



PATIENT

Cooper Santo

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered Male

AGE

11.5 Years

WEIGHT

8.8 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Victoria Orlando

INVOICE

12109

DATE

11/05/25

PRESENTING CLINICAL SIGNS

Transfer for elevation of elevated LE, inappetence for approximately one week. Current meds: probiotic treat, Rimadyl 75mg 1/4 SID (discontinued on Nov 3), interceptor, Simparica, OTC joint supplement. Metronidazole 125mg BID started Nov 3 due to elevated LE. Trazodone given PRN. Abdomen: uncomfortable upon cranial abdominal palpation Crepitus upon palpation of stifles bilaterally

Abnormal PE/Chem/CBC/UA Results: 11/3 AHDC: Chem: ALT 291 (H), ALP 214 (H), GGT 56 (H), Tbili 1.1 (H) Fecal: Neg for hookworm, whipworm, tapeworm, cysto, roundworm, giardia CBC: WBC 10.99, Baso 0.16 (H), Plt 523 (H)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra (to a depth of 2.0 cm) 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 **residual prostate** measured 0.80 cm.

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. Blood flow to the kidneys appeared to be adequate on power doppler assessment. The left kidney measured 4.6 cm in length. The right kidney measured 4.9 cm in length.

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 0.60 cm width. The right adrenal gland measured 0.90 cm width at the cranial pole and 0.66 cm width 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 were noted.

Liver

The **liver** revealed slight coarse architecture, normal vascularity and parenchymal volume. The gallbladder was unremarkable. No evidence of overdistention or posthepatic obstruction.



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Gastrointestinal

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There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. The material within the stomach has the consistency of ingesta, however, a dense shadowing structure was noted measuring 2.7 cm. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small intestine and colon were unremarkable.

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Pancreas

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The **pancreas** revealed slight heterogenous parenchymal changes on the right limb.

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered Male

- Age-related abdominal changes.
- Partially full stomach.
- Post prandial type presentation.
- Structurally unremarkable liver.
- Heterogenous pancreatic changes- potential low-grade pancreatitis.

AGE

11.5 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

8.8 kg

Acute insult to the liver such as leptospirosis should be considered in this patient. Ultrasound guided FNA of the liver is indicated. 24 hour IV fluid support and management for the hepatic failure is indicated with recheck sonogram with a pyloric outflow SDEP 13 position in particular to assess if the material is persistently present. If so, then a gastrotomy is indicated with liver biopsy. Further investigation of feeding history is warranted.

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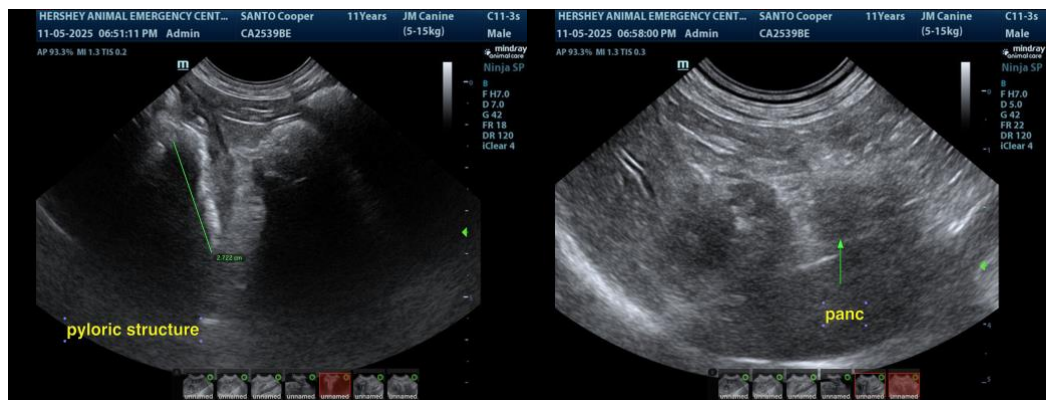
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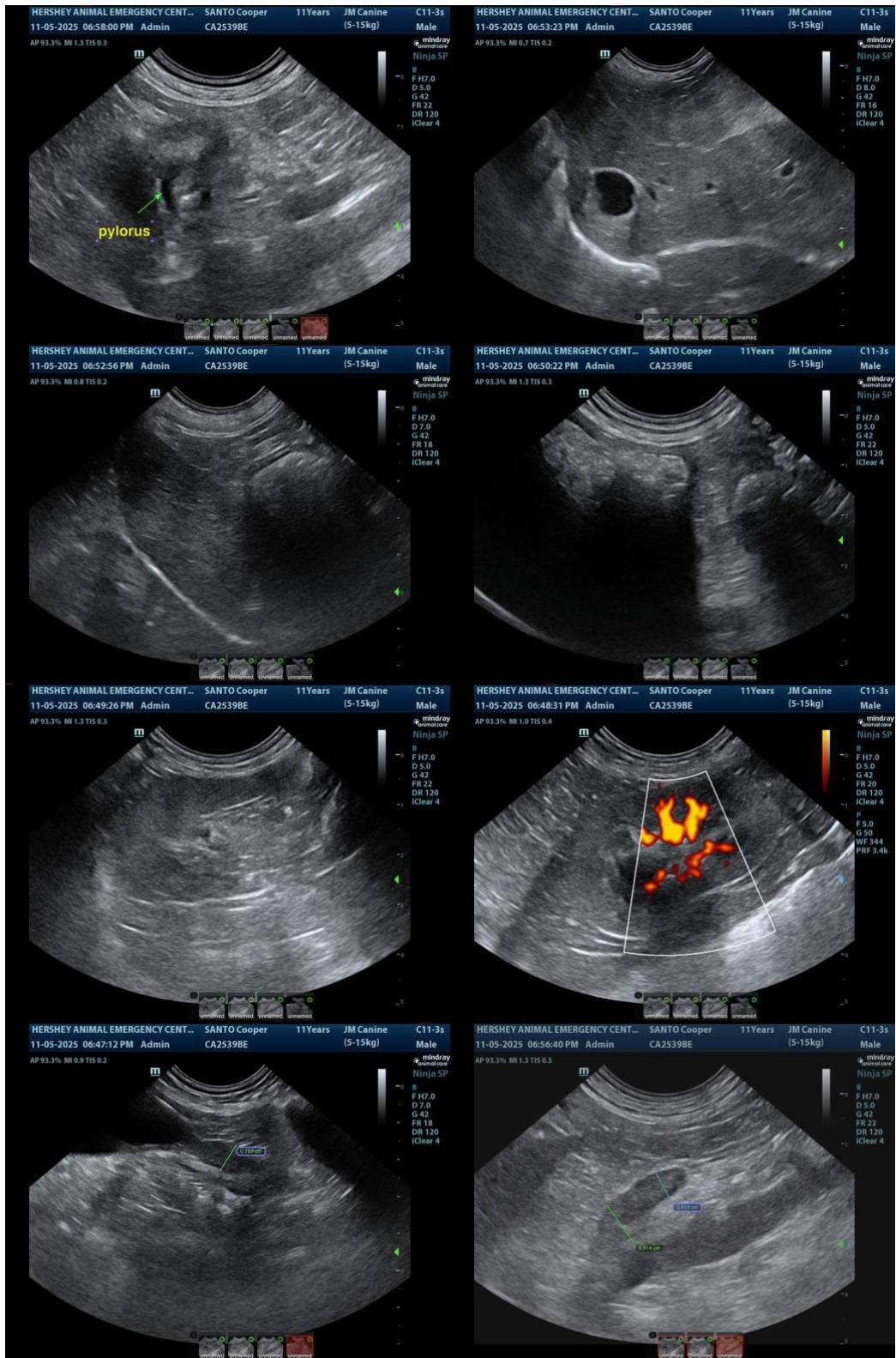
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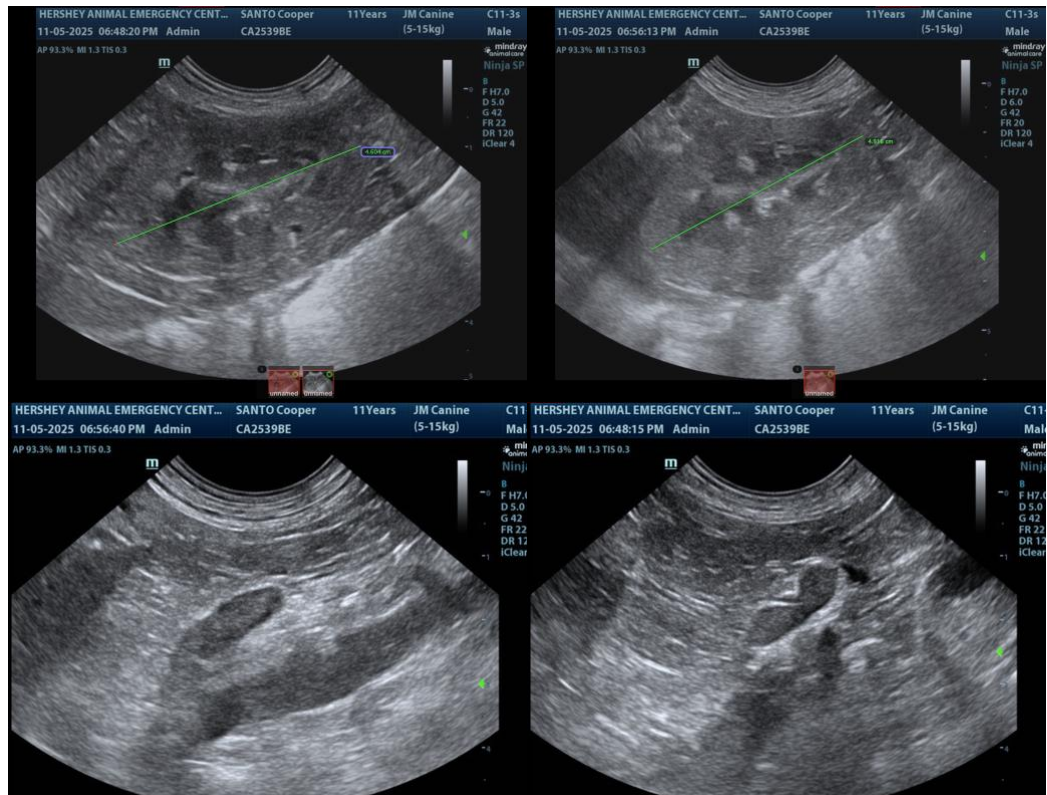
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,

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