



PATIENT

Carmine Costlow

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered male

AGE

15 years

WEIGHT

9 months

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Wyman-Greenwald

INVOICE

32899

DATE

9/14/22

PRESENTING CLINICAL SIGNS

History: Reduced appetite, fever, weak. Hx of splenectomy 5/2022-benign. Previous u/s, histopath, current rads and rad report attached. Current meds: Cerenia, Convenia, Baytril
Abnormal PE/Chem/CBC/UA Results: CPL abnormal, Glob 3.8, ALT 189, ALP 701, WBC 26.5, Neut 24.78, (4dx-neg)

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 residual prostate measured 0.9 cm.

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. Slight pyelectasia was noted. Occasional cortical cyst was noted, yet not pathological. The right kidney measured 4.1 cm. The left kidney measured 4.54 cm.

Adrenal Glands

The right **adrenal gland** was slightly enlarged and measured 2.83 x 1.58 cm at the cranial pole and 0.88 cm at the caudal pole. The left adrenal gland was normal in size and contour measuring 1.68 x 0.51 cm at the cranial pole and 0.69 cm at the caudal pole.

Spleen

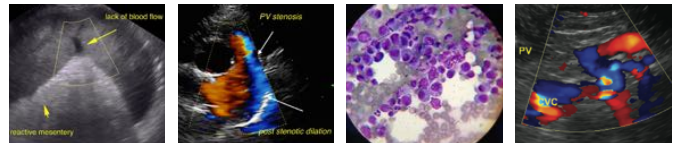
The **spleen** was not visualized as it was previously removed. The region of the splenic fossa was unremarkable with no return of prior pathology.

Liver

The **liver** revealed more progressed remodeling and occasional cyst. Increased portal markings were noted. This is consistent with vacuolar hepatopathy and remodeling. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** revealed a focal, hypoechoic nodule that measured 1.6 cm and was deriving from the cranial aspect of the pyloric antrum. This appears to be mucosal derived. Mild hyperperistalsis was noted in the GI tract. There was no evidence of foreign bodies. The colon presented a minor amount of fluid filled lumen.



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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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Heart

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Rapid view of the heart revealed no evidence of pathology. However, comet tail lung pattern was noted. This is consistent with the bronchoalveolar pattern on radiographs.

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Neutered male

ULTRASONOGRAPHIC FINDINGS

Subjectively progressed benign hepatopathy.

AGE

15 years

Mucosal polyp or nodule. Low-grade epithelial tumor, emerging carcinoma are possible.

Gastroenteritis pattern.

WEIGHT

9 months

Age related pancreatic changes. No evidence obvious evidence of pancreatitis, yet low-grade inflammation cannot be completely ruled out.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile would be warranted. Supportive care for gastroenteritis is indicated. Endoscopy can be considered to obtain mucosal biopsies. Bronchoalveolar disease, gastroenteritis are likely the primary two issues regarding this patient's supportive GI care followed by endoscopy to obtain biopsies of the mucosal polyp is recommended.

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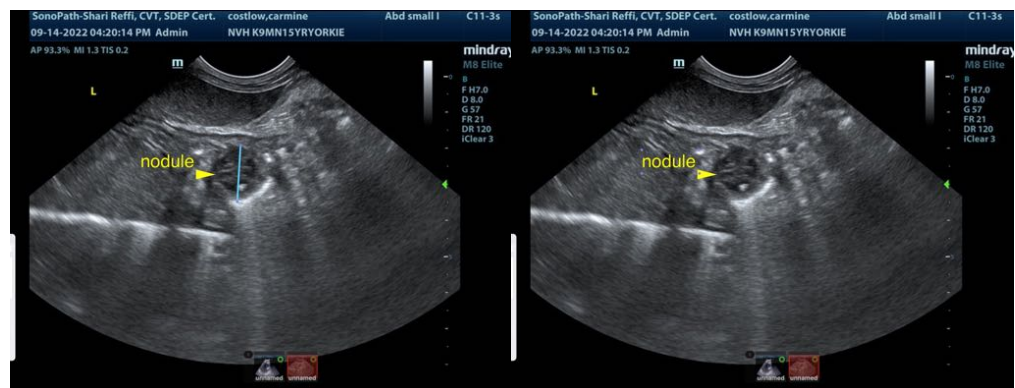
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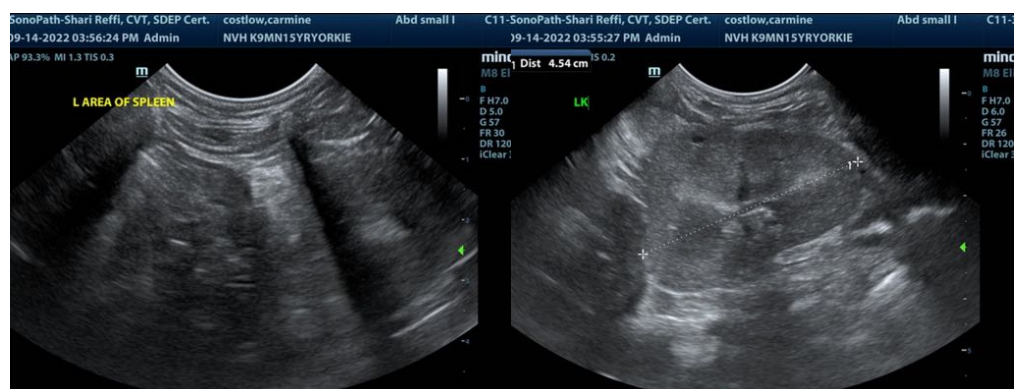
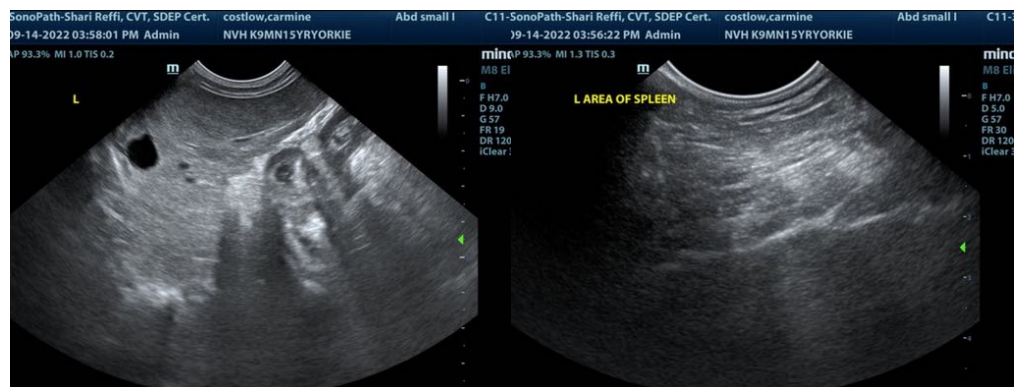
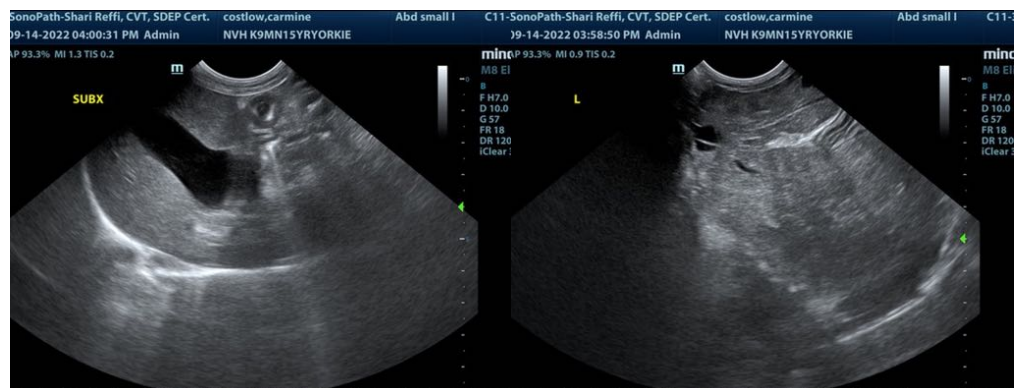
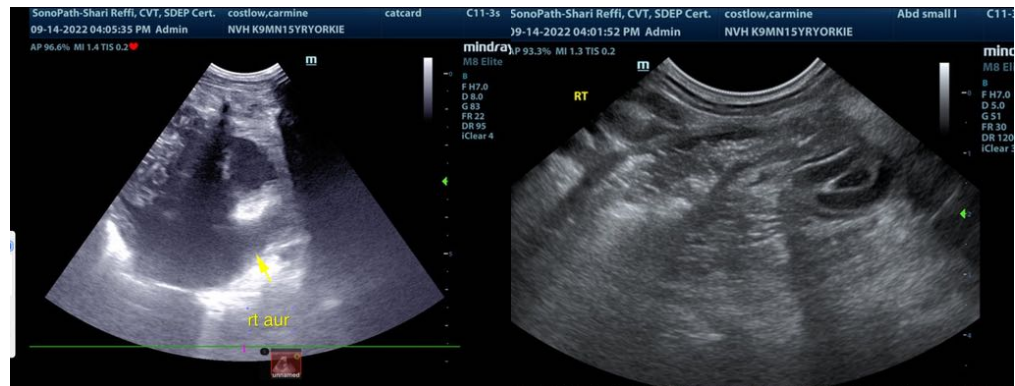
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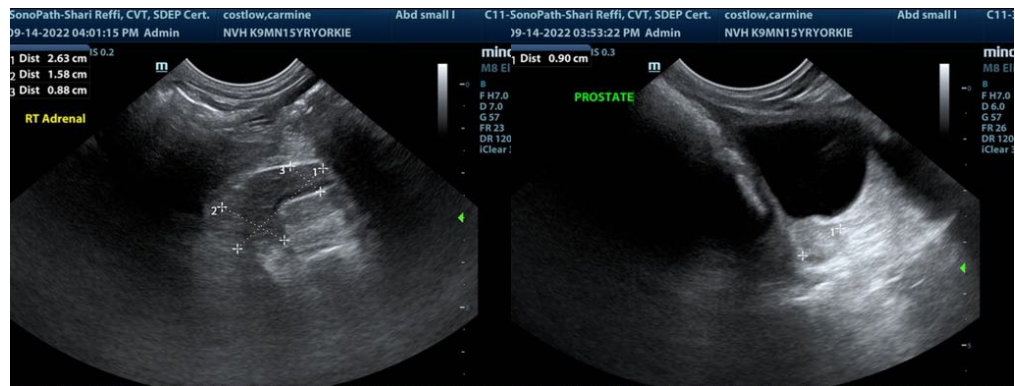
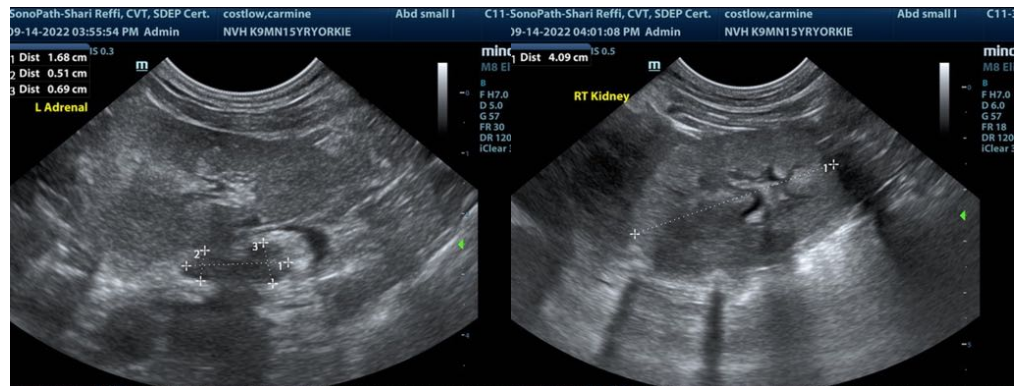
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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