



PATIENT

Daphne Russel

SPECIES

Canine

BREED

Miniature Pinscher Mix

SEX

Spayed Female

AGE

9 years

WEIGHT

28 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Logas

HOSPITAL NAME

Bradentown VH

REFERRING VET

Dr. Laurel Logas

INVOICE

12484

DATE

11/12/21

PRESENTING CLINICAL SIGNS

History: Elevated liver enzymes on predental blood work. Appetite is variable.

Abnormal PE/Chem/CBC/UA Results: TP 7.8, globulin 4.2, cholesterol 421, ALT 287, Alk phos 4,483, GGT 18, platelets 520,000

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. Both kidneys measured 5.0 cm, each.

Adrenal Glands

The **right adrenal gland** revealed minor heterogeneous parenchyma. The right adrenal gland measured 1.0 cm at the cranial pole and 0.8 cm at the caudal pole.

The **left adrenal gland** was not overtly visible.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with mild normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** was uniformly swollen. The liver presented mild to moderate coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. Occasional non-disruptive nodule noted in the liver, the largest of which measured 1.8 cm. Minor overdistention and debris were noted in the gallbladder- not to the level of mucocele formation. Gallbladder polyps were noted, benign. Minor biliary calculi were noted, benign.

Gastrointestinal

Some retention of ingesta was noted in the **stomach**. The small intestine and colon were unremarkable.

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy with occasional nodular changes
- Stomach ingesta
- Right adrenal gland, minor heterogeneous parenchyma
- Age-related renal and splenic changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Spayed Female

FNA would be warranted for further definition. Likely underlying endocrinopathy. Further imaging of the left adrenal gland (undersedation) may be necessary. However, no obvious masses noted in the area. If urine specific gravity is <1.020, work up for PDH indicated.

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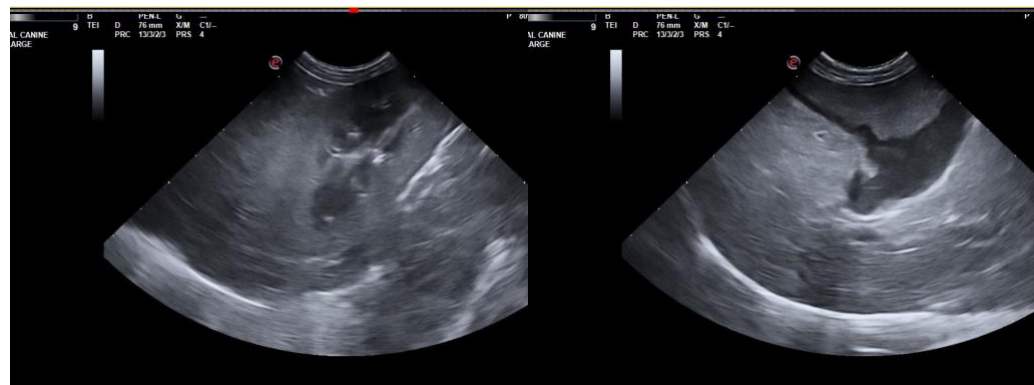


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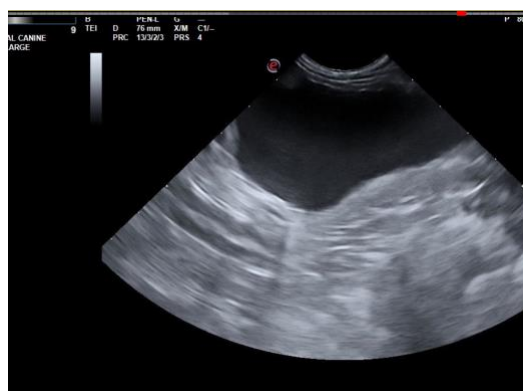
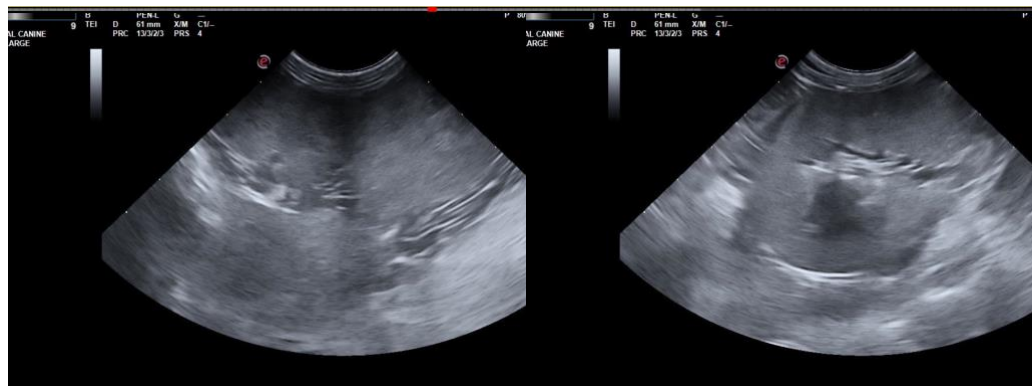
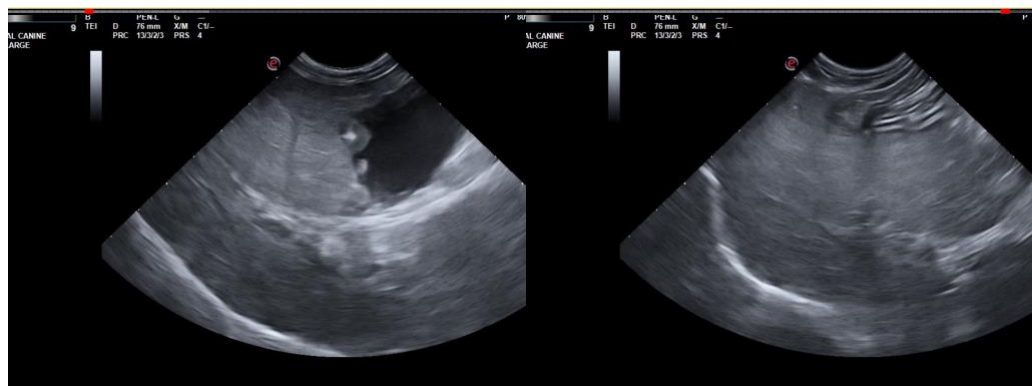
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com