



PATIENT

Fenway Lake

SPECIES

Canine

BREED

Miniature Dachshund

SEX

Neutered male

AGE

10 years

WEIGHT

20 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Smatt

HOSPITAL NAME

The Pets I Love

REFERRING VET

Dr. Smatt

INVOICE

42309

DATE

11/2/22

PRESENTING CLINICAL SIGNS

History: patient here for routine wellness, blood work was performed and revealed elevated liver values, discussed with the owner many causes and recommended abdominal ultrasound. O noted doesn't think PU/PD but seem to have increased appetite.

Abnormal PE/Chem/CBC/UA Results: AST (SGOT) 29IU/L ALT (SGPT) 136IU/L HIGH Alk Phosphatase 2,548IU/L HIGH GGT 8IU/L Total Bilirubin 0.2MG/DL Very high ALP and ALT

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

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. Both kidneys measured 5.2 cm with slight pinpoint mineralization was noted.

Adrenal Glands

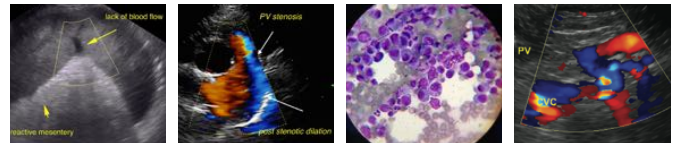
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.6 cm at the caudal pole and 0.5 cm at the cranial pole. The right adrenal gland measured 0.9 cm at the cranial pole and 0.7 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** presented coalescing, mixed, hypoechoic and nodular changes with mild irregular contour. The gallbladder and common bile duct were unremarkable. This is most consistent with vacuolar hepatopathy/nodular hyperplasia.



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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. 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.

ULTRASONOGRAPHIC FINDINGS

Vacuolar hepatopathy, nodular hyperplasia liver pattern.

Non-obstructive nephrolithiasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the nodules is recommended. The adrenal glands appear normal. However, if urine specific gravity is less than 1.020 and the patient appears Cushingoid then work-up for PDH is indicated. If the patient has any crusting skin lesions the liver presentation may be related to hepatocutaneous syndrome, yet benign nodular hyperplasia is most likely and should be confirmed by aspirates.





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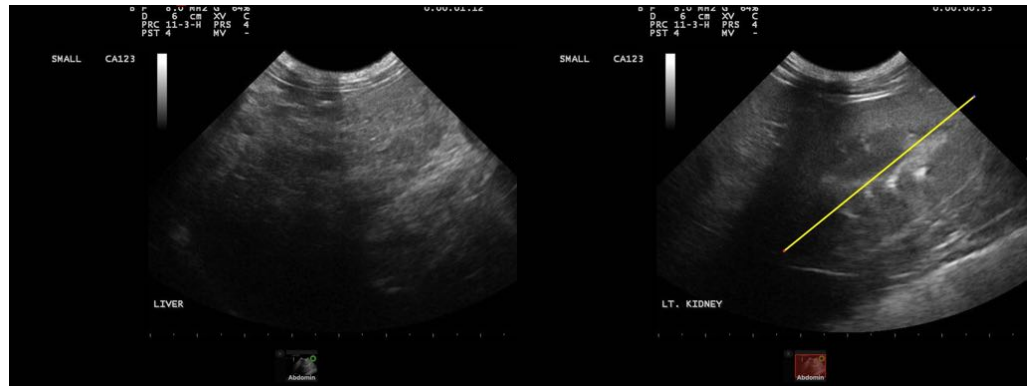
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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