



PATIENT

Hickory Reese

PRESENTING CLINICAL SIGNS

History: 2 day history of non-specific signs of discomfort. P shaking at home, possible discomfort with abdominal palpation. Shows interest in food, but seems to exhibit discomfort after eating a few bites. No vomiting or diarrhea. Recent labwork performed WNL. History of IVDD with persistent hind end weakness since last episode 1.5 years ago.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Recent labwork unremarkable Chest radiographs and spinal radiographs WNL - Idexx interpretation pending Dental cleaning and radiography performed at time of U/S was noted to be unremarkable (P has frequent dental cleanings)

BREED

Jack Russell Terrier

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered male

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mildly distended with a moderate volume of anechoic urine and bladder thickness is considered normal for volume of urine.

AGE

13 years

The prostate measures appropriate for the 0.72 (neutered) status of the dog. The parenchyma appears homogenous.

WEIGHT

13 lbs

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 4.48 cm. There is decreased corticomedullary distinction and hyperechoic speckling which is consistent with nephrocalcinosis. There is no evidence of pyelectasia, infarcts or hydroureter.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 4.65 cm. There is decreased corticomedullary distinction and hyperechoic speckling which is consistent with nephrocalcinosis. There is no evidence of pyelectasia, infarcts or hydroureter.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The left adrenal gland is normal in size (cranial pole 0.42, caudal pole 0.49). The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

IMAGING PERFORMED BY

Jessica Miller, RDMS

The right adrenal gland is normal in size (0.58 cm caudal pole, 1.1 cm cranial pole). The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

HOSPITAL NAME

Dr. Reese

Spleen

The spleen has hyperechoic areas that are consistent with myelolipomas. There is one area in the body of the spleen towards the head that has a nodular like appearance; however, the borders are indistinct. The echotexture is mottled with mostly hyperechoic areas. This is considered to be an emerging myelolipoma.

REFERRING VET

Willow Run VC

INVOICE

Dr. Reese

Liver

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

DATE

2/24/23



PATIENT	The gallbladder lumen is significantly distended with a bile. There is a large amount of echogenic, semi-adherent debris in the gallbladder. The cystic and common bile ducts are normal/not visible.
Hickory Reese	
SPECIES	<i>Gastrointestinal Tract</i>
Canine	The gastric lumen is significantly distended with ingesta and fluid. The ingesta toward the antrum ant pylorus shadows strongly. The stomach wall is of normal wall thickness measuring 0.35 cm with some variability due to rugal folds. The stomach is hypomotile with the ingesta stagnating. In certain loops the muscularis layer of the stomach is subjectively thick being equal in thickness to the mucosa. The overall layering is preserved and overall thickness is normal. Along the lesser curvature of the stomach towards the antrum there is a hypoechoic gastric mass that measures approximately 1.0 cm in width x 1.8 cm in length. The mass is submucosal, well-defined and appears to be arising from the muscularis.
BREED	
Jack Russell Terrier	
SEX	The visualized areas of duodenum, jejunum and ileum appear mildly thick. The duodenum measures up to 0.56 cm (normal is up to 0.51 cm) with distinct wall layering. The remainder of the small intestine also measures thick with certain loops of jejunum measuring 0.45 cm (normal is up to 0.41 cm) with normal wall layering. The lumen of the small intestine was variably empty with some loops containing ingesta. There was no evidence of obstruction or foreign material.
Neutered male	
AGE	(For Cats: The ileocolic junction was visualized and had normal intact wall layering and is subjectively or normal thickness)
13 years	
WEIGHT	The section of colon are visualized with formed fecal material and gas shadowing distally.
13 lbs	
INTERPRETED BY	<i>Pancreas</i>
Eric Lindquist, DMV DABVP, Cert. IVUSS	The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.
IMAGING PERFORMED BY	<i>Peritoneum</i>
Jessica Miller, RDMS	Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
Dr. Reese	<i>Primary Findings</i>
REFERRING VET	<ul style="list-style-type: none"> • Gastric mass, rule out leiomyoma versus leiomyosarcoma. • Gastroenteritis with gastric hypomotility.
Willow Run VC	<i>Secondary Findings</i>
INVOICE	<ul style="list-style-type: none"> • Gallbladder sludge. • Splenic myelolipomas. • Degenerative renal changes.
Dr. Reese	
DATE	
2/24/23	



PATIENT

Hickory Reese

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Neutered male

AGE

13 years

WEIGHT

13 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Dr. Reese

REFERRING VET

Willow Run VC

INVOICE

Dr. Reese

DATE

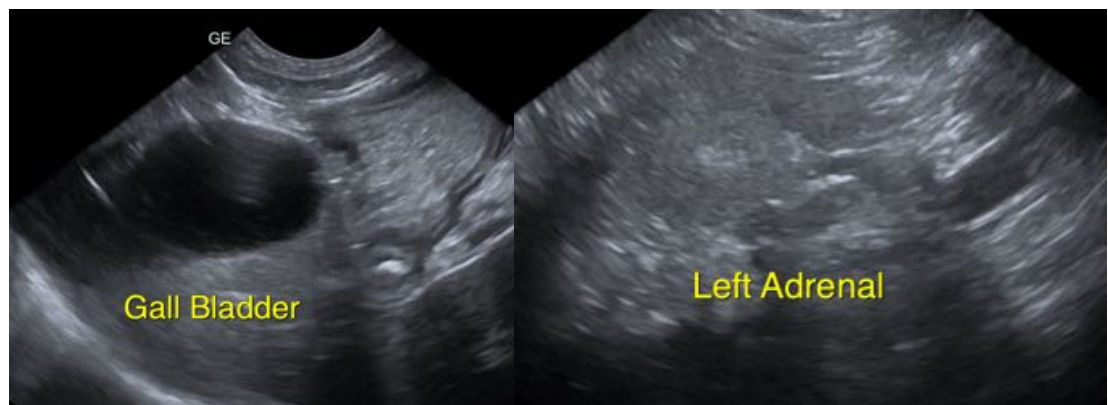
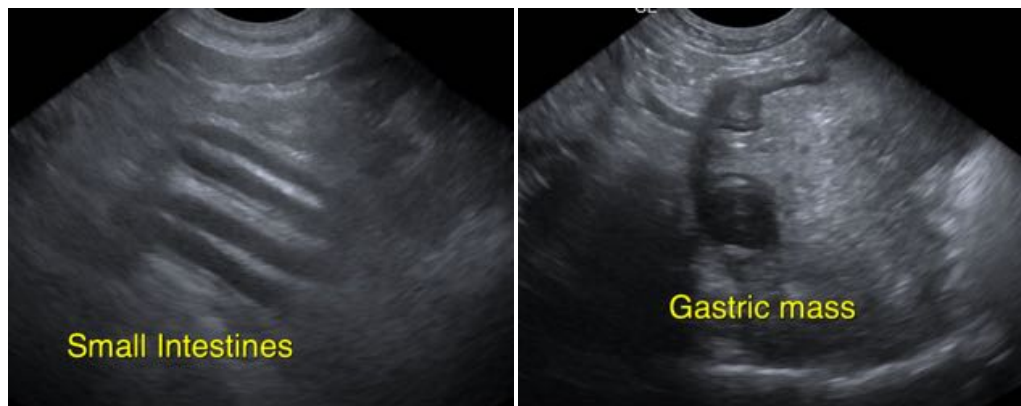
2/24/23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has evidence of gastroenteritis and despite a decreased appetite there is significant volume of ingesta within the stomach which is hypomotile. Consider treating the patient with anti-nausea medications, appetite stimulants and prokinetics. Although there is a gastric mass it is relatively small, submucosal and currently has a more benign appearance so it may be incidental and not directly related to the clinical signs. It is submucosal and therefore, endoscopy would not likely be of value to sample the lesion. The mass measures just about 1 inch from the surface of the skin, but that is with the stomach full of food. FNA may be considered if the patient had an empty stomach, but the mass is located at the cranial portion of the stomach that abuts the liver. Alternatively, repeat serial ultrasound is recommended in 4-6 months.

There is significant gallbladder sludge. If lab work supports a cholestatic hepatopathy (e.g. increased ALKP, total bilirubin) then biliary sampling should be considered for cytology and culture. Otherwise, Ursodiol can be considered long term if it is not contraindicated in this patient.

There is some degenerative renal changes that could be consistent with aging: routine monitoring of renal values and urinalysis is recommended.





PATIENT

Hickory Reese

SPECIES

Canine

BREED

Jack Russell Terrier



SEX

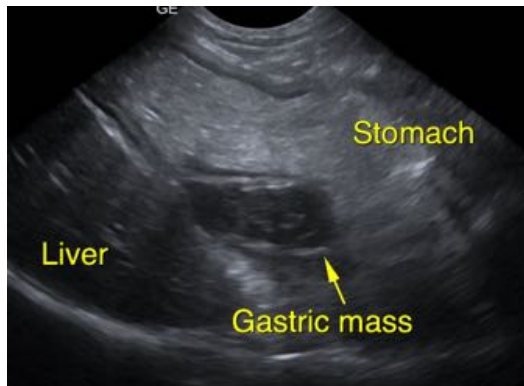
Neutered male

AGE

13 years

WEIGHT

13 lbs



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Dr. Reese

REFERRING VET

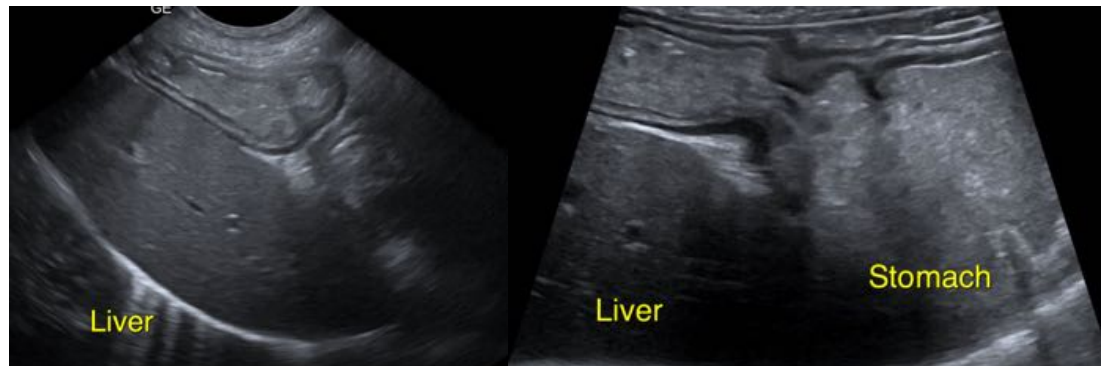
Willow Run VC

INVOICE

Dr. Reese

DATE

2/24/23



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