



**PATIENT**

Kipper Lorenz

**PRESENTING CLINICAL SIGNS**

History: Bloodwork indicated elevated liver values.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Beagle Mix

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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.

**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 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. Cortical collapse at the cranial cortex of the right kidney was noted. The right kidney measured 6.5 cm with pyelectasia. The left kidney measured 5.6 cm.

**AGE**

12 years

**WEIGHT**

38.5 lbs

**Adrenal Glands**

The left **adrenal gland** was mildly enlarged and slightly irregular. The left adrenal measured 2.25 x 0.9 cm at the caudal pole and 0.56 cm at the cranial pole. The right adrenal gland was mildly enlarged and uniform measuring 2.55 x 0.9 cm at the cranial pole and 0.74 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

**IMAGING PERFORMED BY**

Dr. Waffle

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.

**HOSPITAL NAME**

Torch Lake VC

**Liver**

**REFERRING VET**

Dr. Waffle

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. An occasional, hypoechoic, non-disruptive nodule was noted. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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**PATIENT**

**Gastrointestinal**

Kipper Lorenz

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

**BREED**

**Pancreas**

Beagle Mix

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

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

Mild bilateral adrenal hypertrophy.

12 years

Cortical infarcts and degenerative right kidney.

Minor degenerative changes in the left kidney.

**WEIGHT**

38.5 lbs

Benign hepatopathy with remodeling and nodular hyperplasia.

**INTERPRETED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

FNA of the liver is indicated for further definition. If the patient appears Cushingoid and the urine specific gravity is less than 1.020 then work-up for pituitary dependent Cushing's is indicated.

**IMAGING PERFORMED BY**

Dr. Waffle

**HOSPITAL NAME**

Torch Lake VC

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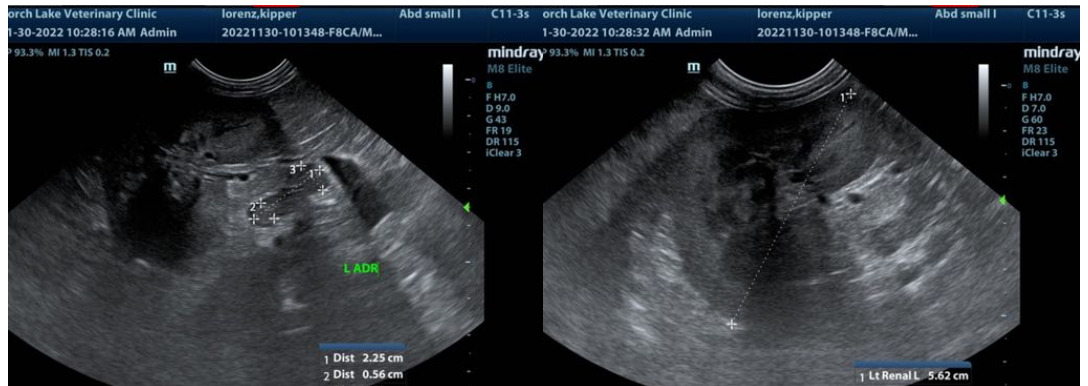
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com