



**PATIENT**

Henry Jackson

**PRESENTING CLINICAL SIGNS**

11/8 and had BW-alb 4.4, alp >2400, alt 145; ACTH stim following day not supportive of Cushings recheck BW 12/7 ALP 2334, ALT 121(in normal range) no clinical signs

**SPECIES**

Canine

**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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

**BREED**

Labrador

**SEX**

Neutered Male

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 kidneys measured 6.0 cm each.

**AGE**

8 Years

**Adrenal Glands**

The **left adrenal gland** was 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 0.50 cm.

**WEIGHT**

80 Pounds

The **right adrenal gland** was slightly heterogeneous at the caudal pole, measuring 1.0 cm at the caudal pole and 1.6 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV

**Spleen**

The **spleen** was mildly enlarged with slight scalloping contour. Minor heterogeneous parenchymal changes noted. If any weight loss is an issue, FNA would be indicated.

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Meghan Myers

**Liver**

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. 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**

Hershire AH

**Gastrointestinal**

**REFERRING VET**

Dr. Meghan Myers

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.

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**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.

**DATE**

12/15/22



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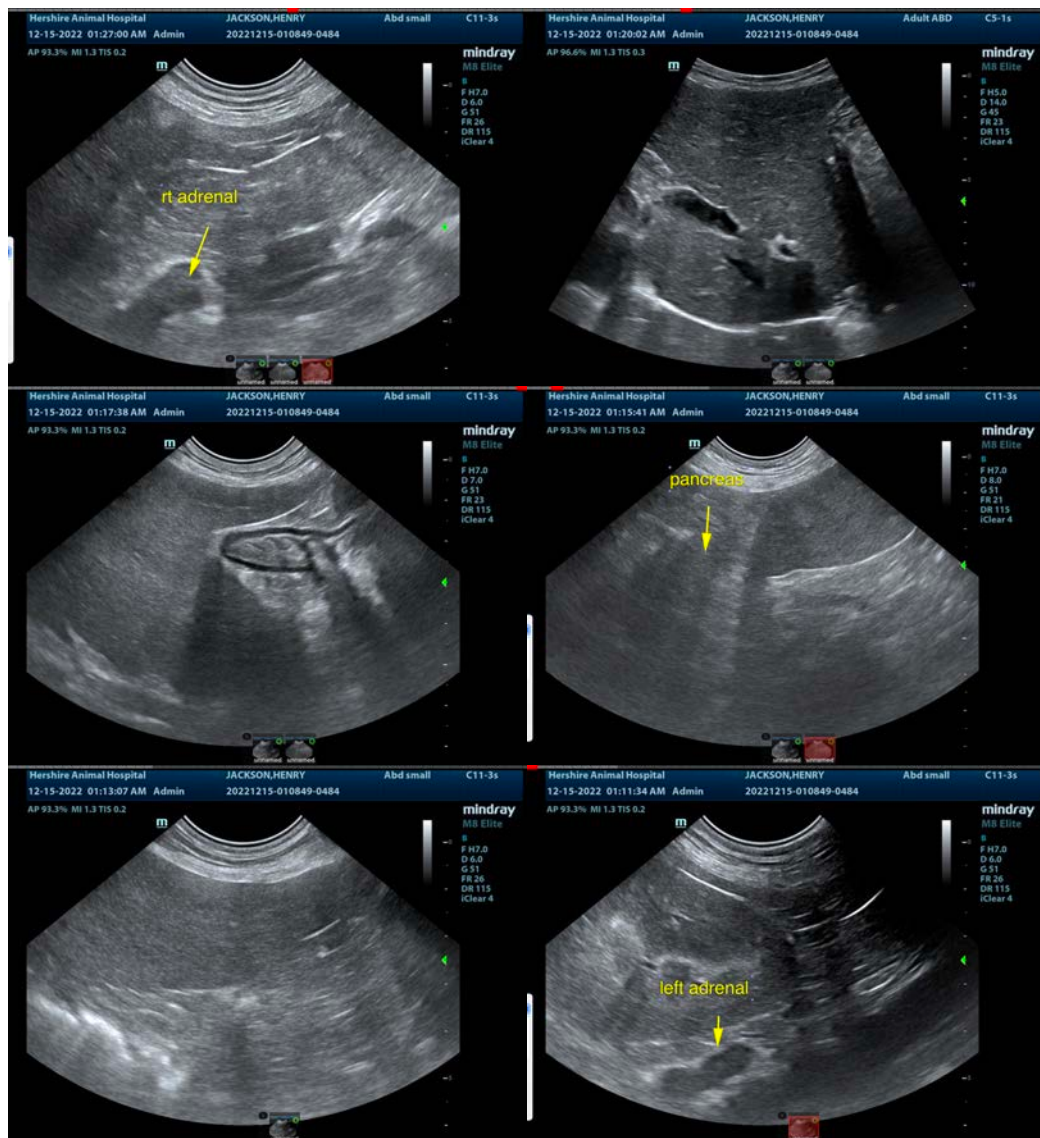
12/15/22

**ULTRASONOGRAPHIC FINDINGS**

- Subjectively benign hepatopathy
- Minor splenic enlargement
- Slight heterogeneous caudal pole right adrenal gland

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If any weight loss is present, FNA spleen and liver would be indicated. However, subjectively the abdomen appears benign in this patient.





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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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