

**PATIENT**

Snoop Love

**PRESENTING CLINICAL SIGNS**

History: Routine exam, preop blood work prior to dental procedure. ALP 821; BUN 39; Calcium 12. Sedated with gabapentin/trazadone

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results:

**BREED**

Mixed

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed small calculi as well as urethral calculi, non-obstructive, however, the patient is likely passing calculi from the kidneys to the bladder periodically. The prostate was uniform with no evident pathology and measured 0.74 cm

**SEX**

Neutered Male

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 4.16 cm. The left kidney measured 4.71 cm.

**AGE**

11 Years

**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 left adrenal gland measured 0.6 cm x 0.46 cm at the cranial pole and 0.6 cm at the caudal pole. The right adrenal gland measured 0.8 cm at the cranial pole and 0.44 cm at the caudal pole.

**WEIGHT**

17.5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

**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**

Pamela Harrigan, RDCS

**Liver**

**HOSPITAL NAME**

VCA Palmer AH

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions. A (0.5 cm x 0.35 cm) nodule was noted in the liver. Occasional other heterogeneous changes were noted, subjectively benign.

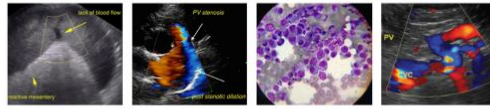
**REFERRING VET**

Dr. Michelle Haroules

**INVOICE**

13697

**DATE**



**PATIENT**

**Gastrointestinal**

Snoop Love

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.

**SPECIES**

Canine

**Pancreas**

**BREED**

Mixed

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

- Vacuolar hepatopathy nodular hyperplasia liver pattern
- Minor excessive gallbladder debris- Ursodiol therapy recommended as a preventative
- Bladder calculi
- Age-related renal changes with renal calculi

**AGE**

11 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

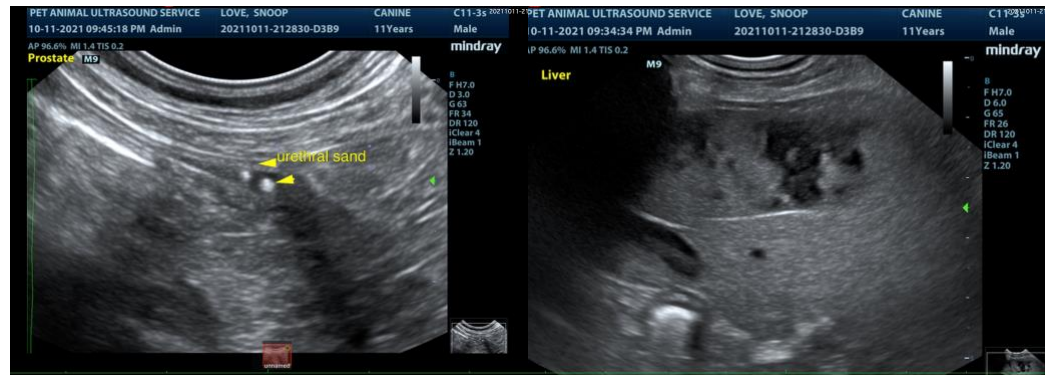
Frequent passage of calculi likely a periodic issue in this patient. Periodic azotemia that corresponds to passage of calculi may be playing an underlying role.

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 CEO of SonoPath.com



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Pamela Harrigan, RDCS



**HOSPITAL NAME**

VCA Palmer AH

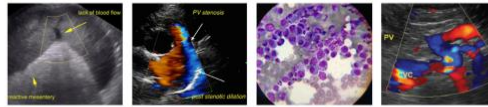
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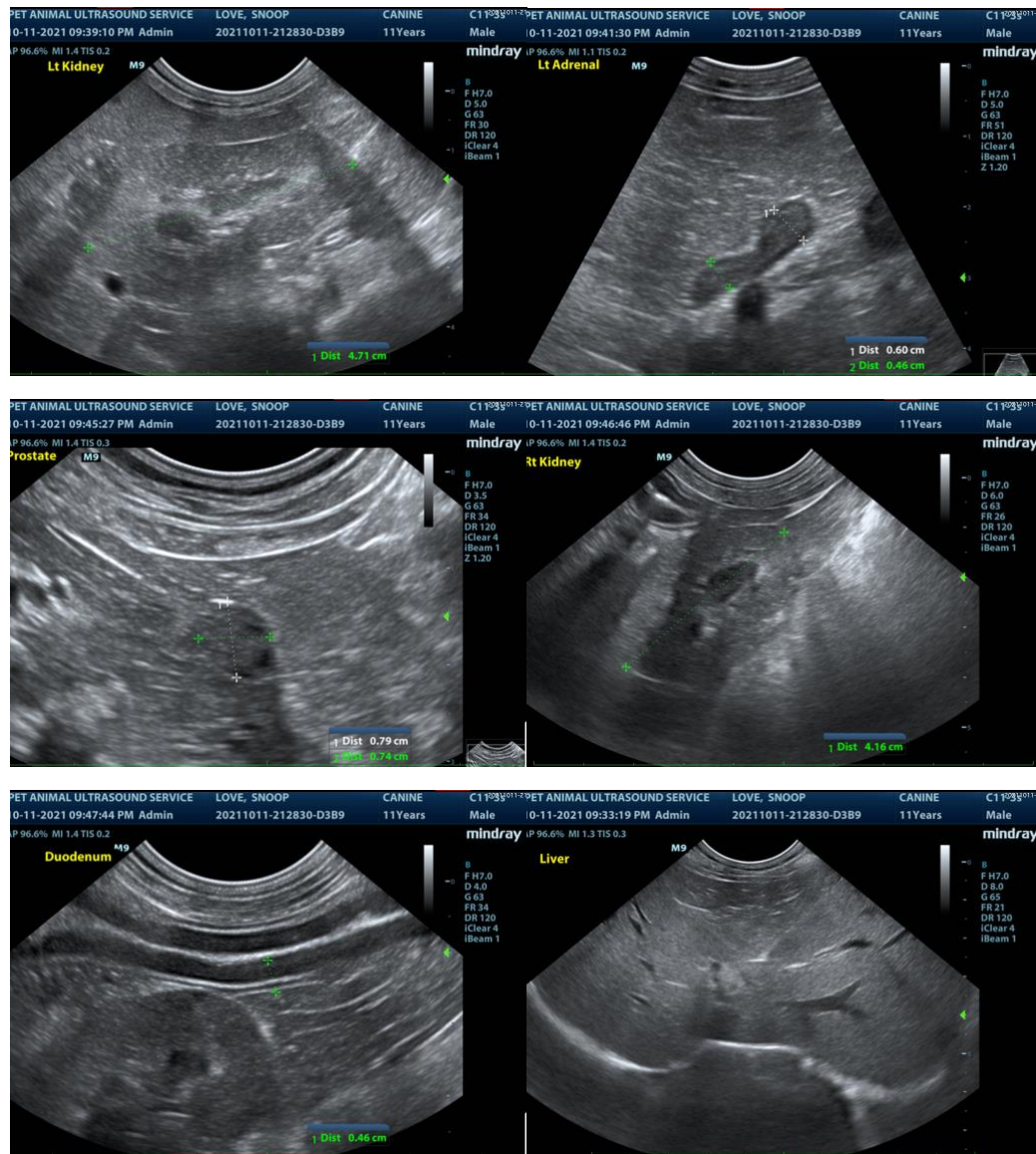
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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