

PATIENT PRESENTING CLINICAL SIGNS

Bill Peterson
History: decreased appetite, wt loss, loose stool, pancreatic snal >700 (strong positive)
Abnormal PE/Chem/CBC/UA Results: HCT 62%, amylase 61

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

BREED

Mix

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.

SEX

Neutered male

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 right kidney measured 3.07 c.

AGE

10 years

WEIGHT

8.3 lbs

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. The left adrenal gland measured 1.67 x 0.59 cm at the caudal pole and 0.54 cm at the cranial pole. The right adrenal gland measured 1.15 x 0.68 cm at the cranial pole and 0.6 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

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.

HOSPITAL NAME

Basking Ridge AH

REFERRING VET

Dr. Rotella

Liver

The **liver** revealed a hypoechoic, irregular nodule in the base of the caudate process. 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.

INVOICE

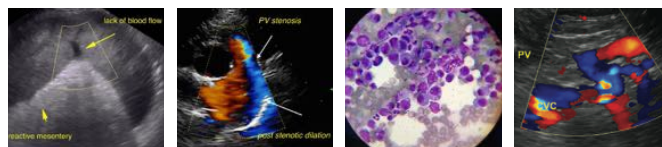
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DATE

3/10/23

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio.



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The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

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Mix

Pancreas

The **pancreas** was mildly heterogenous.

SEX

Neutered male

Free Abdomen

Reactive mesentery was noted associated with the small intestine.

AGE

10 years

ULTRASONOGRAPHIC FINDINGS

Minor, heterogenous pancreas, suggestive for low-grade pancreatitis.

WEIGHT

8.3 lbs

Undefined hepatic nodule. Round cell neoplasia, abscessation and granulomatous change is all possible. Enteritis pattern.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the pancreas are very minor. I am more concerned sonographically for the liver nodule. Ultrasound-guided FNA, cytology and culture would be indicated. Empirical therapy and monitoring is recommended over the next 3-4 weeks is recommended to assess for any progressive disease. Fecal exam, 24-hour n.p.o., IV fluid support and treatment for enterotoxins are all indicated. Hydrolyzed diet may be in this patient's best interest given the intestinal thickening. Underlying inflammatory bowel is likely.

IMAGING PERFORMED BY

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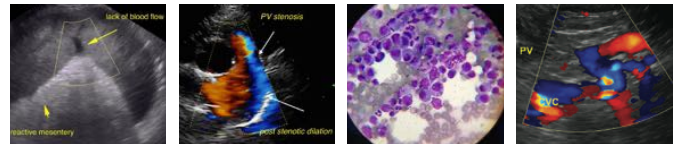
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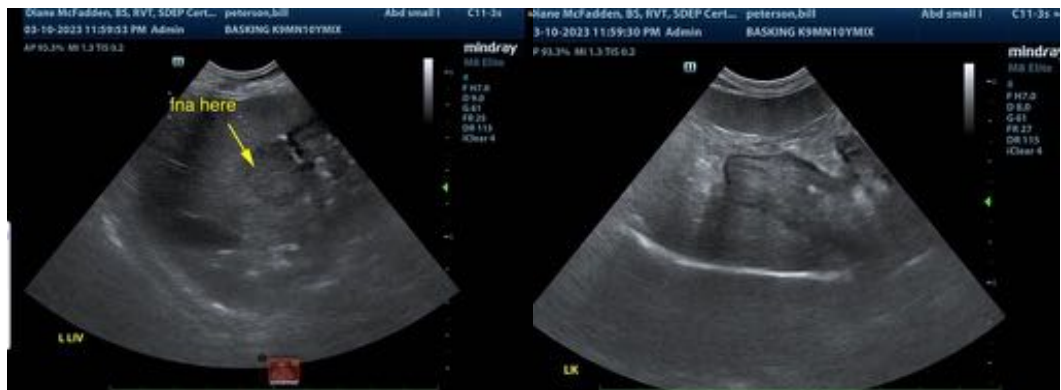
Dr. Rotella

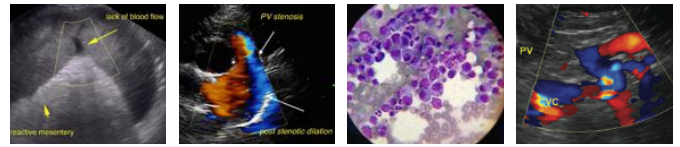
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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