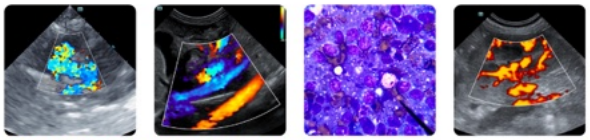


PATIENT

Odis Disarro

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered male

AGE

11 ½ years

WEIGHT

16.4 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Dr. Levine

INVOICE

70987

DATE

1/27/26

PRESENTING CLINICAL SIGNS

- Hepatomegaly, Elevated ALKP. Bad breath
- Platelet count 1032, ALKP 1112, GGT 14, SDMA 4.0, bun/creat ratio 38, potassium 5.6, NA/K ratio 26, cholesterol 403, triglyceride 885

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 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. Occasional microcystic change was noted in the kidneys. The left kidney measured 4.5 cm. The right kidney measured 4.32 cm.

Adrenal Glands

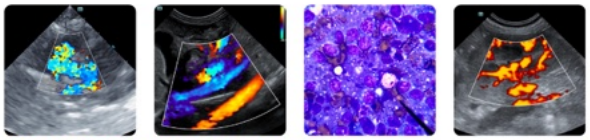
The right **adrenal gland** was enlarged and mildly irregular measuring 1.28 cm at the cranial pole and 0.57 cm at the caudal pole with right phrenic vein occupation and nodular changes without invasion into the vena cava. I am concerned for emerging neoplastic process of the right adrenal gland. Adenoma is possible. The left adrenal gland was normal in size and contour measuring 0.53 cm at the caudal pole and 0.45 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** was mildly enlarged with multi-focal hypoechoic and hyperechoic nodular changes. The gallbladder presented a thickened echogenic wall with over distension and striations. Slight micropolypoid changes were noted.



PATIENT

Odis Disarro

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered male

AGE

11 ½ years

WEIGHT

16.4 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Dr. Levine

INVOICE

70987

DATE

1/27/26

Gastrointestinal

The **gastrointestinal tract** revealed diffuse, hyperechoic fogging or overlay throughout the small intestine as well as areas of mucosal striations and speckling. This striation + fogging effect appeared to exclusively affect the mucosal layer with the submucosa, muscularis and serosa left in-tact. Reactive mesentery was present associated with the serosa indicative of active inflammation. This is most consistent with protein losing enteropathy/lymphangectasia. Full thickness biopsies or endoscopy guided biopsies would be ideal to confirm. No obstructive disease or obvious suspicion of neoplasia.

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.

ULTRASONOGRAPHIC FINDINGS

Mucosal GI striations

Irregular right adrenal gland. Carcinoma, pheochromocytoma and adenoma all possible.

Nodular liver changes.

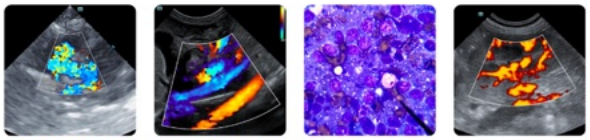
Emerging gallbladder mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is indicated for further definition. Gallbladder motility study or Ursodiol therapy over 6-8 week period is recommended.

Serial blood pressure measurements are recommended in this patient. If hypertension is an issue metanephrine level is recommended. If the patient appears Cushingoid and urine specific gravity is less than 1.020 then work-up for adrenal dependent Cushing's is indicated. Recheck is recommended in 2-3 weeks to assess for any progression of the adrenal gland.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Odis Disarro

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered male

AGE

11 ½ years

WEIGHT

16.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

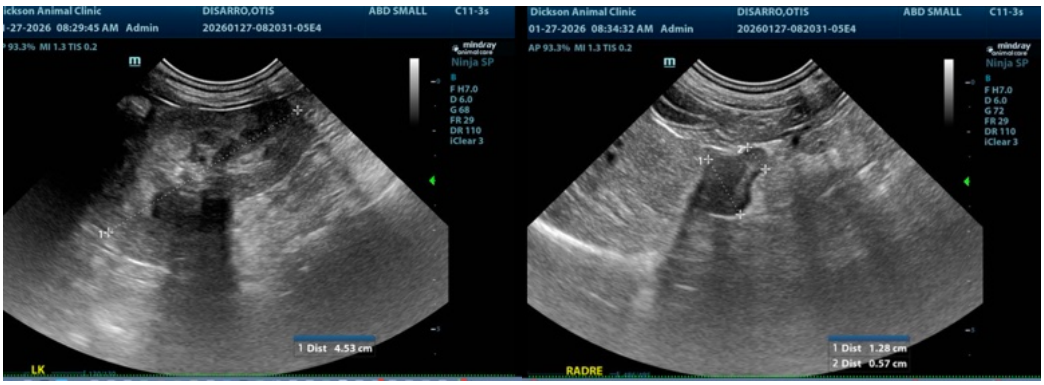
Dr. Levine

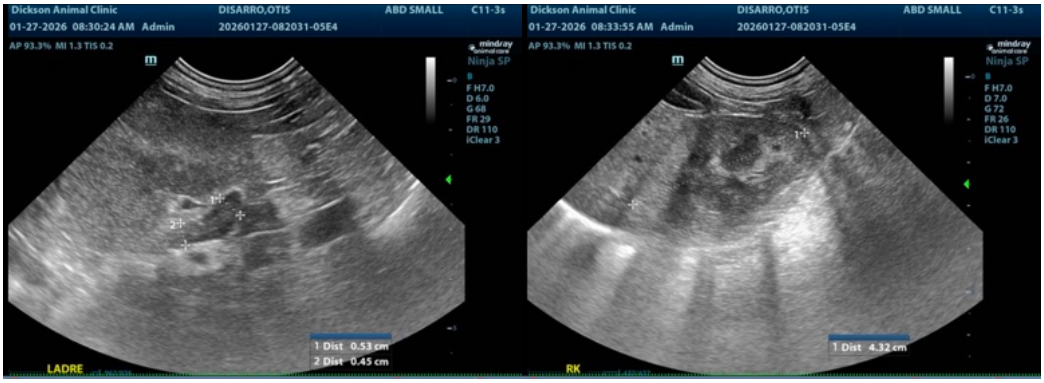
INVOICE

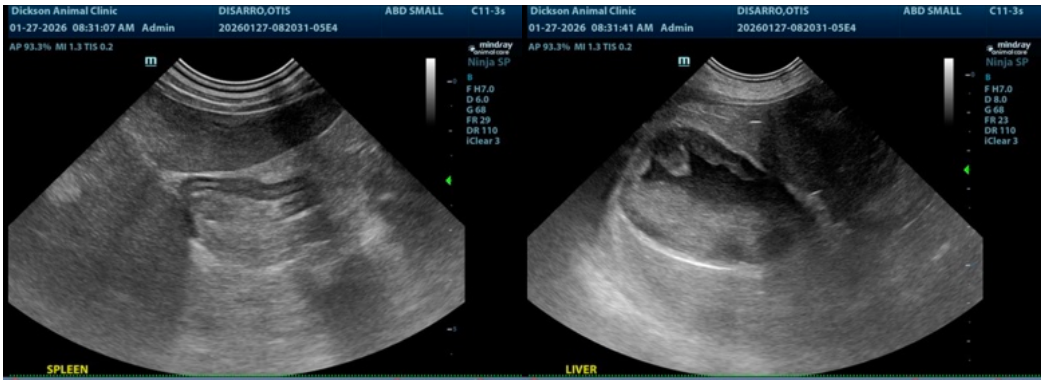
70987

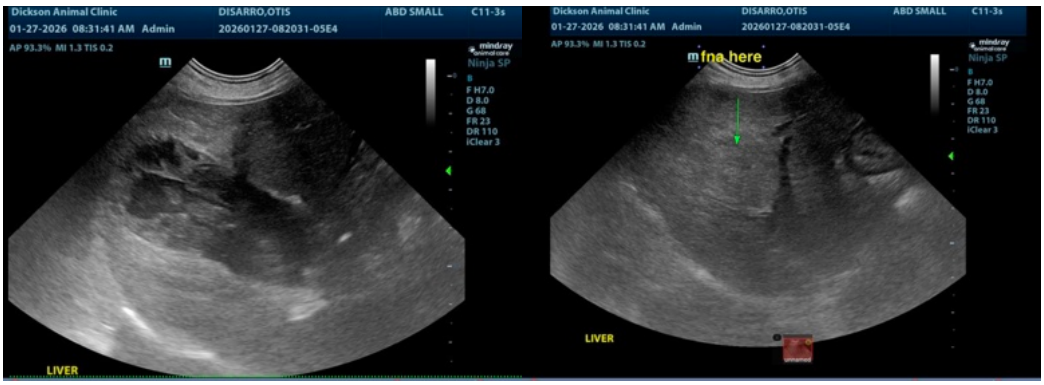
DATE

1/27/26

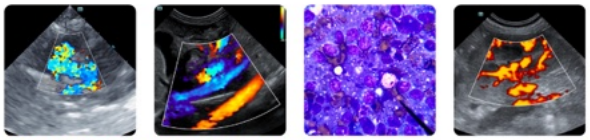








SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Odis Disarro

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered male

AGE

11 ½ years

WEIGHT

16.4 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

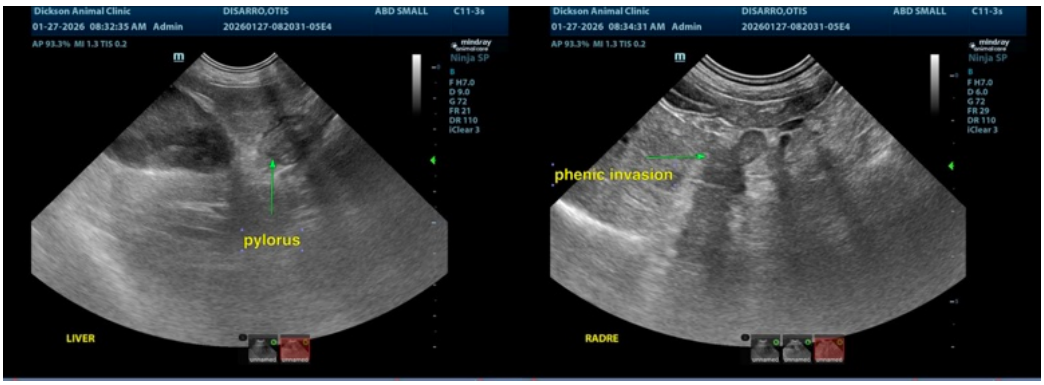
Dr. Levine

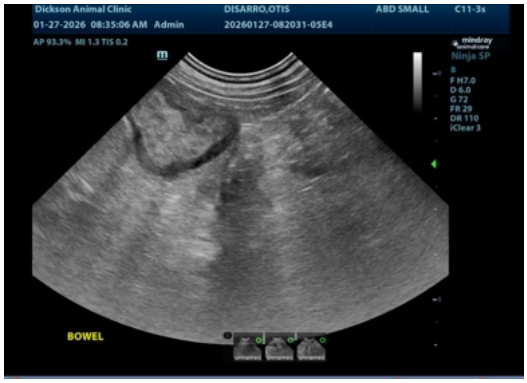
INVOICE

70987

DATE

1/27/26





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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com