



DATE	PRESENTING CLINICAL SIGNS
11/5/21	History: PU/PD Panting, irritability. Lab Results: elevated ALT, GGT.
PATIENT	Date of Previous IntraPet Ultrasound: No previous. Sedation: Not required for a diagnostic ultrasound. Stat Report: Not requested.
Scout Scott	
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	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.
Jack Russell	
SEX	The prostate was unremarkable with a minor amount of remodeling. The prostate measured 2.0 cm. No deviation of the descending colon was noted.
Intact Male	
AGE	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 5.13 cm. The right kidney measured 5.0 cm.
2013	
WEIGHT	Adrenal Glands
26.4 lbs	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 0.4 cm.
INTERPRETED BY	Spleen
Eric Lindquist, DMV DABVP, Cert. IVUSS	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 were noted.
IMAGING PERFORMED BY	Liver
Stephanie Pearce RDCS, RVT	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 minor 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. There was no overt suspicion of neoplasia.
HOSPITAL NAME	Gastrointestinal
Festival VC	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
REFERRING VET	
Dr. Lomax	
INVOICE	
14195	

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.

Other

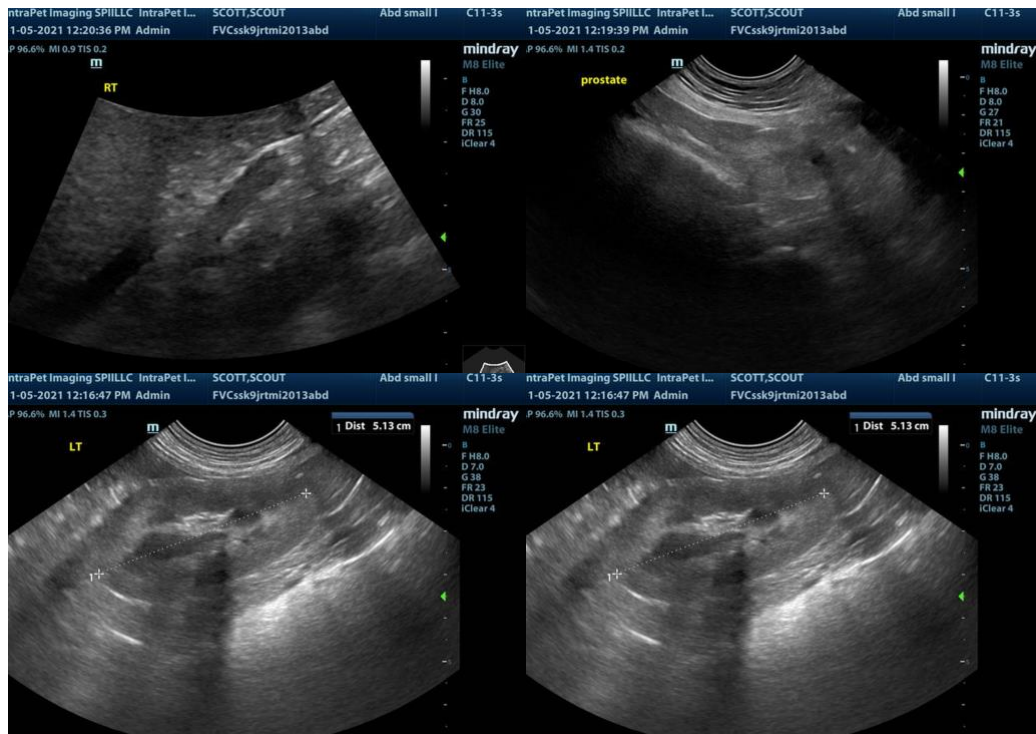
The **testicles** were imaged and found to be uniform with no evidence of pathology.

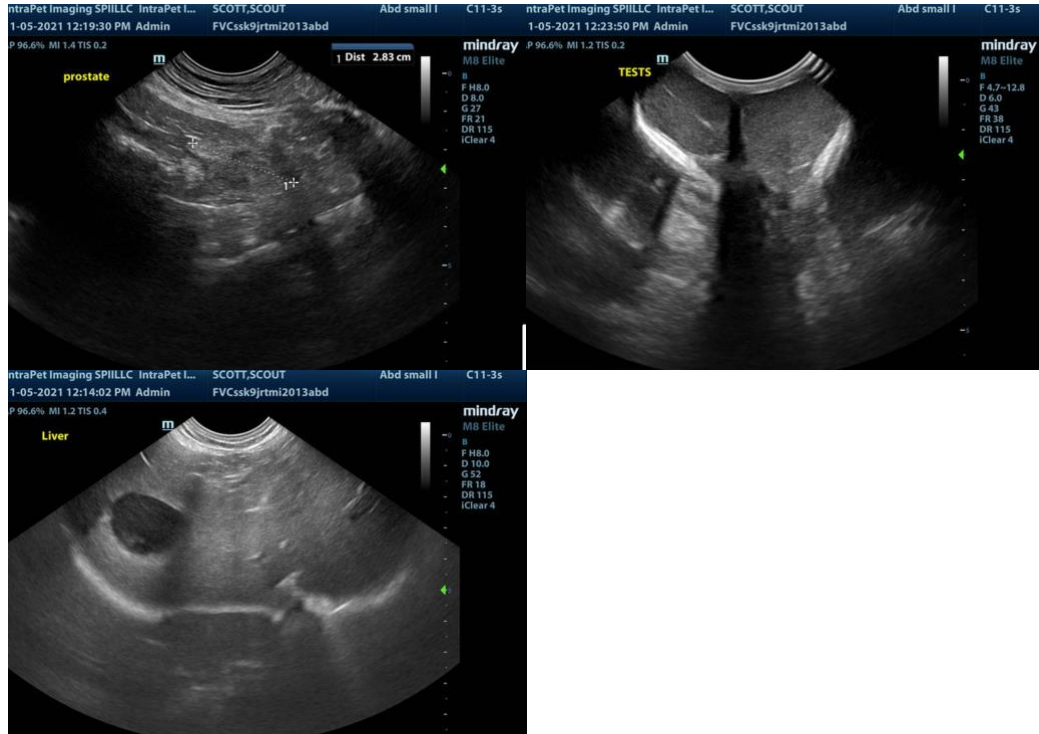
ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen, largely age-related abdominal changes
- Age-related vacuolar hepatopathy
- Prostate, minor amount of remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease.





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.

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