



PATIENT PRESENTING CLINICAL SIGNS

Max Chu History: Urinary incontinence. No meds currently.
Abnormal PE/Chem/CBC/UA Results: Increased Platelets 607, SDMA 19, Creatinine 203, UreaBUN 20.7, Potassium 6.8, ALP 917. Low Sodium/Potassium Ratio. U/A Sp. Grav- 1.024, pH 8.0, Protein 3+, WBCs 1/hpf, RBCs 1/hpf.

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Neutered male

AGE

16 years

WEIGHT

10.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

East Credit VH

REFERRING VET

Dr. Webster

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 prostate was enlarged and irregular measuring 0.8 cm with enhanced, surrounding fat.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.34 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 1.85 x 1.04 cm at the cranial pole and 0.87 cm at the caudal pole. The left adrenal gland measured 2.18 x 0.89 cm at the caudal pole and 0.81 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. 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

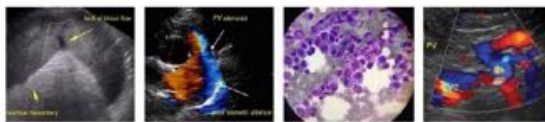
The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. An isoechoic 3.0 cm nodular change was noted in the left medial liver. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. A moderate amount of hepatic remodeling was noted with irregular swelling

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and hepatoma type formation in the left liver. The hepatoma type formation measured 5.0 cm. There was no overt suspicion of neoplasia.

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Gastrointestinal

There was some residual chyme and gas noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. The caudal abdomen revealed a 2.5 cm mass that appeared to be in the small intestine which is cranial to the urinary bladder.

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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. 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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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Free Abdomen

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An undifferentiated second mass was noted and measured 2.6 cm in the sublumber space. This is suspected to be lymph node in origin.

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Eric Lindquist, DMV
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Heart

Rapid view of the heart revealed no evidence of pathology.

IMAGING PERFORMED BY

Crystal Hill, RVT

ULTRASONOGRAPHIC FINDINGS

Moderate chronic degenerative renal changes.

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Caudal abdominal intestinal mass and sublumber lymph node enlargement.

Hepatic remodeling and hepatoma formation.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

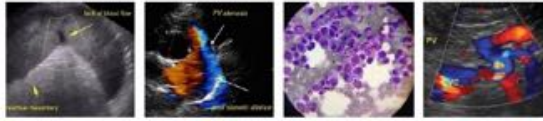
There are multiple issues in this patient. Ultrasound-guided FNA of the intestinal mass and sublumber mass can be considered. The kidneys appear to be subjectively near end stage. 72 hour IV fluid protocol is warranted to correct azotemia. The prognosis is guarded. Bile acid profile is also indicated.

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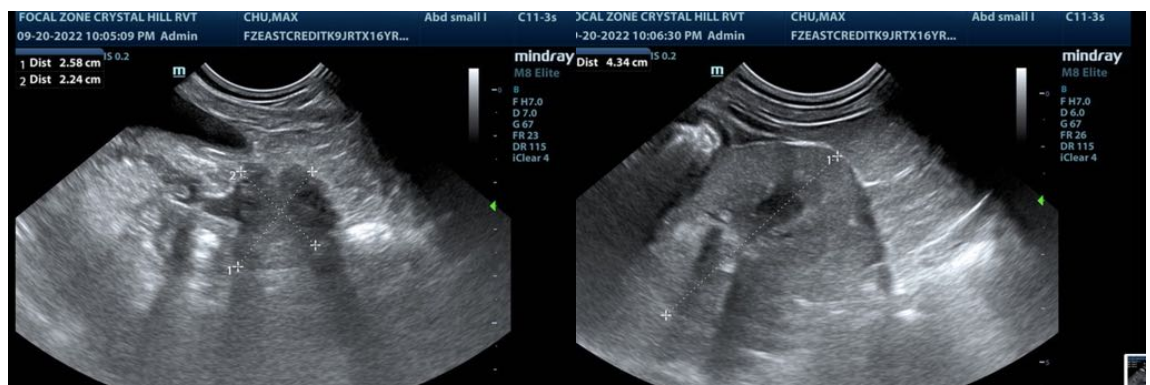
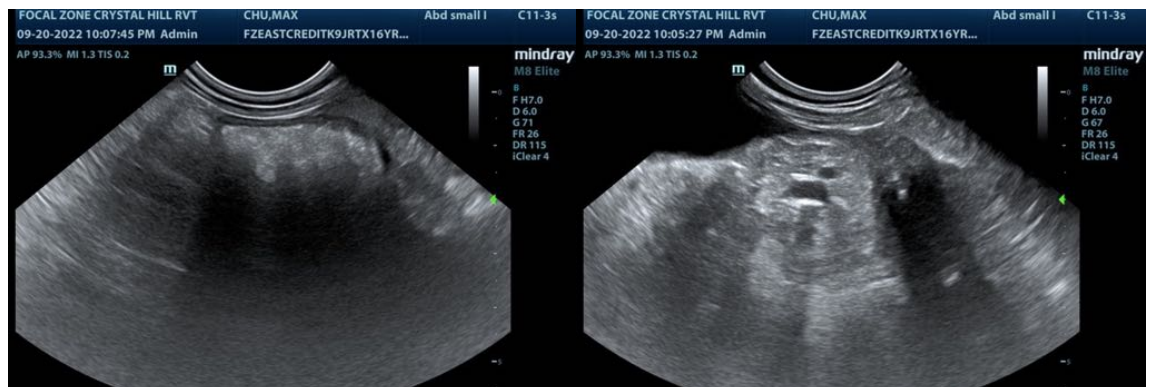
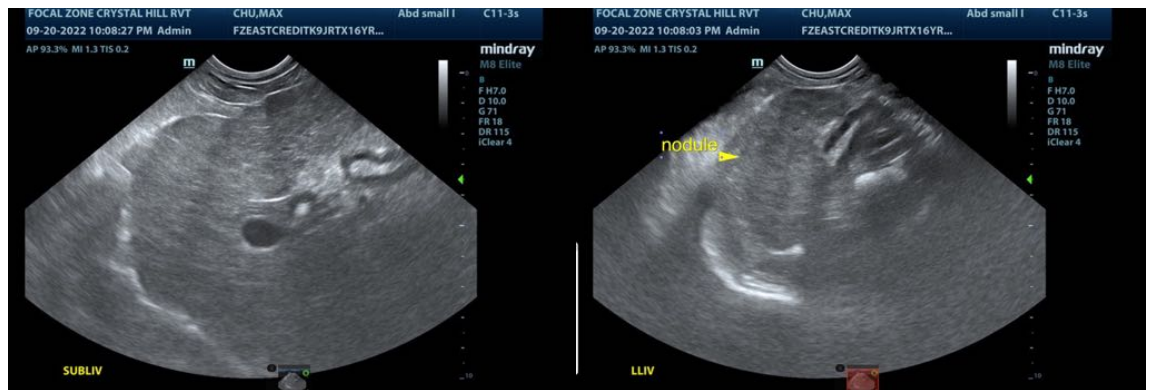
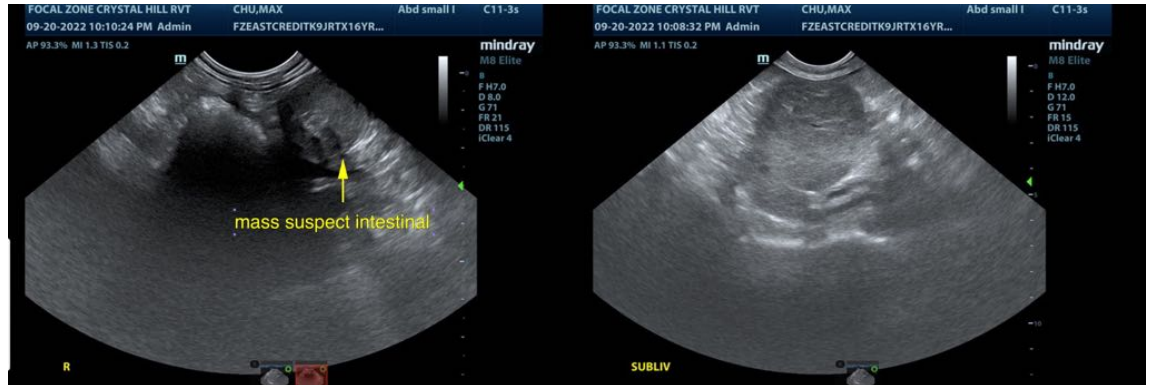
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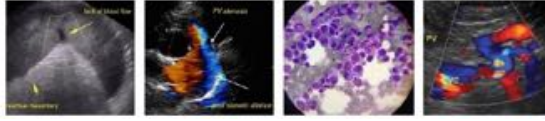
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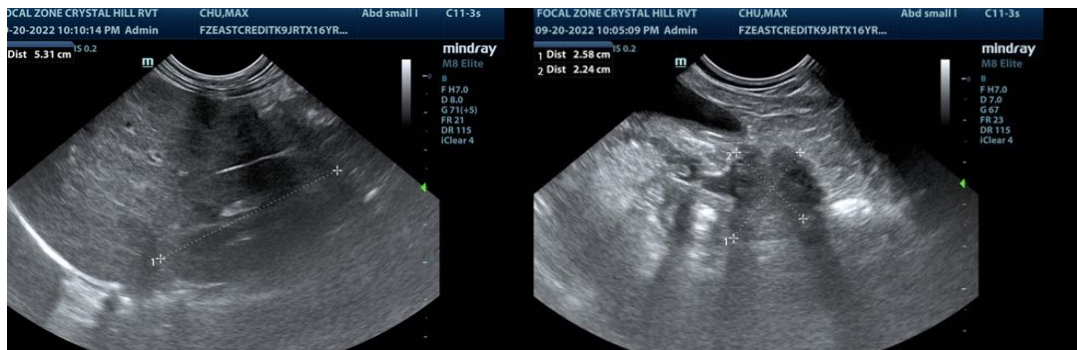
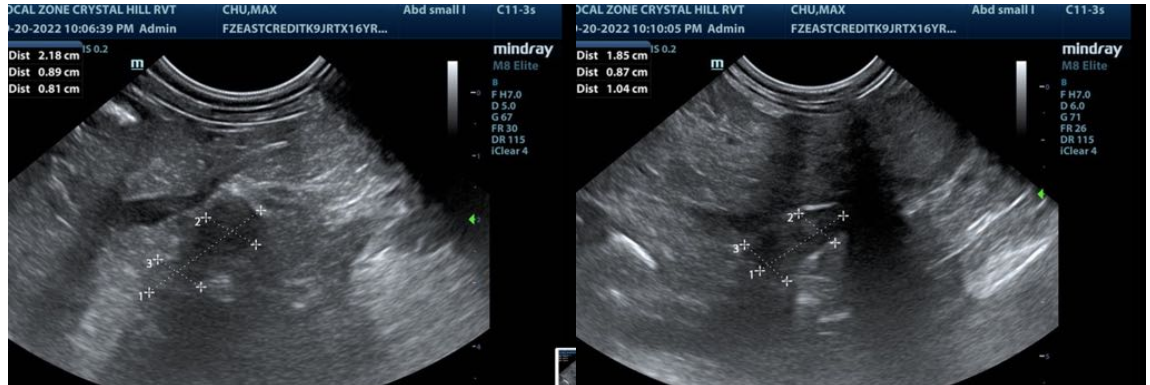
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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