

PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Mikey Rolison

SPECIES
Canine

BREED
Chow Chow Mix

SEX
Neutered male

AGE
14 years

WEIGHT
68.3 lbs

INTERPRETED BY
Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Creekside AC

REFERRING VET
Dr. Eggert

DATE
8/4/22

Invoice
32171

History: QAR. HX of chronic skin disease and recent weight loss of 22.3# from april 2021 to august 2022. Hypothyroid and on l-thyroxine. Hx of vomiting and inappetence. Concern for pancreatitis at SVEC visit 07/01/2022.

Abnormal PE/Chem/CBC/UA Results: Creatinine 2.5mg/dL, hypoalbuminemia, and normal Spec Cpl on labwork ran 08/01/2022. Current Medications Levothyroxine 0.5mg Radiographic Findings Cranial diaphragm was a little bulgy on the right lateral view. Otherwise chest views WNL.

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** presented relatively normal size with irregular contour and loss of corticomedullary definition. Cortical remodeling and pyelectasia was noted. If there is any evidence of pyuria is present then pyelonephritis should be considered. Otherwise, pelvic dilation is likely owing to scarring. The left kidney measured 6.28 cm. The right kidney measured 7.61 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 2.27 x 0.71 cm at the caudal pole and 0.76 cm at the cranial pole. The right adrenal gland measured 2.6 x 1.14 cm at the cranial pole and 0.81 cm at the caudal 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. 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

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. The aorta in this patient presented an extensive thrombus that measured 1.4 cm in width and extended



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at least 6.0 cm in length. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

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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.

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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

Chronic renal changes with pyelectasia.

Potential pyelonephritis.

Extensive aortic thrombus.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Sara Hansen

Given the GI signs, hypoxia and microthrombotic GI disease may be playing a role. IV fluid support, plasma transfusion, thrombolytic therapy would all be indicated. The prognosis is guarded. There was no overt evidence of neoplasia; however, occult neoplasia cannot be completely ruled out.

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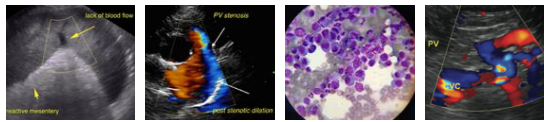
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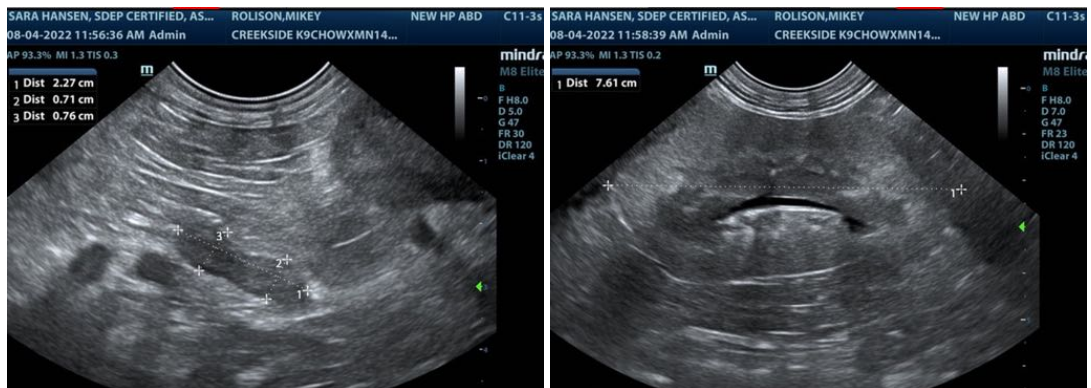
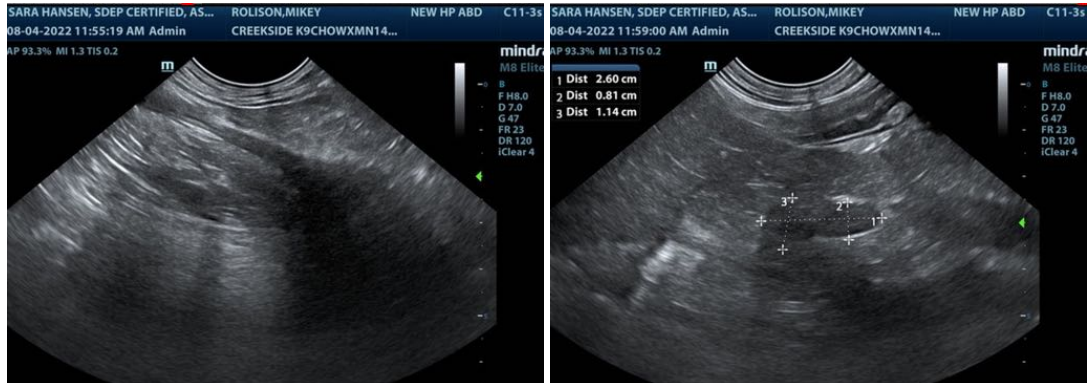
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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