



PATIENT

Champ Wolyzniuk

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered male

AGE

8 years

WEIGHT

13.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Jessica Morgan, RVT

HOSPITAL NAME

Oxford County VC

REFERRING VET

Dr. Andratis

INVOICE

42228

DATE

12/20/22

PRESENTING CLINICAL SIGNS

History: Patient is Hypothyroid, has KCS, Hx of Pancreatitis Current Hx - lethargy On Thyrotabs 0.2 mg BID Optimune Oint for eyes
Abnormal PE/Chem/CBC/UA Results: Increased ALP 1076 (was 791) T4 well managed at 24 (13-51), Lepto spp Antibody by ELISA is positive - secondary to vaccination Lepto spp RealPCR -blood and urine are negative

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 and no evidence of pelvic dilation was present. The left kidney measured 5.0 cm. The right kidney revealed microinfarcts and remodeling. The right kidney measured 5.6 cm.

Adrenal Glands

The region of the left **adrenal gland** was imaged with no evidence of pathology. The right adrenal gland was normal in size and contour. The right adrenal gland was slightly heterogenous and measured 1.47 cm at the cranial pole and 1.06 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

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.



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Gastrointestinal

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

Benign hepatopathy.

AGE

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Mild renal remodeling with microinfarcts.

Otherwise, unremarkable abdomen.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of significant disease. FNA of the liver can be considered for further definition, however, subjectively it appears benign.

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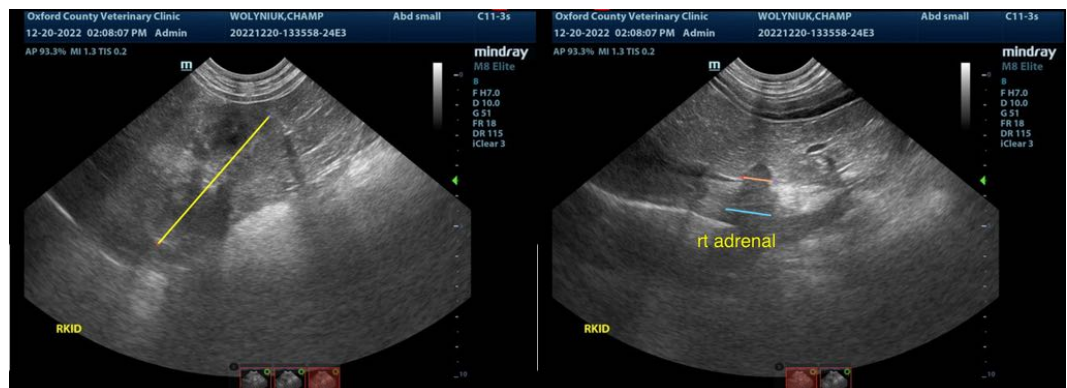
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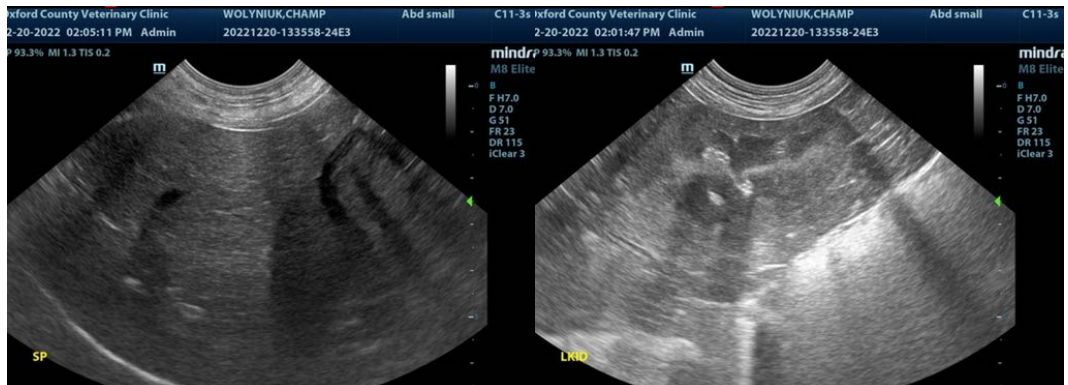
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com