



PATIENT

Pudley Henning

SPECIES

Canine

BREED

Scottish Terrier

SEX

Neutered Male

AGE

10 Years

WEIGHT

29.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hadley Harris

HOSPITAL NAME

TotalBond VH

REFERRING VET

Dr. Hadley Harris

INVOICE

18164

DATE

11/21/22

PRESENTING CLINICAL SIGNS

History: 10yo MN Scottish Terrie that presented to local UrgentVet on 11/13 for inappetence, vomiting, and lethargy. Bloodwork performed there revealed mild leukocytosis, mild elevation in ALP (728), elevated globulins (3.9) suspected to be due to significant dental disease, and an abnormal snap cPLI. Diagnised with suspect pancreatitis and treated with SQ Fluids, SQ Cerenia, SQ Famotidine , and SQ Buprenorphine . Patient sent home with cerenia and gabapentin. Pt presented to our clinic on Monday for a follow-up as he was still not eating well. He was hospitalized and started on IV fluids, ampicillin, metronidazole for 2 days. He was feeling better and eating, so he was sent home on 11/15 with oral metronidazole, oral enrofloxacin, mirtazapine, and continuing oral cerenia at home. Over the course of the week and weekend, he slowly started not feeling well again and stopped eating. Returned today for further work-up and continued hospitalization. Bloodwork revealed mildly elevated ALT (270) and elevated ALP (>993). Pt has history of mitral valve disease and is currently on pimobendan

Abnormal PE/Chem/CBC/UA Results: see attached

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 were noted. Ureteral papillae were normal.

The **residual prostate** was fairly uniform, measuring 1.6 cm, likely late neuter and not overtly pathological.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. Mineralization was noted in the kidneys. The right kidney measured 6.5 cm. The left kidney measured 6.4 cm.

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 right adrenal gland measured 0.6 cm at maximum width.

Spleen

The **spleen** was mildly enlarged with subtle micronodular changes. If any weight loss is an issue, then FNA is indicated. I'm sure this is a reactive state.

Liver

The **liver** revealed increased portal markings. Lobar biliary mineralization was noted consistent with remodeling and a history of cholangitis. The gallbladder was overdistended with a large amount of



PATIENT

Pudley Henning

dependent and suspended debris consistent with emerging mucocele. The gallbladder measured approximately 5.0 cm x 3.0 cm in long axis. The content was largely immobile.

Gastrointestinal

SPECIES

Canine

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.

BREED

Scottish Terrier

Pancreas

Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxyphoid palpation reveals pain response. No overt masses were noted.

SEX

Neutered Male

AGE

10 Years

WEIGHT

29.2 Pounds

ULTRASONOGRAPHIC FINDINGS

- Immature gallbladder mucocele
- Mild chronic cholangitis with biliary mineralization
- Enlarged spleen with subtle micronodular changes
- Age-related renal changes with mineralization
- Fairly uniform residual prostate
- Pancreatic fibrosis

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend gallbladder motility study in this patient. Ursodiol therapy over a 6-8 week period and recheck the gallbladder recommended. FNA of the liver is warranted for further definition. It is likely that the gallbladder is contributing to the clinical signs yet full mucocele criteria is not present at the time of the sonogram.

IMAGING

PERFORMED BY

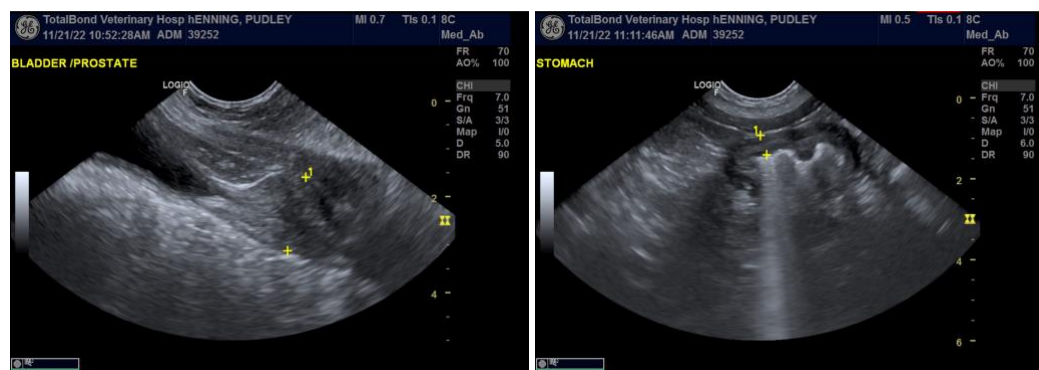
Dr. Hadley Harris

HOSPITAL NAME

TotalBond VH

REFERRING VET

Dr. Hadley Harris



INVOICE

18164

DATE

11/21/22



PATIENT

Pudley Henning

SPECIES

Canine

BREED

Scottish Terrier

SEX

Neutered Male

AGE

10 Years

WEIGHT

29.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hadley Harris

HOSPITAL NAME

TotalBond VH

REFERRING VET

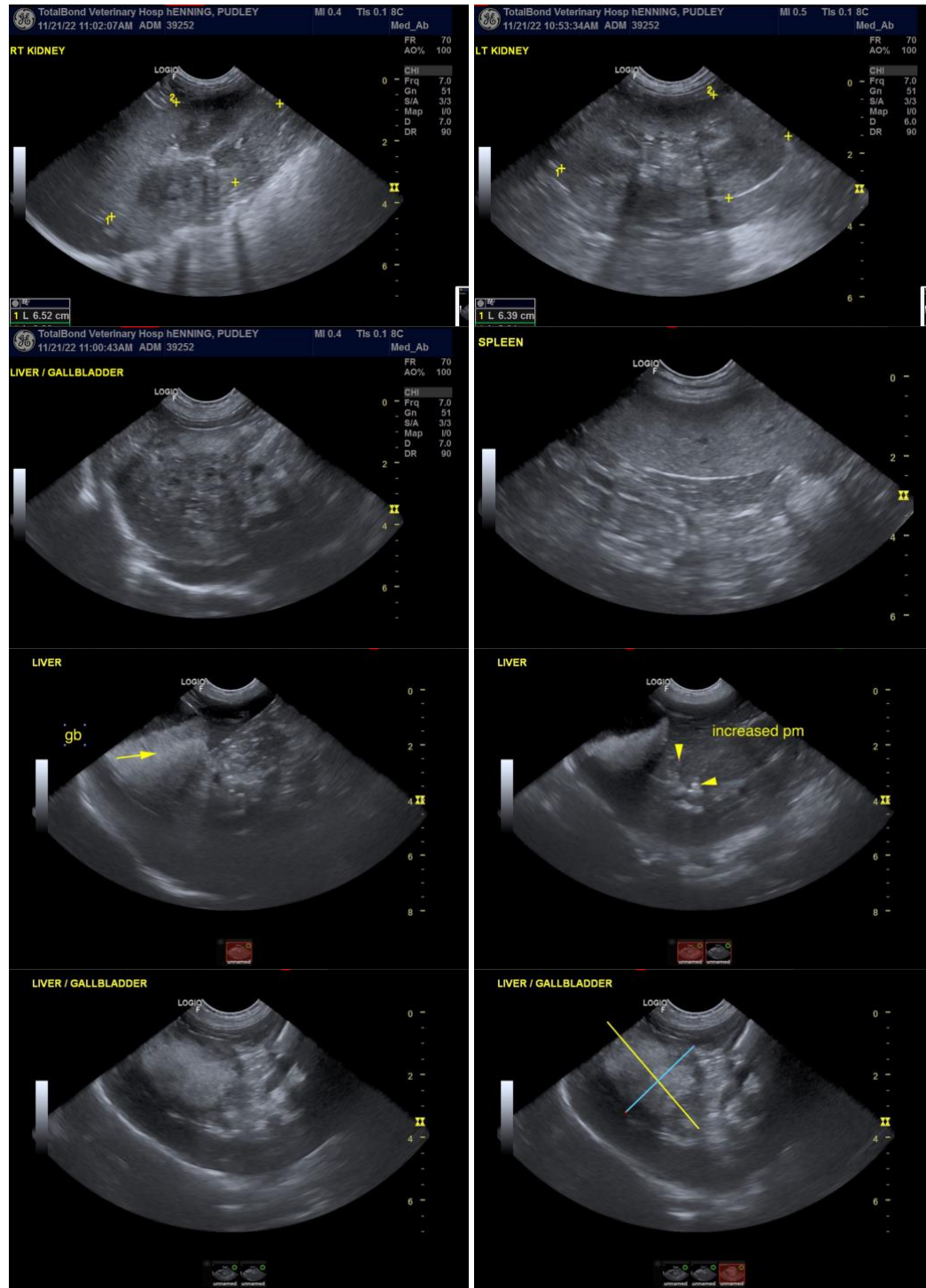
Dr. Hadley Harris

INVOICE

18164

DATE

11/21/22





PATIENT

Pudley Henning

SPECIES

Canine

BREED

Scottish Terrier

SEX

Neutered Male

AGE

10 Years

WEIGHT

29.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hadley Harris

HOSPITAL NAME

TotalBond VH

REFERRING VET

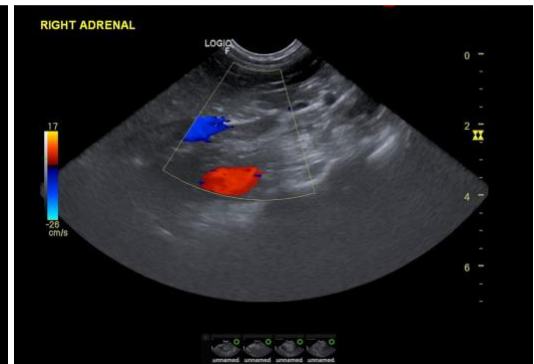
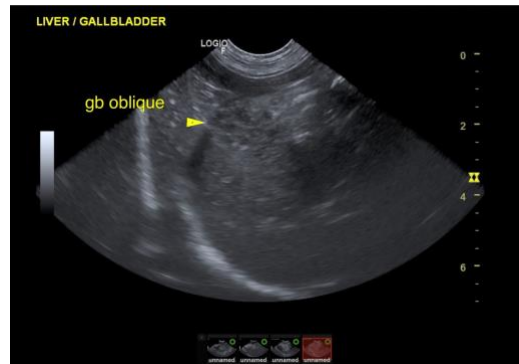
Dr. Hadley Harris

INVOICE

18164

DATE

11/21/22



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
info@SonoPath.com