



**PATIENT**

Bane Bowling

**SPECIES**

Canine

**BREED**

Shepherd Mix

**SEX**

Neutered male

**AGE**

8 years

**WEIGHT**

60 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Griffin

**HOSPITAL NAME**

Northside VH

**REFERRING VET**

Dr. Griffin

**INVOICE**

42362

**DATE**

1/27/23

**PRESENTING CLINICAL SIGNS**

History: Patient has had increased liver values but they have recently gotten worse  
Abnormal PE/Chem/CBC/UA Results: ALT 800 U/A : USG 1.044, protein trace, suspect cocci and rods

**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 6.0 cm. The right kidney measured 4.9 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 right adrenal gland measured 0.78 cm at the cranial pole and 0.6 cm at the caudal pole. The left kidney measured 0.67 cm at the caudal pole and 0.6 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**

The **liver** revealed coarse architecture with increased portal markings. The liver was slightly subnormal in size. Hypoechoic, non-disruptive nodular changes were noted. Increased portal markings were noted. Minor gallbladder sand was noted.



**PATIENT**

***Gastrointestinal***

Bane Bowling

There was some residual chyme and gas was noted in the **stomach**, 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.

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***Pancreas***

Shepherd Mix

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**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

Non-specific chronic inflammatory hepatopathy. Nodular hyperplasia pattern, potential emerging cirrhosis.

8 years

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

60 lbs

FNA or core liver biopsy of the liver is indicated. Bile acid profile is recommended. There is a minimal potential for neoplasia. Leptospirosis titers are warranted if endemic in your region. Hepatic oriented diet is recommended as well as Ursodiol therapy and nutraceuticals. Ampicillin and Metronidazole or a similar combination is recommended.

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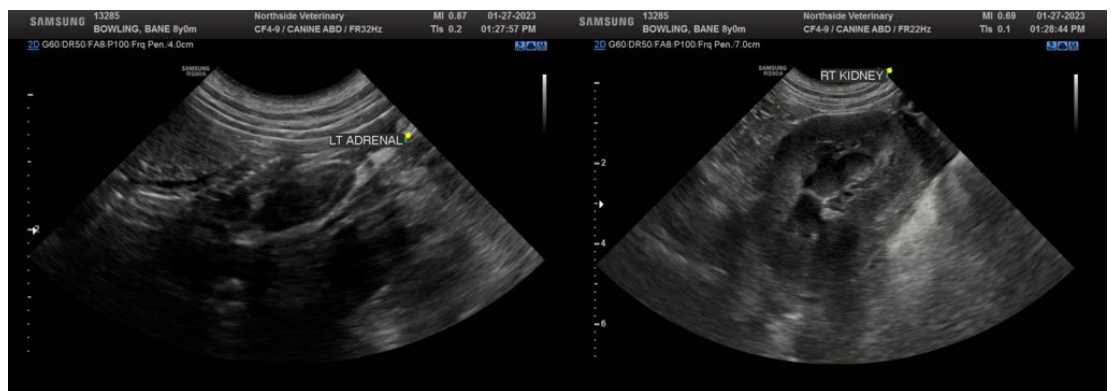
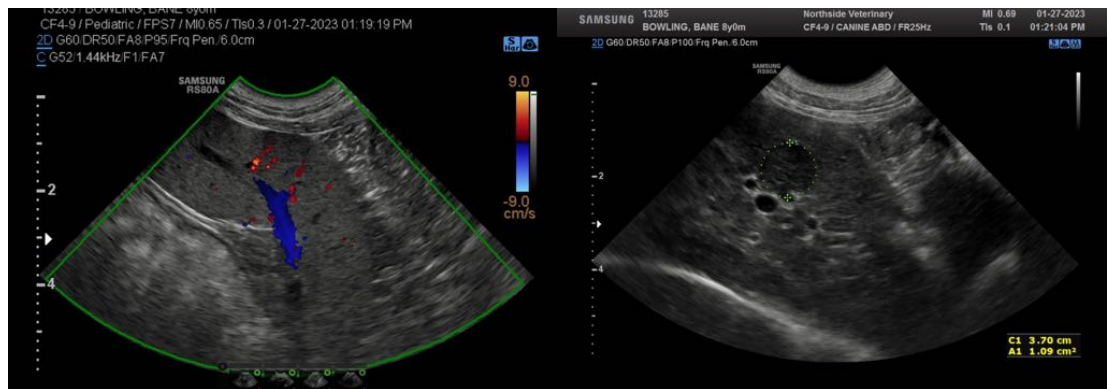
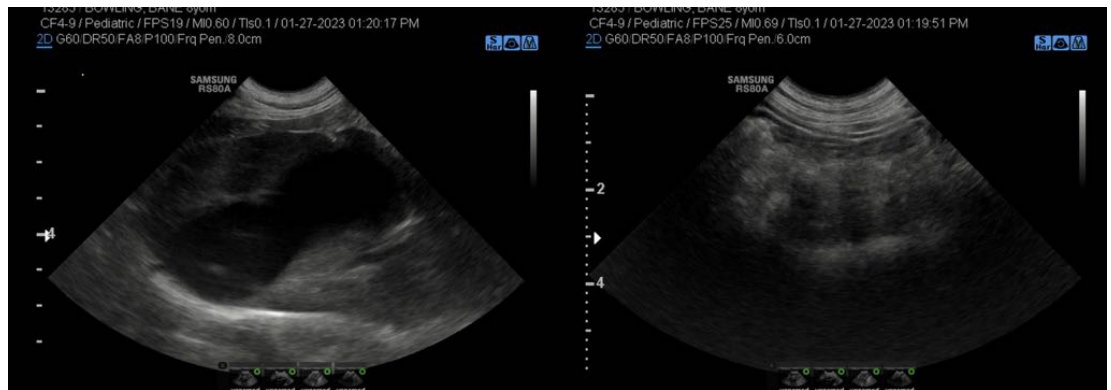
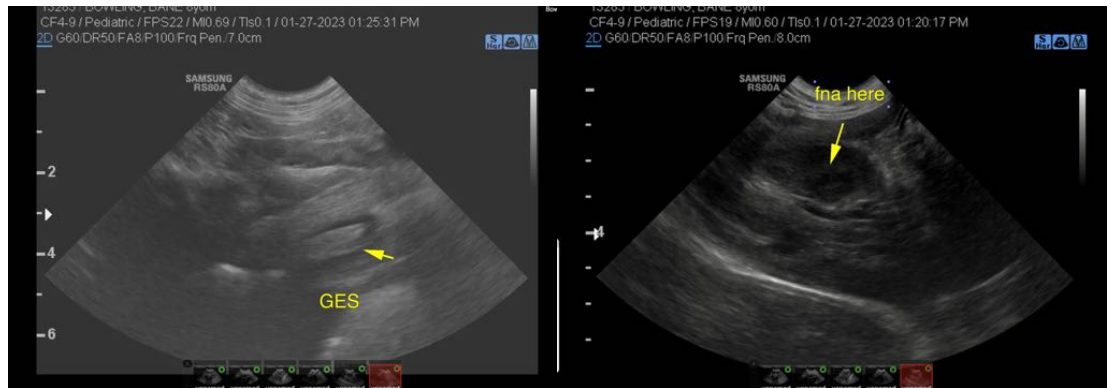
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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