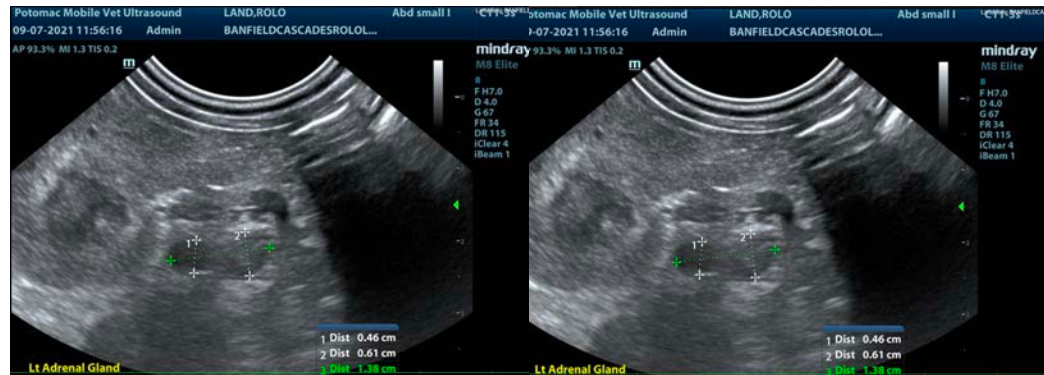
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
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