

PATIENT

Ruby Reigel

SPECIES

Canine

BREED

Havanese

SEX

Neutered Male

AGE

14 Years

WEIGHT

19.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

HOSPITAL NAME

Edgewood AC

REFERRING VET

Dr. Kimball

INVOICE NUMBER

17962

DATE

11/4/22

PRESENTING CLINICAL SIGNS

History: Intermittent anorexia and vomiting. Dog vomited up 3cm by 2 cm flat bark chip yesterday. He has had unusual reactions to thyroxine and hydrocodone in the past 2 months. He would stop eating when the drugs were first started. Slightly enlarged mandibular and prescapular lymph nodes

Abnormal PE/Chem/CBC/UA Results: Low T4 and TSG Current Medications Hydrocodone 1.25mg PO q24h PRN. Thyro tabs 0.05mg PO q12h Radiographic Findings Abnormal soft tissue density of stomach and possibly enlarged spleen.

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 **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are moderate and most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 5.81 cm. The right kidney measured 5.43 cm. Blood flow to the kidneys appeared to be adequate on power doppler assessment.

Adrenal Glands

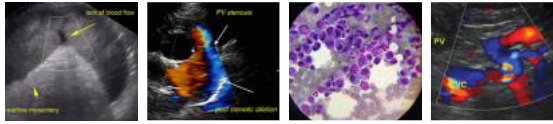
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 1.87 cm x 1.19 cm at the cranial pole and 0.51 cm at the caudal pole. The left adrenal gland measured 2.04 cm x 0.54 cm at the caudal pole and 0.48 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 were 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. 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. There was no overt suspicion of neoplasia. This is a mild change.



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Gastrointestinal

The upper gastrointestinal tract was empty but mildly hyperperistaltic. The colon was dilated and fluid filled.

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Pancreas

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.

BREED

Havanese

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Benign hepatopathy
- Moderate degenerative renal changes
- Colitis pattern, fluid filled colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

14 Years

No evidence of GI obstruction. 24-hour NPO, fecal test and treatment for enterotoxins are all indicated.

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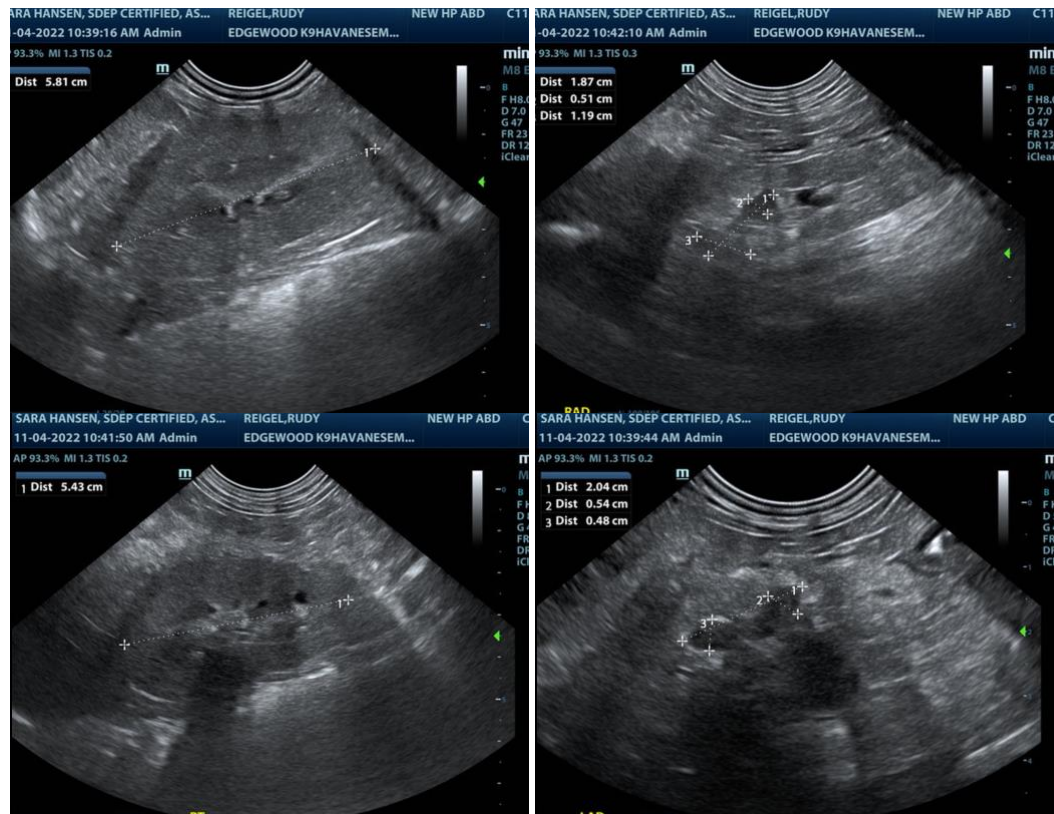
Dr. Kimball

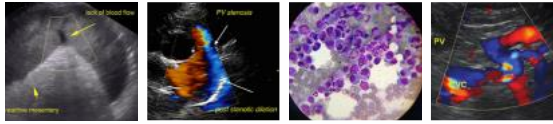
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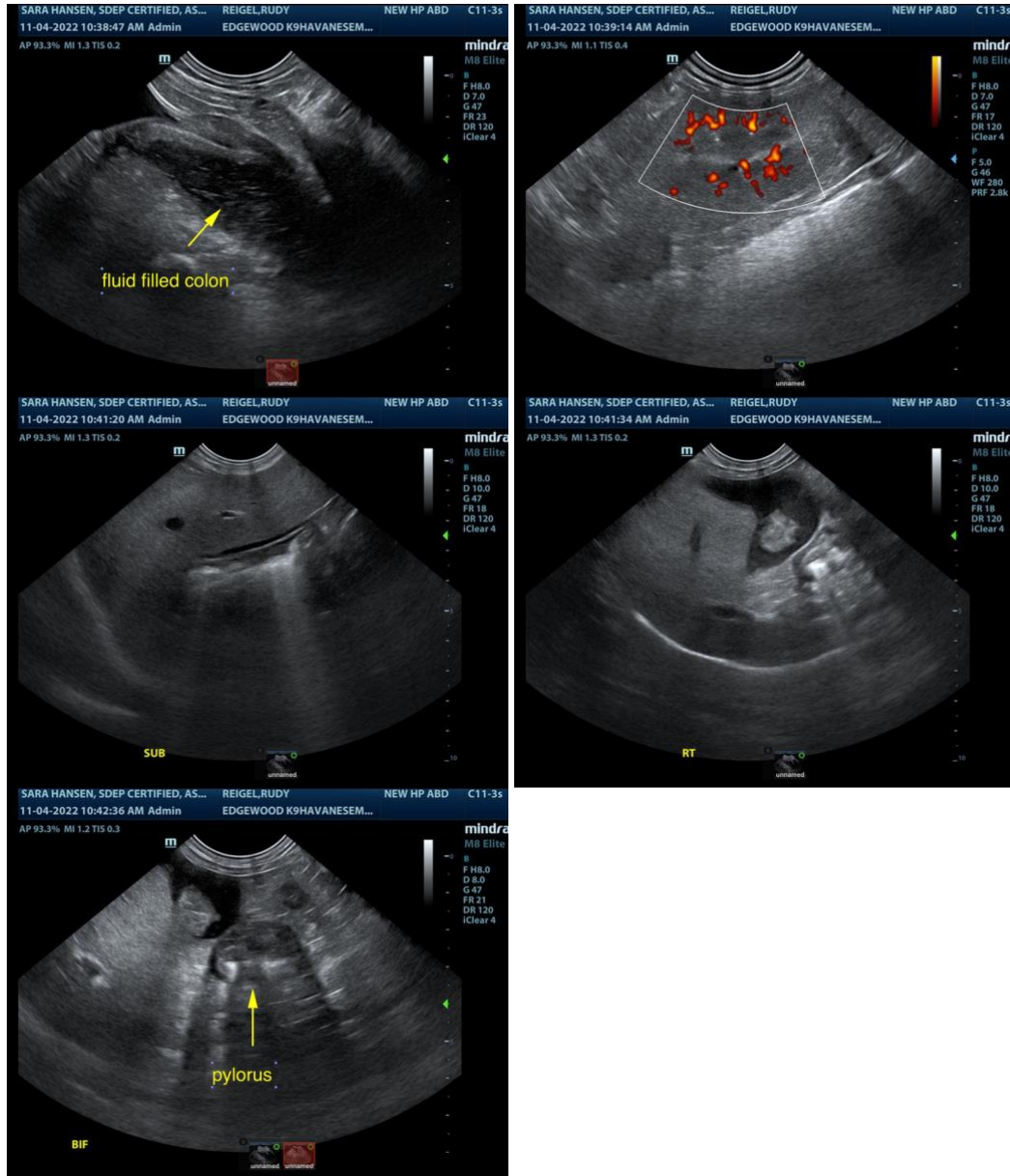
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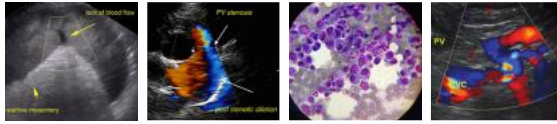
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



PATIENT Eric.Lindquist@SonoPath.com

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