



PATIENT

Nutmeg Budin

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

11 Years

WEIGHT

15.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kenneth Leal

HOSPITAL NAME

Butler VH

REFERRING VET

Dr. Garro

INVOICE

20426

DATE

1/6/23

PRESENTING CLINICAL SIGNS

History: elevated liver values, vomited yesterday. on gabapentin 100mg , carprofen.

Abnormal PE/Chem/CBC/UA Results: Cl decr 107, ALT 1637, AST 570, ALKP 929, GGT 40, chol 423, trig 322

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a minor amount of sand and small calculi (a grouping of which measured approximately 1.3 cm). The bladder wall was unremarkable otherwise. The patient is likely passing calculi from the kidneys to the bladder periodically.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization was present in the kidneys. The left kidney measured 4.27 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 1.92 cm x 0.54 cm at the caudal pole and 0.48 cm at the cranial pole. The left adrenal gland measured 2.4 cm x 0.35 cm at the cranial pole and 0.48 cm at the caudal 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 were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some minor dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

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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.

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Maltese

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy- subacute insult suspected
- Urinary bladder sand with nonobstructive calculi
- Mild to moderate degenerative renal changes and moderate nephrolithiasis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver could be considered for further definition. Leptospirosis should be ruled out as a potential underlying player in this case. Eventual cystotomy and liver biopsy could be considered. The calculi are most consistent with oxalate.

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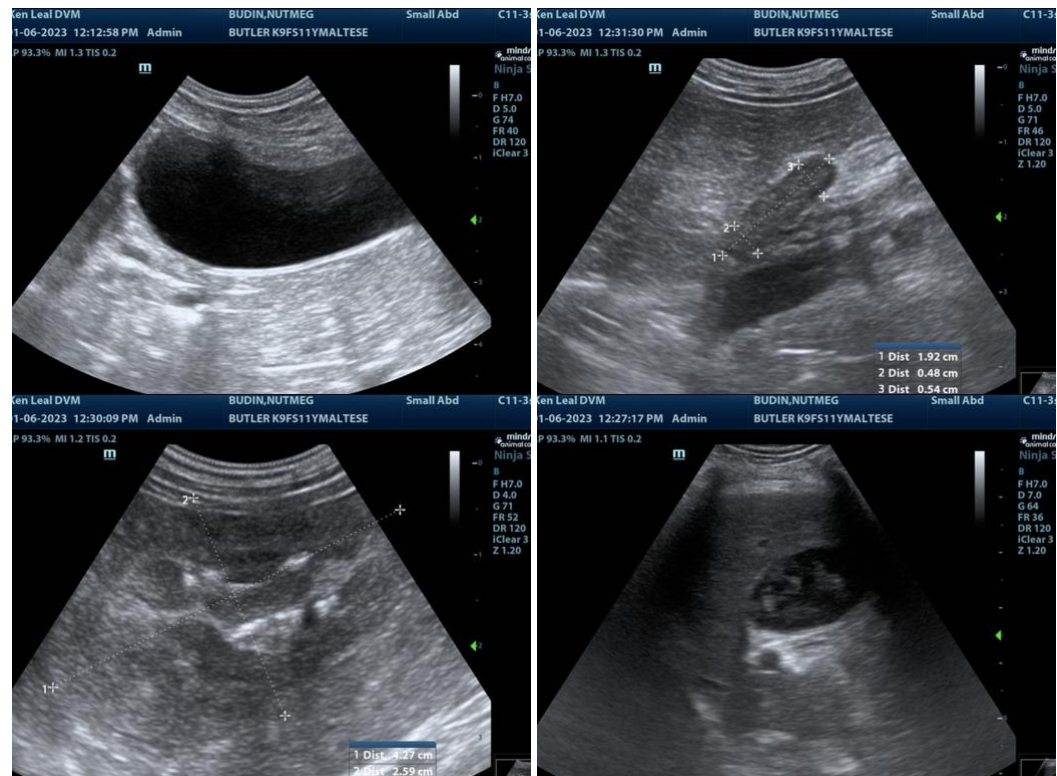
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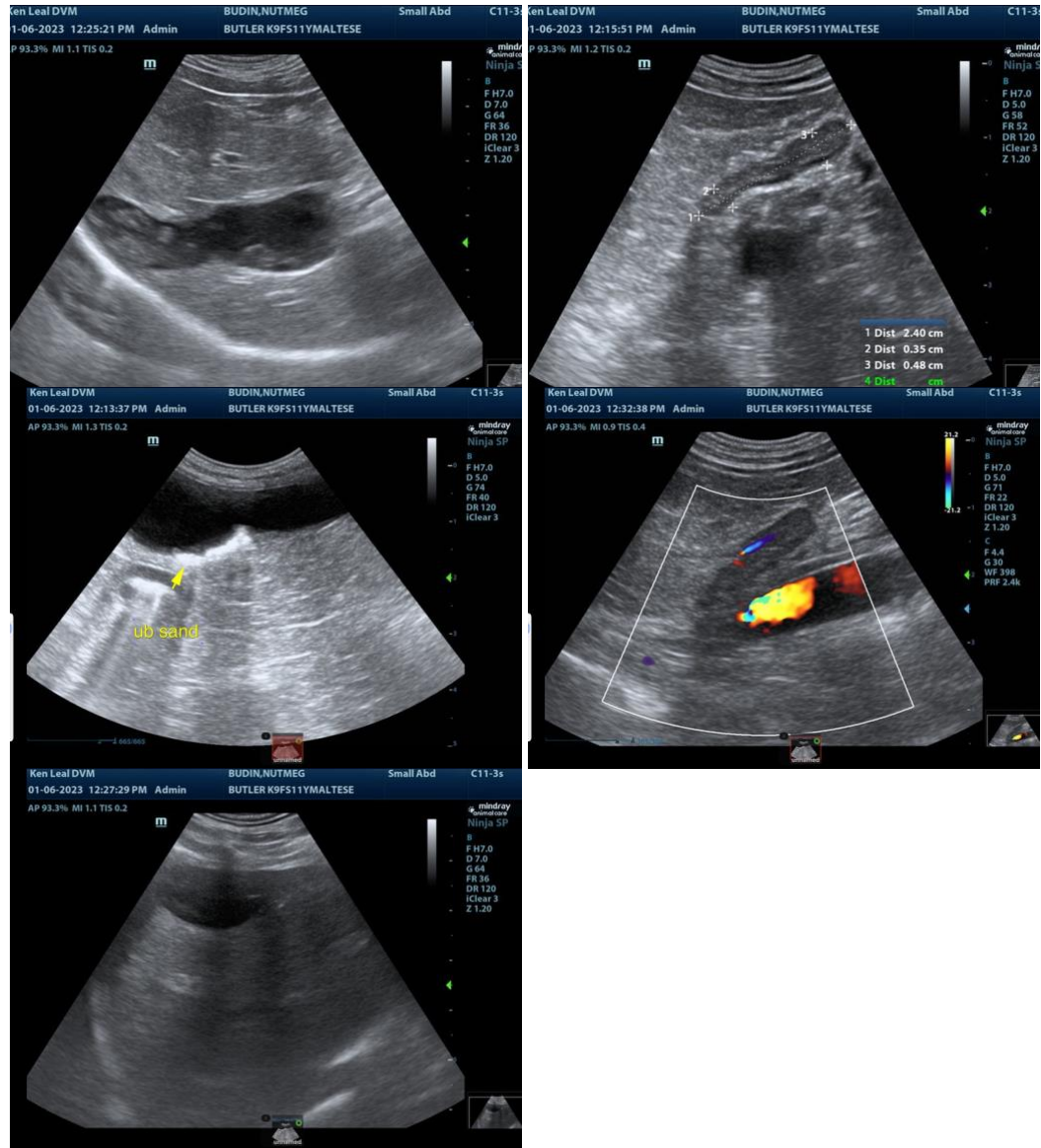
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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