



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Jesse James Fenwick	History: Jesse has a history of elevated alkaline phosphatase. An abdominal ultrasound was performed 3/6/2019 (previously submitted through this service and labeled with mild hepatic remodeling, otherwise unremarkable; invoice number 57373). He also at one time had an increased triglyceride level and was started on Hill's i/d low fat, which he is currently eating.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: History of elevated ALK Phos- currently about 1500U/L, Persistent proteinuria of 2+ to 3+, recent UPC 2.0
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Mix	<b>**The images presented excessive gain and poor resolution**</b>
<b>SEX</b>	<b>Urinary System</b>
Neutered male	The <b>urinary bladder</b> , 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.
<b>AGE</b>	The <b>kidneys</b> 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 6.9 cm. The right kidney measured 7.0 cm.
8 years	
<b>WEIGHT</b>	
80.2 lbs	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
Eric Lindquist, DMV DABVP, Cert. IVUSS	The <b>adrenal glands</b> were not visualized.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Dr. Jones	The <b>spleen</b> revealed subtle, micronodular changes.
<b>HOSPITAL NAME</b>	<b>Liver</b>
Schultzville AH	The <b>liver</b> revealed slight coarse architecture and increased portal markings. The gallbladder and common bile duct were unremarkable.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Prevost	There was some residual chyme and gas was noted in the <b>stomach</b> , yet not pathological. This is consistent with end 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.
<b>INVOICE</b>	
42326	
<b>DATE</b>	
1/25/23	



**PATIENT**

Jesse James Fenwick

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Neutered male

**AGE**

8 years

**WEIGHT**

80.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Jones

**HOSPITAL NAME**

Schultsville AH

**REFERRING VET**

Dr. Prevost

**INVOICE**

42326

**DATE**

1/25/23

**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**

Geriatric abdomen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no obvious macropathology; however, excessive gain and poor resolution did not allow for complete interpretation.





**PATIENT**

Jesse James Fenwick

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Neutered male

**AGE**

8 years

**WEIGHT**

80.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Jones

**HOSPITAL NAME**

Schultzville AH

**REFERRING VET**

Dr. Prevost

**INVOICE**

42326

**DATE**

1/25/23



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