



PATIENT PRESENTING CLINICAL SIGNS

Brian Burns Inappetence, recent diarrhea, elevated liver enzymes. Current meds: Cerenia 60mg sid.
Abnormal PE/Chem/CBC/UA Results: ALT 770, AST 100, ALP 524, GGT 14

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Labradoodle

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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.

SEX

Neutered male

The residual prostate was uniform and measured 1.1 cm.

AGE

11 years

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 right kidney measured 5.5 cm. The left kidney measured 6.19 cm.

WEIGHT

57.1 lbs

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 right adrenal gland measured 2.36 x 1.57 cm at the cranial pole and 0.81 cm at the caudal pole. The left adrenal gland measured 2.63 x 0.61 cm at the cranial pole and 0.53 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

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.

HOSPITAL NAME

Long Valley AH

REFERRING VET

Dr. Earl

Liver

The **liver** revealed mildly increased portal markings with slightly increased coarse architecture. Minor heterogenous parenchymal changes were noted. The gallbladder and common bile duct were unremarkable.

INVOICE

94831

Gastrointestinal

DATE

12/22/21

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



PATIENT

demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Brian Burns

SPECIES

Pancreas

Canine

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.

BREED

Labradoodle

ULTRASONOGRAPHIC FINDINGS

SEX

Non-specific mild chronic inflammatory hepatopathy.

Neutered male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

There is no evidence or suspicion of neoplasia. FNA could be considered for further definition of inflammatory cell type for long term management.

11 years

WEIGHT

57.1 lbs

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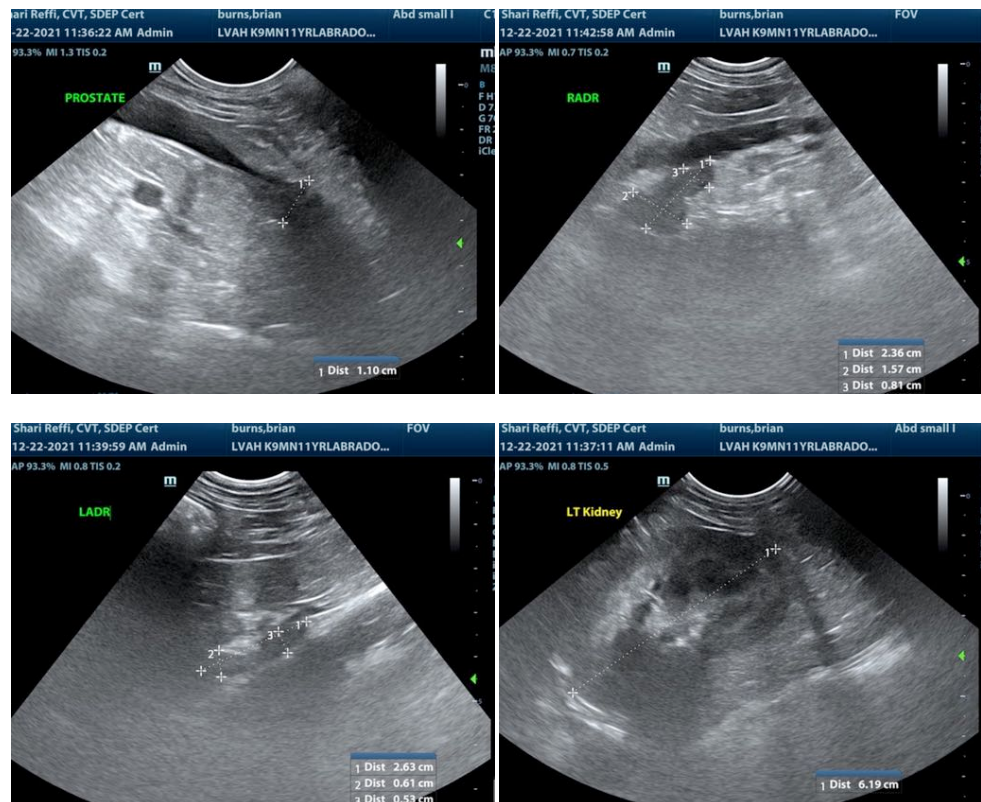
Dr. Earl

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PATIENT

Brian Burns

SPECIES

Canine

BREED

Labradoodle

SEX

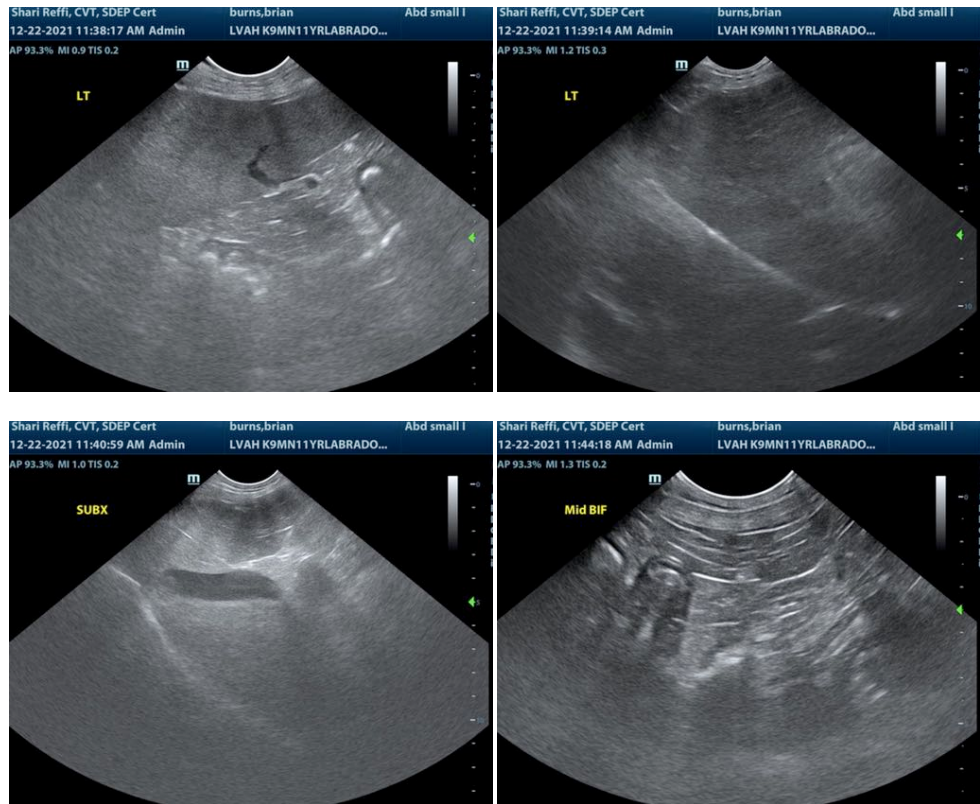
Neutered male

AGE

11 years

WEIGHT

57.1 lbs



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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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