



PATIENT PRESENTING CLINICAL SIGNS

Riley Wasko Asymptomatic Current Medications Heartgard Plus and Nexgard Monthly
Abnormal PE/Chem/CBC/UA Results: elevation of ALT from 88 in 9/2020 to 228 on 9/23/2021

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **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 at 0.5 cm. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

BREED

Cairn Terrier

SEX

Neutered Male

AGE

13 Years

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.4 cm. The right kidney measured 4.08 cm.

Adrenal Glands

WEIGHT

18 Pounds

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 left adrenal gland measured 1.36 cm x 0.29 cm at the cranial pole and 0.54 cm at the caudal pole. The right adrenal gland measured 1.28 cm x 0.31 cm at the cranial pole and 0.42 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Jenna Walsh

Liver

The **liver** was uniform, slightly subnormal in size. Slight increased portal markings and coarse architecture noted. The gallbladder was unremarkable. Intrahepatic and extrahepatic vascularity appeared normal. No evidence of portosystemic shunting.

HOSPITAL NAME

Creswell Vet Hospital

REFERRING VET

Dr. Schlorman

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.

DATE

10/1/21

INVOICE

26016



PATIENT *Pancreas*

Riley Wasko 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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Mild non-specific low-grade inflammatory hepatopathy with slight subnormal liver size

BREED

Cairn Terrier

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the liver to assess inflammatory cell type would be appropriate. However, changes are relatively minor. Leptospirosis titers warranted to rule out occult disease.

SEX

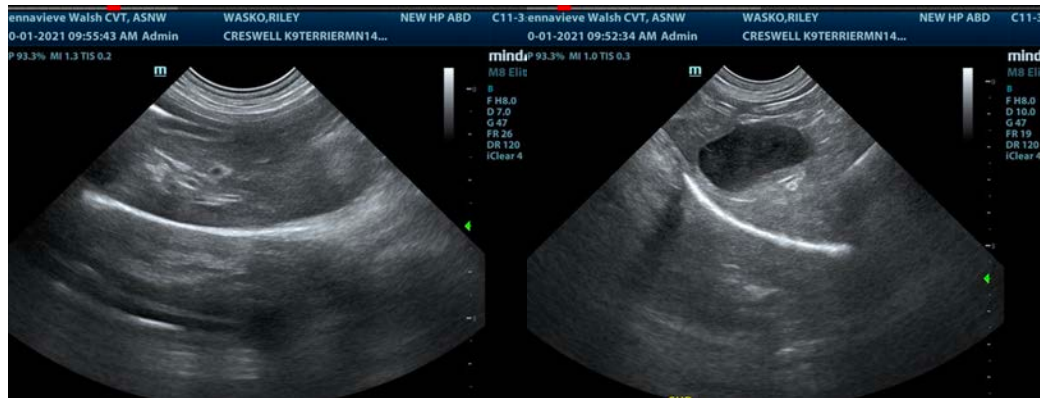
Neutered Male

AGE

13 Years

WEIGHT

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IMAGING PERFORMED BY

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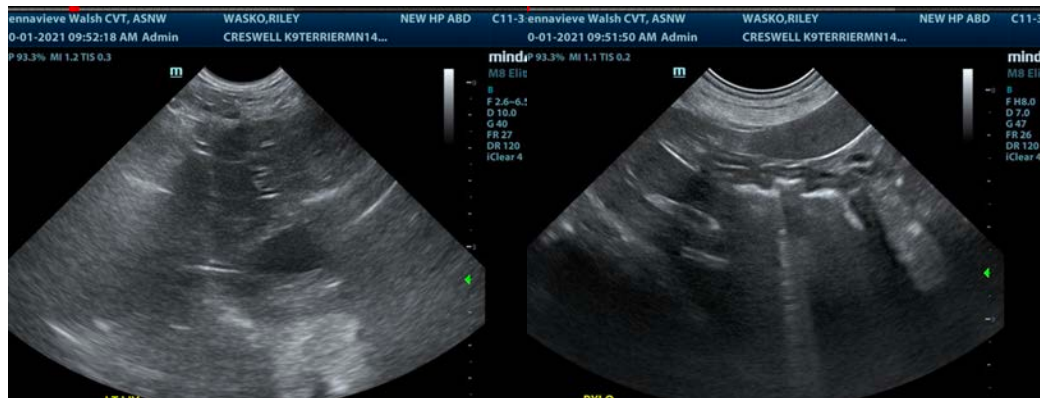
Dr. Schlorman

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PATIENT

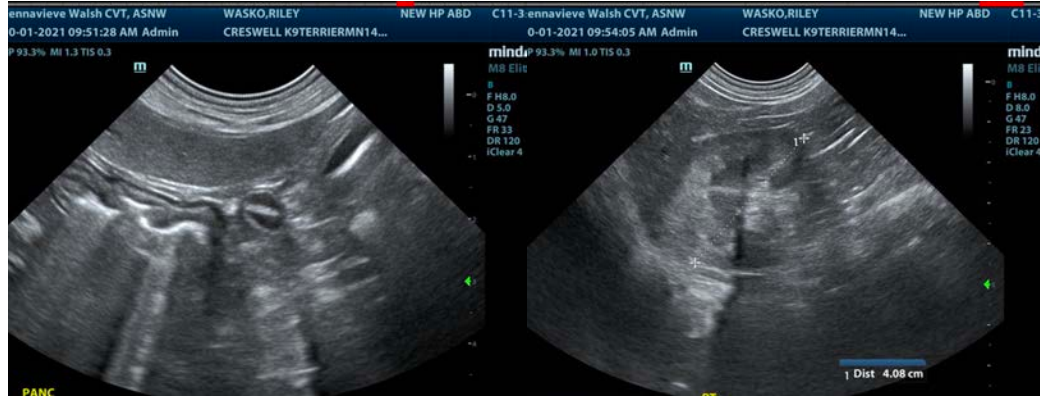
Riley Wasko

SPECIES

Canine

BREED

Cairn Terrier



SEX

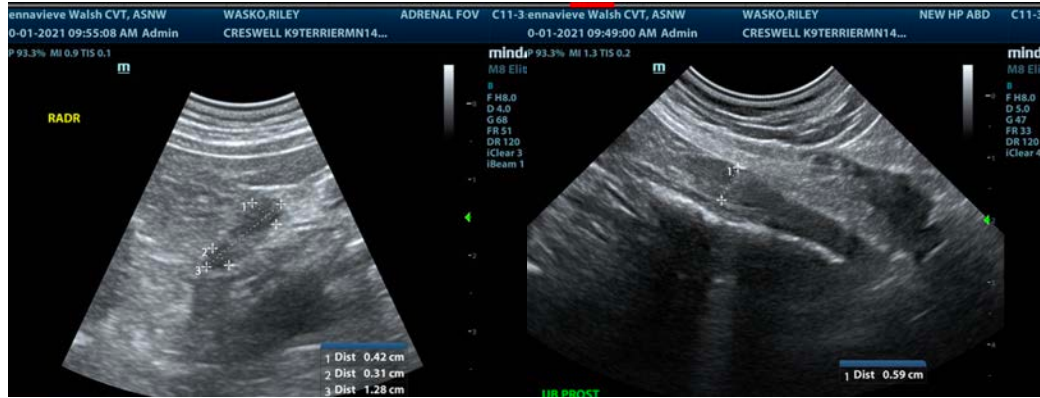
Neutered Male

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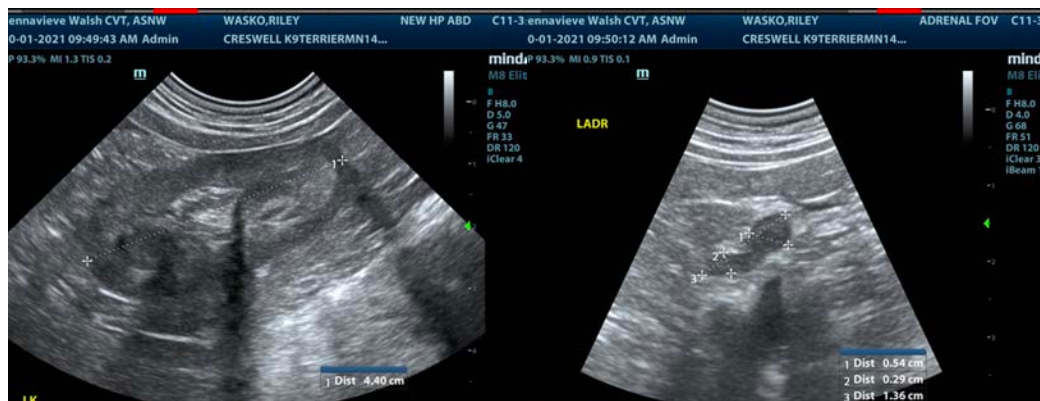
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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