



**PATIENT**

Pogo Krakow

**SPECIES**

Canine

**BREED**

Maltese Mix

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

16.3 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gaynor

**HOSPITAL NAME**

Lambertville VC

**REFERRING VET**

Dr. Gaynor

**INVOICE**

42880

**DATE**

11/30/22

**PRESENTING CLINICAL SIGNS**

History: Pogo has a history of elevated liver enzymes. He has been on Denamarin and Ursodiol for the past 30 days. The owner reports that he is doing well but is still noting a distended abdomen. He presented today for recheck blood work and ultrasound. A previous study was submitted on 10/17/22. Abnormal PE/Chem/CBC/UA Results: Please see attached BW

**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 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. Slight pyelectasia was noted in both kidneys. Cortical mineralization was noted in both kidneys. The right kidney measured 4.06 cm. The left kidney measured 3.45 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 1.64 x 0.61 cm at the cranial pole and 0.56 cm at the caudal pole. The right adrenal gland measured 1.51 x 0.82 cm at the cranial pole and 0.51 cm at the caudal pole.

**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**

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. Minor excessive GB debris was noted with the presence gallbladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. Minor gallbladder polyps were noted with suspended debris. Some of the debris was striating, yet not to the level of mucocele formation.



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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**

Geriatric abdomen with non-specific vacuolar hepatopathy, inflammatory hepatopathy liver pattern.

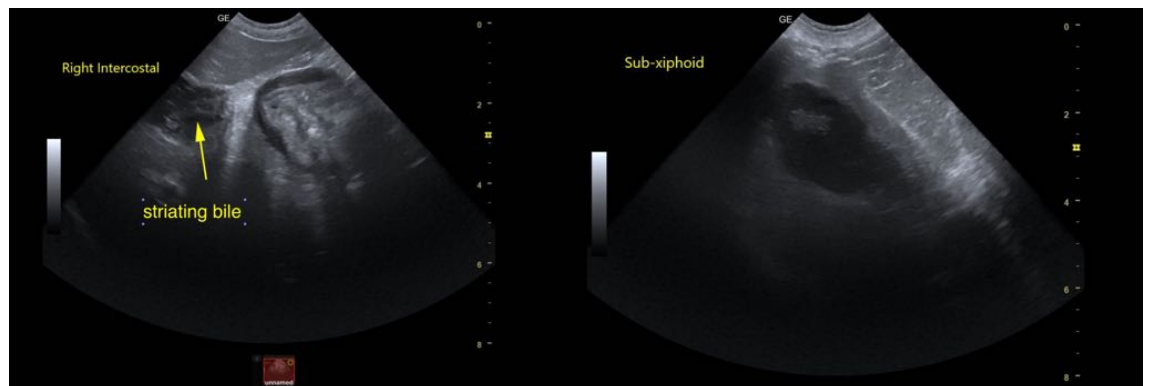
Minor heterogenous adrenal glands.

Moderate degenerative renal changes.

Gallbladder debris and striating bile, not to the level of mucocele formation.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend FNA of the liver. The abdominal bloating is likely owing to hepatomegaly. If urine specific gravity is less than 1.020 then work-up for PDH, Cushing's is indicated. Leptospirosis titers are also warranted. Reassessment of the blood sample is recommended to ensure that bilirubin is not artifactual. Urinalysis assessment is recommended to assess for any evidence of UTI would be indicated.





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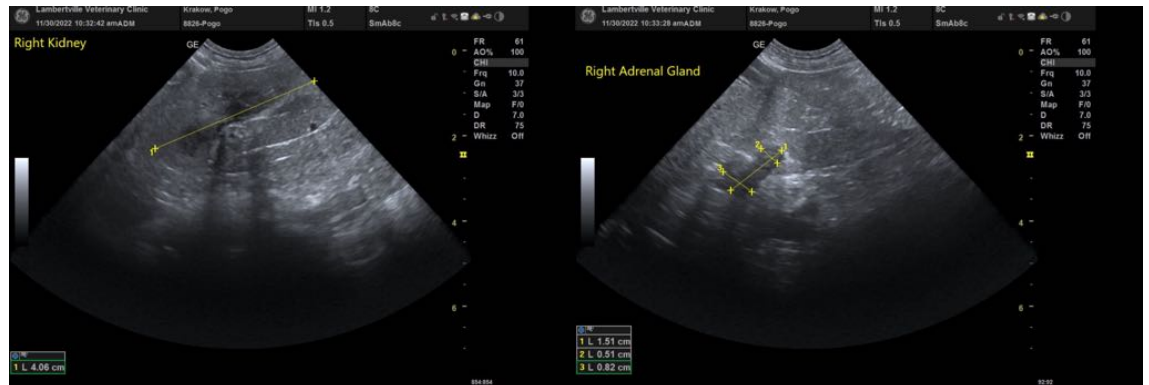
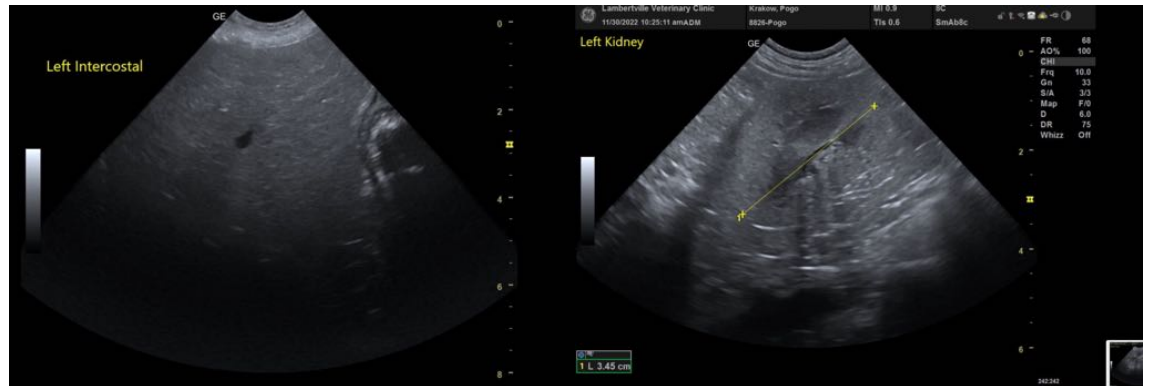
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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