



PATIENT

Percy Goldstein

SPECIES

Canine

BREED

Maltese Mix

SEX

Neutered Male

AGE

7 Years

WEIGHT

17.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Mt. Olive VH

REFERRING VET

Dr. Logan

INVOICE

20427

DATE

1/6/23

PRESENTING CLINICAL SIGNS

History: Increasing liver values. No current meds.

Abnormal PE/Chem/CBC/UA Results: 12/9/22-Alt 363; alpk 2371; 12/20/22- Alt 412; alpk 3100

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 were noted. Ureteral papillae were normal. The residual prostate was uniform, measuring 0.68 cm.

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. The right kidney measured 4.8 cm. The left kidney measured 4.8 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 1.44 cm x 1.05 cm at the cranial pole and 0.85 cm at the caudal pole. The left adrenal gland measured 1.71 cm x 0.75 cm at the cranial pole and 0.71 cm at the caudal pole.

Spleen

The **spleen** revealed a hypoechoic nodule, measuring 0.78 cm x 0.56 cm. Splenic width measured 1.36 cm. Minor heterogenous changes were noted elsewhere.

Liver

The **liver** presented minor irregular contour and mixed hypoechoic nondisruptive nodular changes. The gallbladder and common bile duct 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 demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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



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changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

Other

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A rapid view of the **heart** revealed no evident pathology.

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ULTRASONOGRAPHIC FINDINGS

- Undefined nodular splenic and hepatic changes, likely benign nodular hyperplasia, however, FNA of the spleen and liver are recommended.
- Age-related renal and pancreatic changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile is warranted. Regarding the hepatic presentation, these changes are considered moderate. Nonspecific nodular hyperplasia, chronic inflammatory hepatopathy liver pattern. Some history of pancreatitis is likely in this patient.

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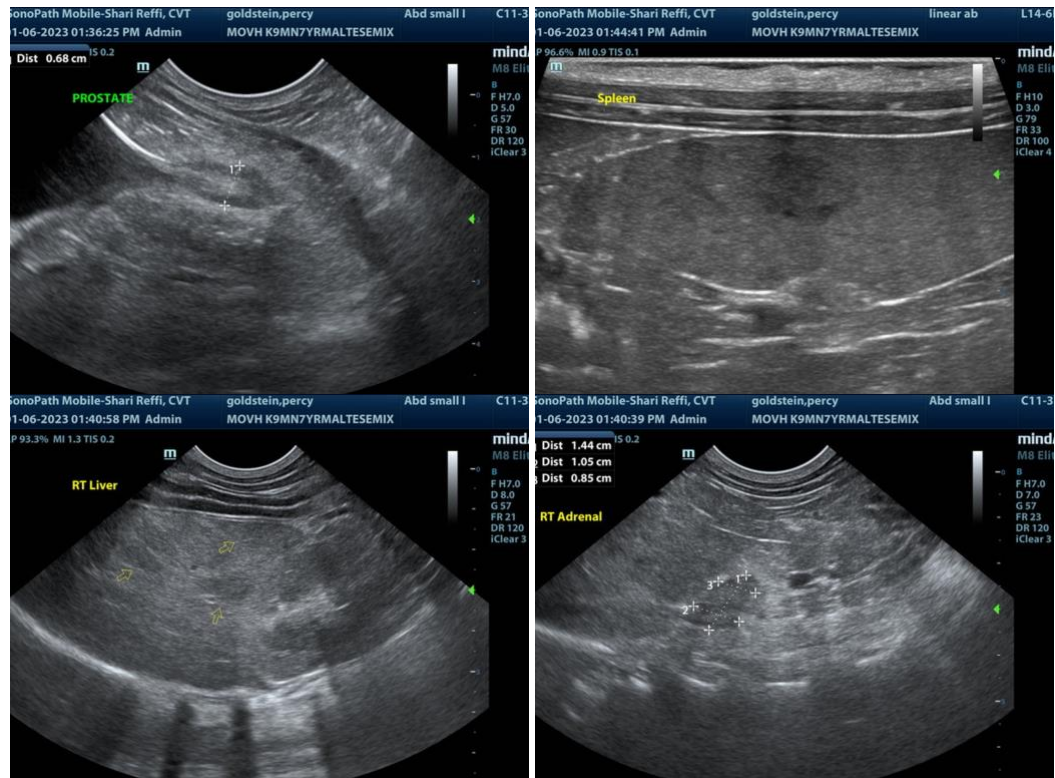
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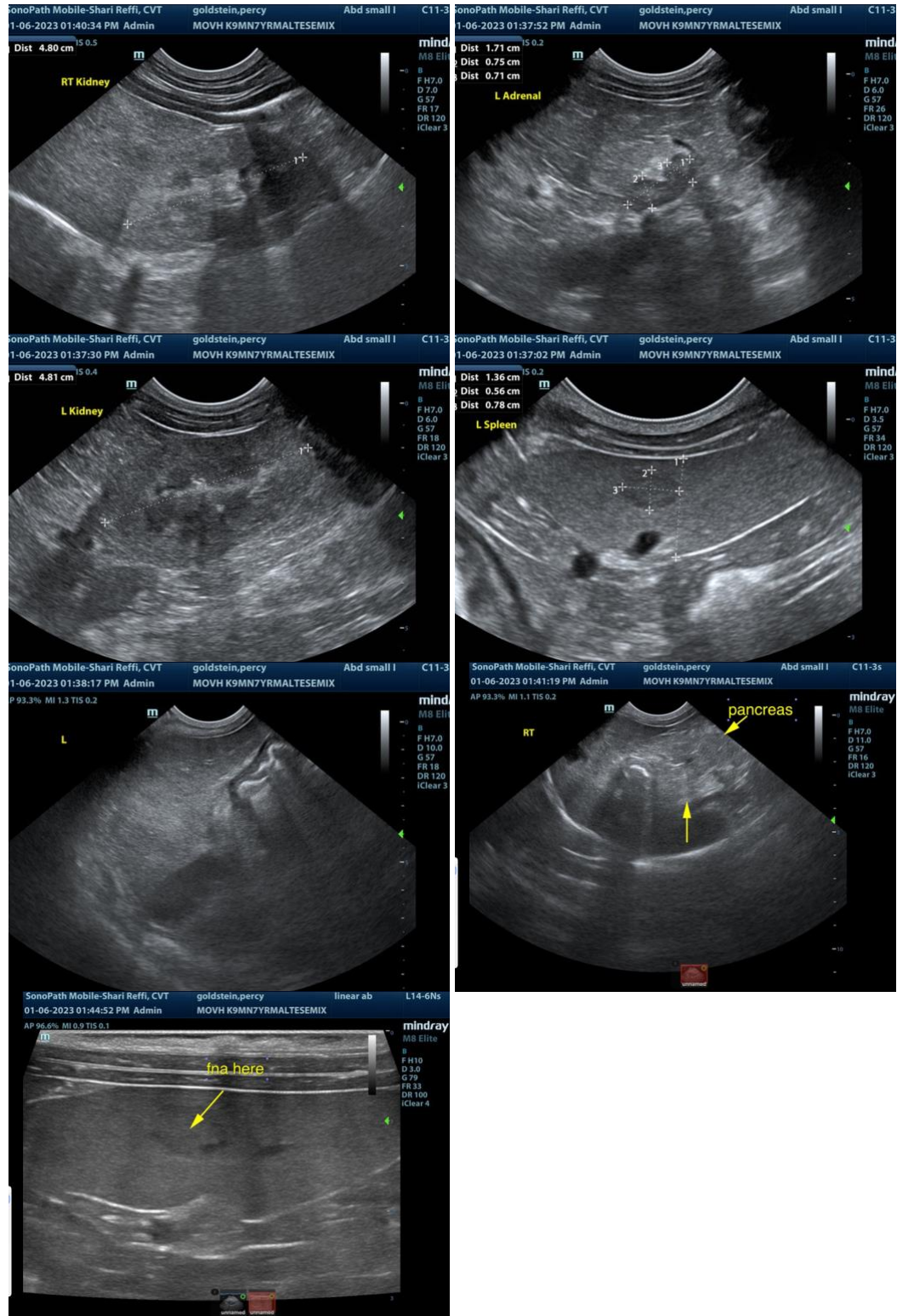
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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info@SonoPath.com

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