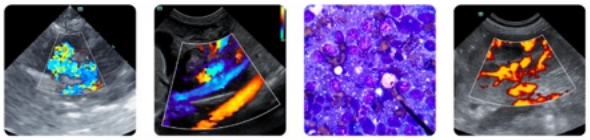




**PATIENT**

Skippy Huverling

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

10 kg

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Meghan Myers

**HOSPITAL NAME**

Hershey Animal Emergency Center

**REFERRING VET**

Dr. Gastelu

**INVOICE**

69769

**DATE**

1/1/26

## PRESENTING CLINICAL SIGNS

History: 1-week history of progressive vomiting, mostly undigested food. Lethargy. Polyuria. Similar presentation about a year ago associated with acute liver enzyme elevation requiring hospitalization; enzymes later normalized. Oral Cavity: mms pigmented/tacky. Pale tongue.
Abnormal PE/Chem/CBC/UA Results: CBC: WNLs. Chem: Glob = 4.7, ALT = 6593 , ALKP = 308, GGT = 13, Chol = 435. EPOC: WNLs. Rads: mostly unremarkable. Possible thin, filamentous FB in R cranial abdomen. AFAST: no GB halo seen. No effusion. Lepto Witness: 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. Small calculus was noted in the bladder and measured 0.2 cm. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.9 cm and the right kidney measured 4.8 cm.

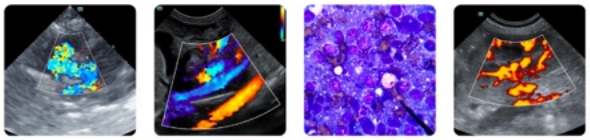
The residual prostate measured 0.5 cm.

### *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 left adrenal gland measured 0.7 cm. The right adrenal gland measured 0.9 cm at the cranial pole and 0.7 cm at the caudal pole.

### *Spleen*

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.





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### *Liver*

The **liver** revealed coarse architecture with mildly increased portal markings. This is consistent with chronic inflammatory hepatopathy. The portal vein to vena cava ratio was 1:1. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

### *Gastrointestinal*

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

### *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.

## ULTRASONOGRAPHIC FINDINGS

Non-specific, chronic inflammatory hepatopathy.

Slight bladder calculus.

Geriatric abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis titers are warranted. Ultrasound-guided FNA of the liver is recommended to assess for inflammatory cell type and/or core liver biopsy. There was no evidence of foreign bodies. Leptospirosis should be considered a potential even though the snap test is negative.

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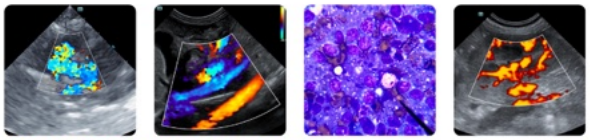

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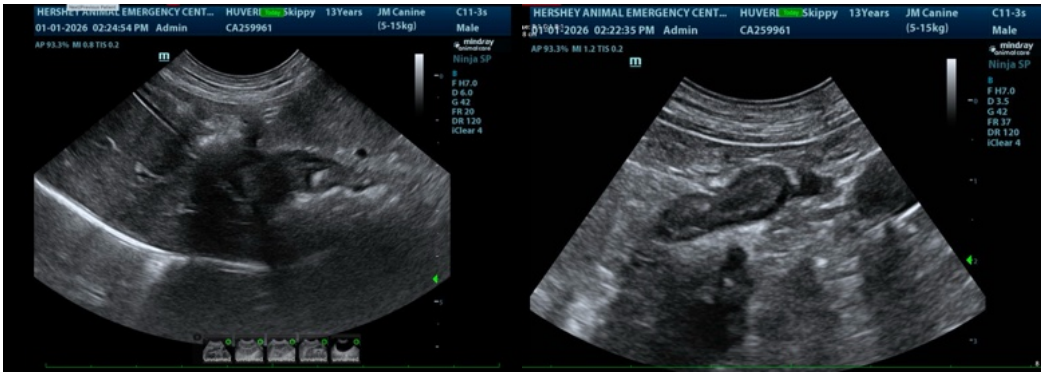


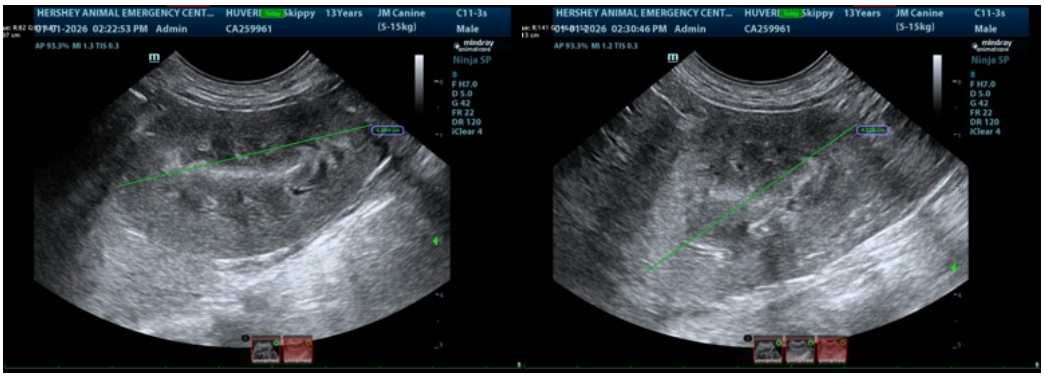


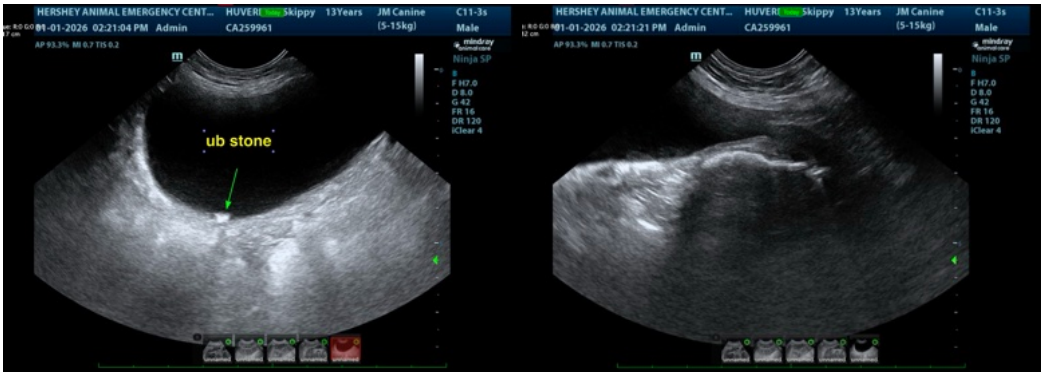


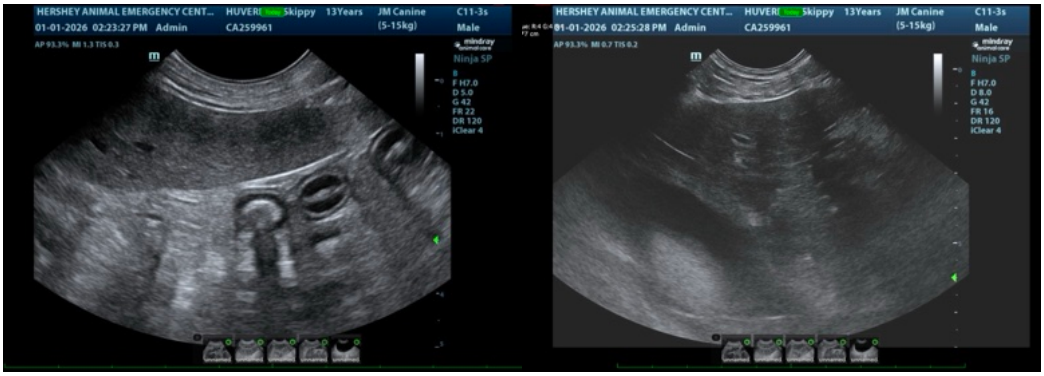

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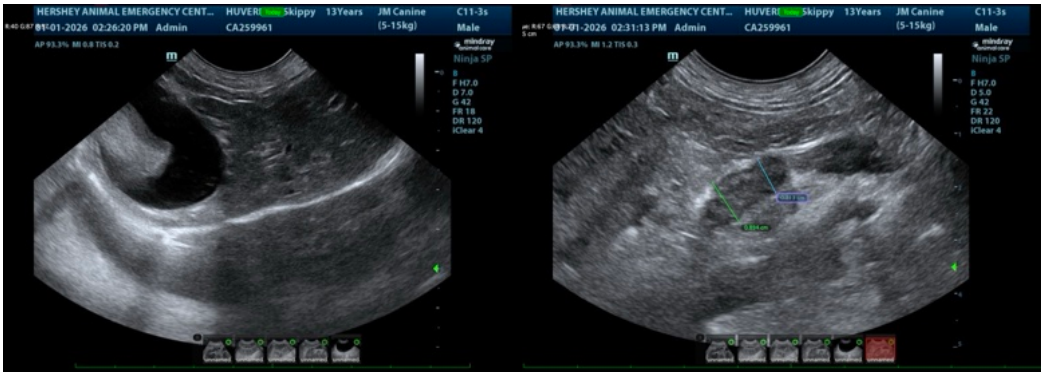



**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com