



**PATIENT PRESENTING CLINICAL SIGNS**

**Tyler Gennaro** Decreased appetite, lethargic, normal thirst. Began after starting Tramadol for DJD, so possible related but BW revealed elevated liver and kidney values. Current meds: Galliprant-recently started/stopped Tramadol.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: ALT 231, ALKP 944, BUN 40, Crt 2.4

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

**Lab Mix** The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The bladder wall measured 1.22 cm. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

**SEX**

Neutered male

**AGE**

13 years

The residual prostate measured 0.5 cm.

**WEIGHT**

61.5 lbs

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 5.2 cm. The right kidney measured 5.66 cm. The kidneys appear approximately 50-60% compromised.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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 2.15 x 0.63 cm at the cranial pole and 0.62 cm at the caudal pole. The right adrenal gland measured 3.5 x 0.93 cm at the cranial pole and 0.89 cm at the caudal pole.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Midland Park VH

**Spleen**

The **spleen** revealed multi-focal, hyperechoic nodular changes with irregular contour. This is most consistent with lipogranulomatous; however, given the patient's history neoplasia is a potential. FNA is indicated.

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Dr. Shokoff

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**Liver**

The **liver** revealed multi-focal, hyperechoic nodular changes. The nodules were mildly disruptive. No pathological hepatic lymphadenopathy was evident with irregular swelling of the left cranial liver. The gallbladder was unremarkable.

**DATE**

1/17/22



**PATIENT** *Gastrointestinal*

Tyler Gennaro

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.

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

Neutered male

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**AGE**

13 years

**Heart**

Rapid view of the heart revealed no evidence of pathology.

**WEIGHT**

61.5 lbs

**ULTRASONOGRAPHIC FINDINGS**

Undefined hepatic nodular changes. Nodular hyperplasia and chronic inflammatory hepatopathy is suspected. Possible underlying neoplasia.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

Undefined splenic nodules, likely lipogranulomas. However, connective tissue tumor is possible.

Chronic cystitis bladder pattern.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Bile acid profile is warranted. I recommend full urinary work-up with cystocentesis, culture and sensitivity. Splenic and hepatic FNA are recommended for further definition. The splenic and hepatic changes may be completely benign. Underlying UTI may be playing a role in the patient's history. However, other causes of clinical signs such as orthopedic pain or CNS disease is possible. BUN and creatinine elevations may be elevated owing to potential UTI.

**HOSPITAL NAME**

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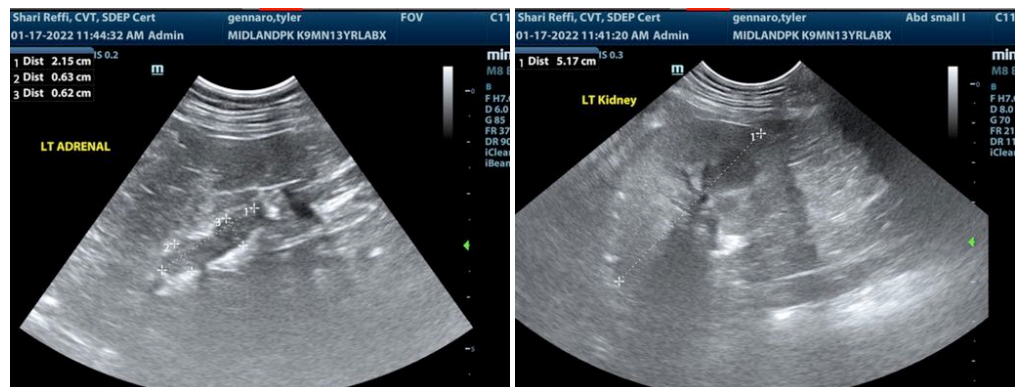
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**PATIENT**

Tyler Gennaro

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

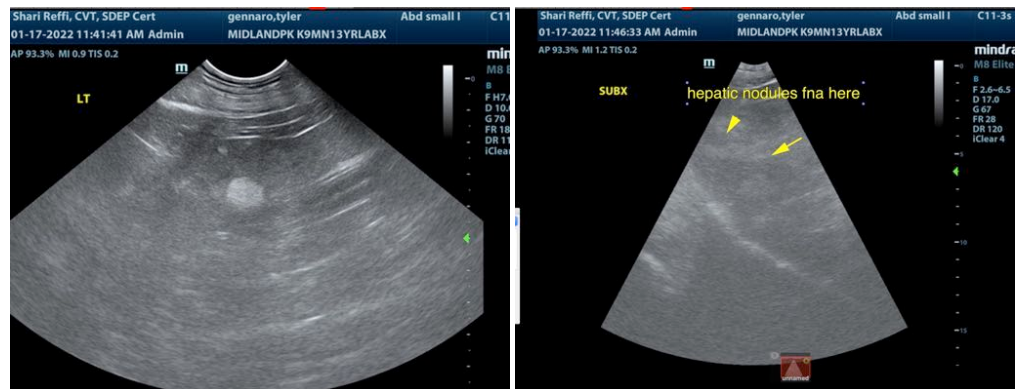
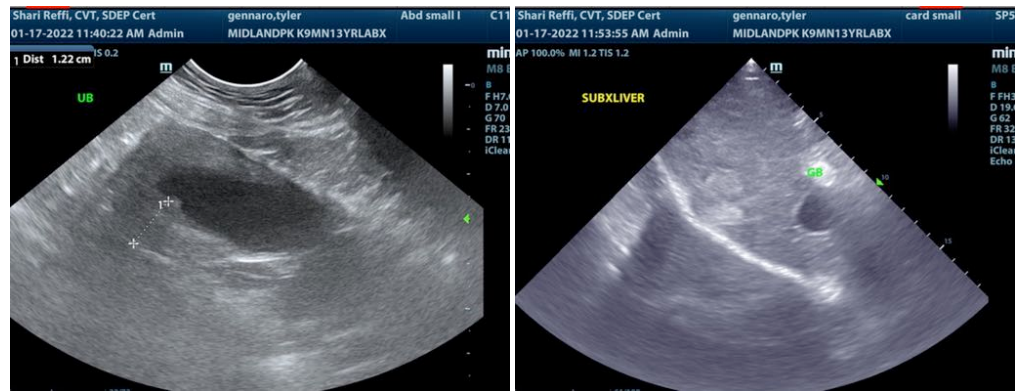
Neutered male

**AGE**

13 years

**WEIGHT**

61.5 lbs



**INTERPRETED BY**

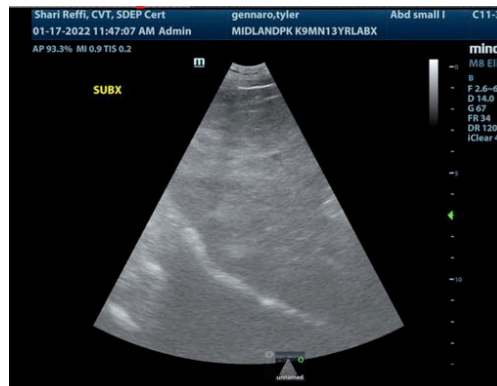
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Dr. Shokoff

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.

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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.

**DATE**

1/17/22

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