



PATIENT

Luna Egan

SPECIES

Canine

BREED

Great Pyrenees Mix

SEX

Spayed Female

AGE

10 years

WEIGHT

129 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Legacy AH

REFERRING VET

Dr. Potenzzone

INVOICE

95527

DATE

1/25/22

PRESENTING CLINICAL SIGNS

Patient presents for hepatopathy. On supplements: liver tonic and Denamarin advanced. Starting low dose Galliprant and Gabapentin for joints.
Abnormal PE/Chem/CBC/UA Results: ALP 700's (increased 200 pts in 1 month). USG: 1.037.

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 was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.73 cm. The right kidney measured 6.66 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 2.65 x 0.67 cm at the caudal pole and 0.65 cm at the cranial pole. The right adrenal gland measured 2.18 x 0.64 cm at the caudal pole and 0.96 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 was noted.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. The gallbladder and common bile duct were unremarkable with a minor amount of remodeling. The gallbladder was diffusely hyperechoic to the falciform fat.



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Gastrointestinal

Luna Egan

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.

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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.

SEX

Spayed Female

Free Abdomen

An excessive amount of abdominal fat was noted.

AGE

10 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

129 lbs

Benign hepatopathy, not clinically significant.

Otherwise, normal abdomen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Thyroid assessment is warranted if not already evaluated.

IMAGING PERFORMED BY

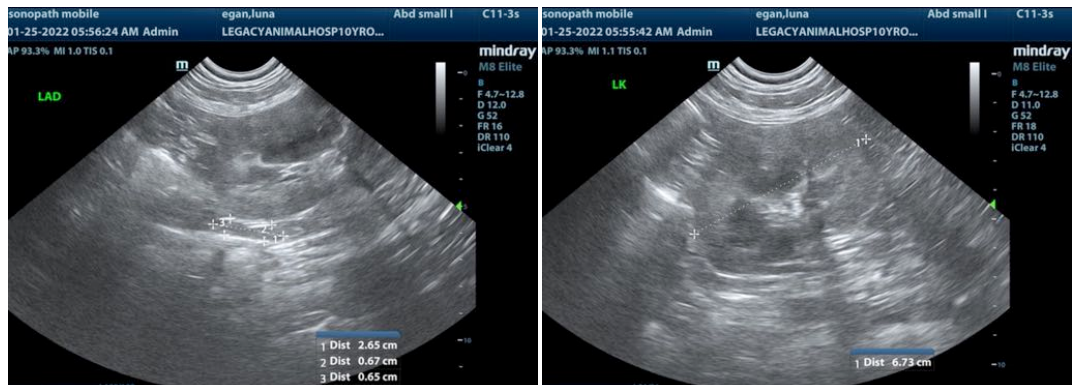
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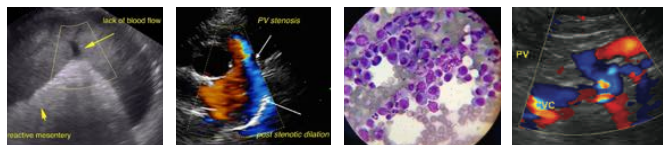


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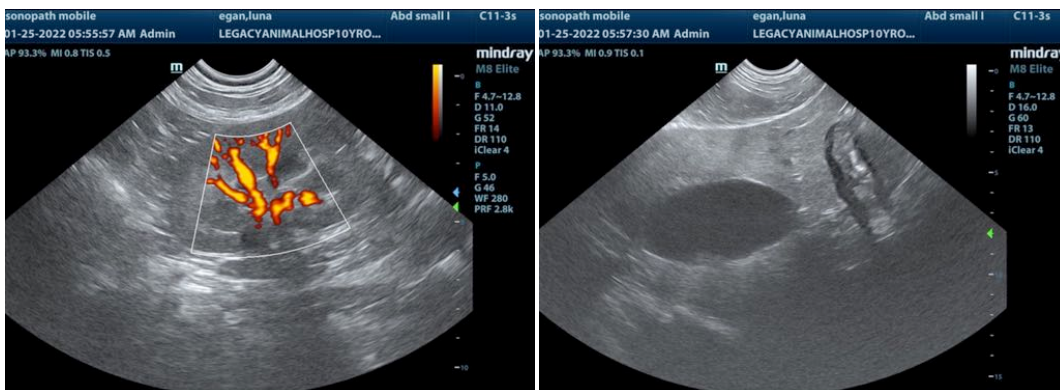
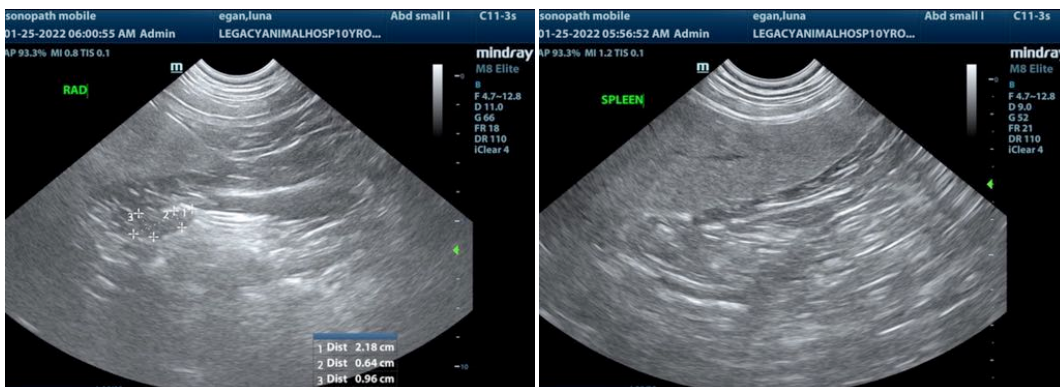
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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