

**PATIENT**

Charlie Sysyn

**SPECIES**

Canine

**BREED**

Jack Russell

**SEX**

Neutered male

**AGE**

16 years

**WEIGHT**

15.1 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

JK

**HOSPITAL NAME**

Hamburg VC

**REFERRING VET**

Dr. Martens

**INVOICE**

42024

**DATE**

1/10/23

**PRESENTING CLINICAL SIGNS**

History: Elevated liver values  
Abnormal PE/Chem/CBC/UA Results: ALT 126, ALK PHOS 1328, GGTP 93. LDDS pending

**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. The bladder revealed small calculus that measured 0.2 cm and was non-obstructive. 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 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 left kidney measured 4.88 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 1.84 x 0.4 cm.

**Spleen**

The **spleen** was hypoechoic and measured 0.68 x 0.42 cm nodule at the mid caudal body.

**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. The liver revealed a hepatoma type mass that was deriving from the caudate process and measured approximately 4.0 cm with capsular expansion and minor deviation of the pyloric angle.

**Gastrointestinal**

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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**SPECIES**

***Pancreas***

Canine

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.

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**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Subjectively benign hepatopathy with hepatoma.

Neutered male

Splenic nodule.

Age related renal changes with mineralization.

**AGE**

16 years

Minor bladder calculus.

**WEIGHT**

15.1 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the spleen and liver is indicated for further definition; however, subjectively appears low grade or benign. The patient is likely passing calculi periodically from the kidney to the bladder.

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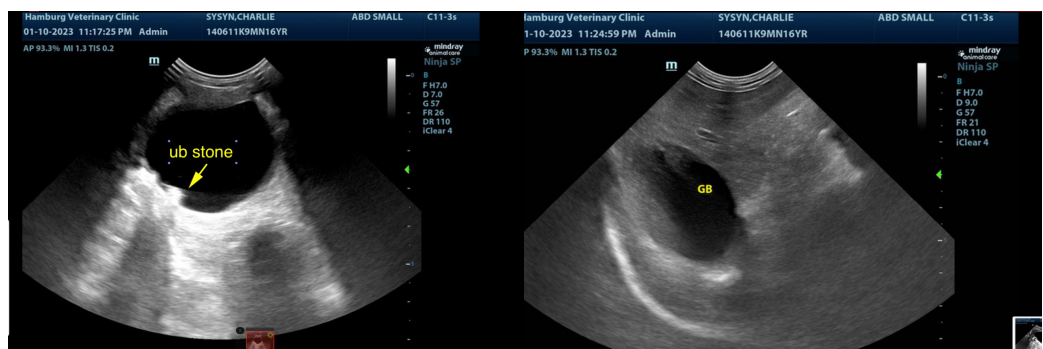
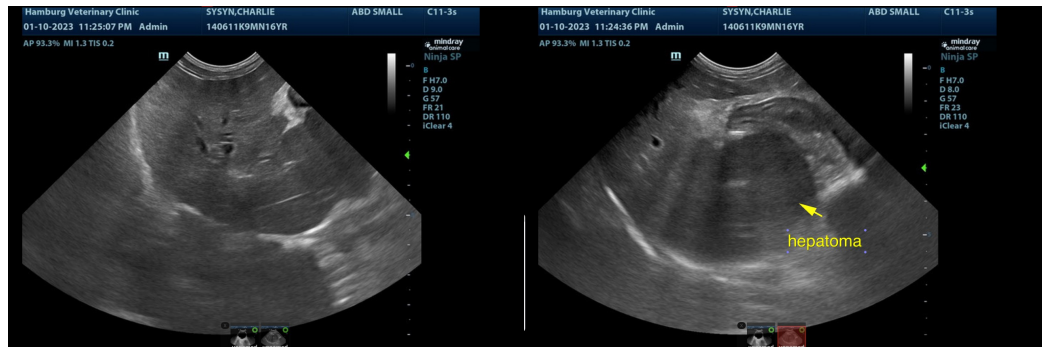
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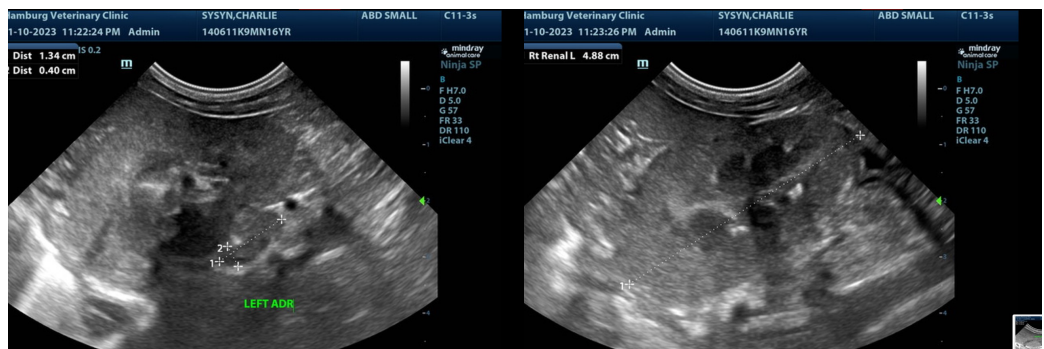
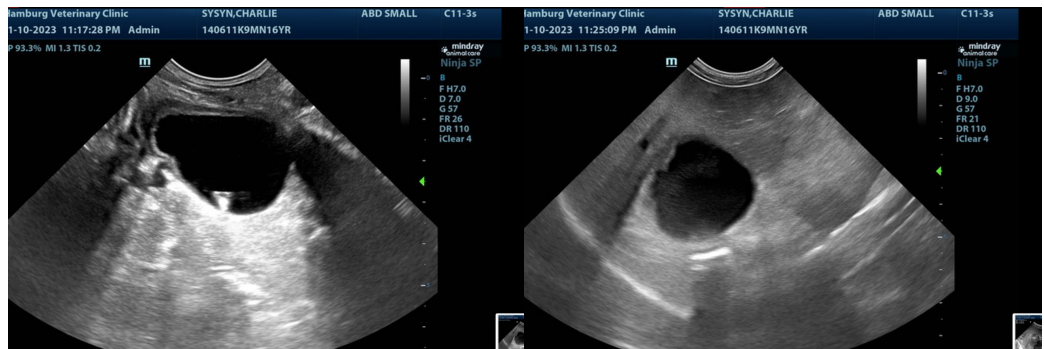
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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