



**PATIENT**

Carl Stout

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Neutered male

**AGE**

4 years

**WEIGHT**

10.7 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Sorbo

**HOSPITAL NAME**

Back Bay VC

**REFERRING VET**

Dr. Sorbo

**INVOICE**

92729

**DATE**

10/28/21

**PRESENTING CLINICAL SIGNS**

History: Chronic ALT elevation for over one year. Asymptomatic patient. Dental procedure (COHAT) in August 2021 - four premolar extractions due to periodontal disease. Diarrhea in Oct 2020 - resolved. No other prior history of illness.  
Abnormal PE/Chem/CBC/UA Results: Only ALT elevations, other parameters have been normal. Reference ALT = 18-121 (U/L) Jun 2020 - 184 Jul 2021 - 219 (Aug 2021 - COHAT) Sep 2021 - 177 Oct 2021 - 182 TODAY >> Liver function test and this ultrasound.

**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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.0 cm. The right kidney measured 3.0 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 left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.6 cm.

**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 slightly subnormal in size with uniform parenchyma and is structurally unremarkable. Intrahepatic vascular volume appeared normal. There was no obvious portosystemic shunting. The gallbladder was unremarkable with a minor amount of debris.



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**Gastrointestinal**

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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.

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**Pancreas**

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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Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Structurally unremarkable abdomen.

**AGE**

4 years

Reactive hepatopathy is likely.

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of significant disease. FNA of the liver could be considered for further definition. Bile acid profile would be ideal; however, there is no evidence of portosystemic shunting. Portal hypoplasia may be an issue.

**INTERPRETED BY**

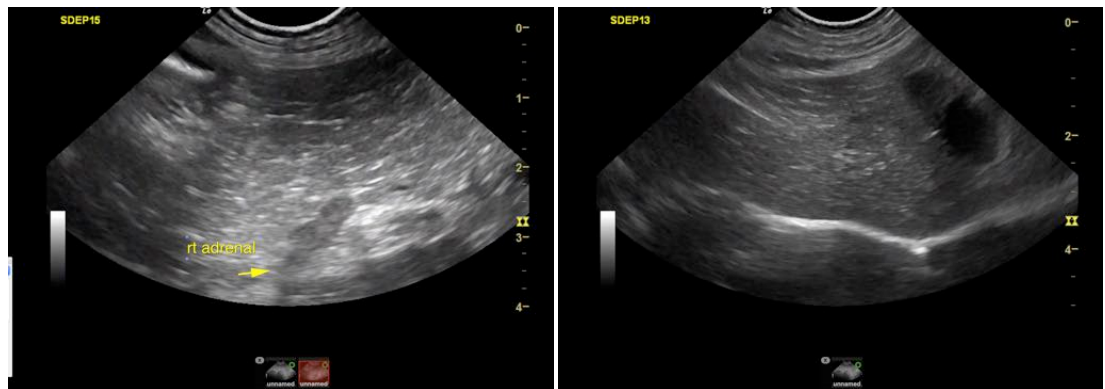
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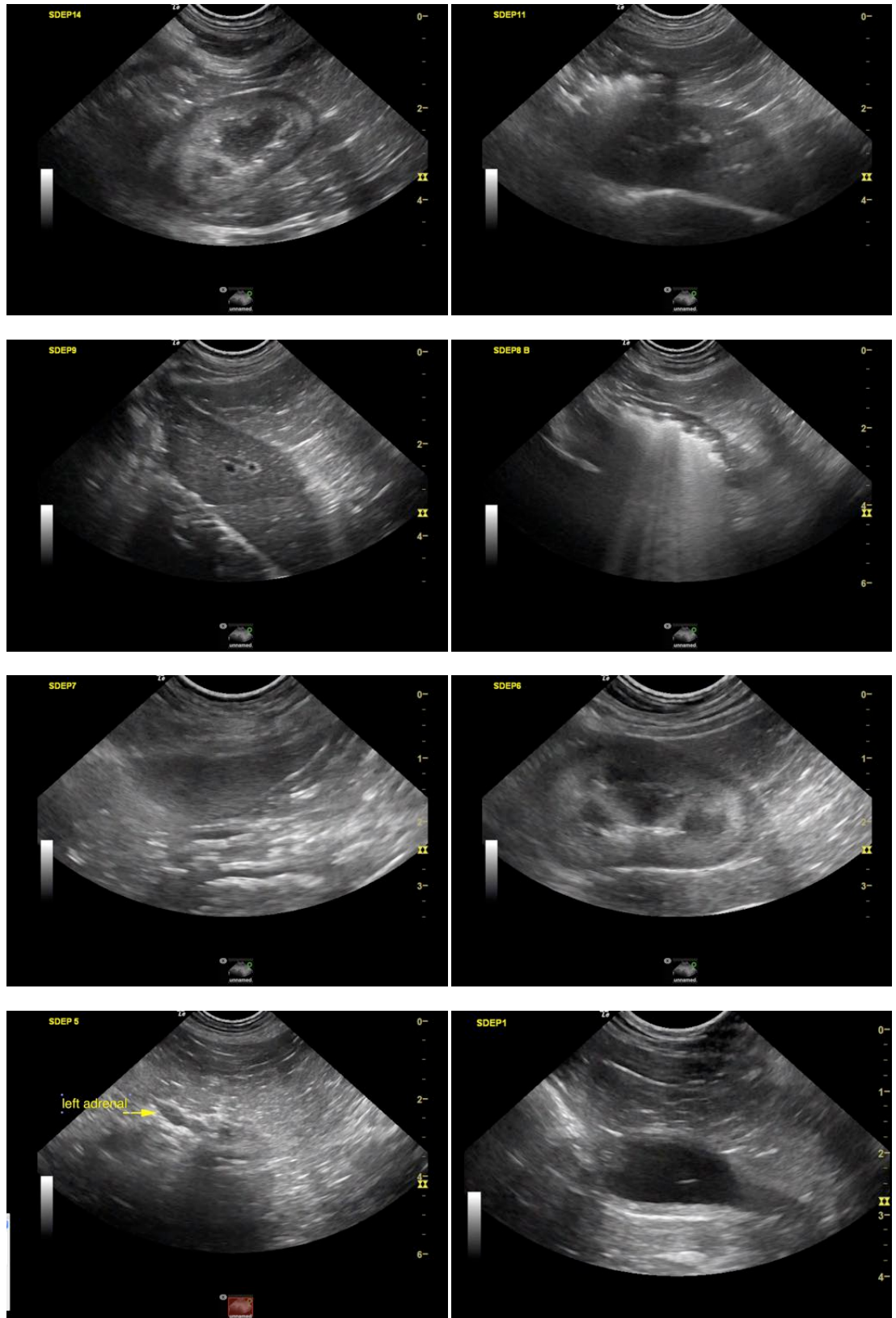
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veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com

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