



PATIENT

Thor Christensen

PRESENTING CLINICAL SIGNS

Elevated ALT on pre neuter blood work
Abnormal PE/Chem/CBC/UA Results: Elevated ALT and normal Bile Acids

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.

BREED

Miniature Pinscher

SEX

Intact Male

The **left kidney** 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 4.24 cm.

AGE

6 Months

The **right kidney** was not visualized. If not previously removed, right kidney aplasia likely.

WEIGHT

4.2 kg

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 0.47 cm at the cranial pole and 0.24 cm at the caudal pole. The left adrenal gland measured 0.32 cm.

INTERPRETED BY

Eric Lindquist, DMV

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.

IMAGING PERFORMED BY

Dr. Belan

Liver

HOSPITAL NAME

Stoney Trail AC

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. No gallbladder visible, likely aplastic.

Portal vein to vena cava ratio was 1:1 at 4.0 mm each.

REFERRING VET

Dr. Huet

Gastrointestinal

The **gastric** wall was thickened in this patient, measuring up to 0.70 cm. Some echogenic mucosal remodeling noted. Some gastric stasis noted. The small intestine presented minor thickening. Assessment for underlying parasitic disease indicated or other causes of GI inflammation. Reactive mesenteric lymph nodes noted.

INVOICE

43709

DATE

12/22/22



PATIENT

Pancreas

Thor Christensen

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Gastrointestinal thickening
- Structurally unremarkable liver with aplastic gallbladder
- Right kidney not visualized

BREED

Miniature Pinscher

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

No evidence of portosystemic shunting. Likely reactive hepatopathy owing to primary GI inflammation. Dietary assessment, fecal test, anti-parasitic protocol all indicated in this patient.

Intact Male

AGE

6 Months

WEIGHT

4.2 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Stoney Trail AC

REFERRING VET

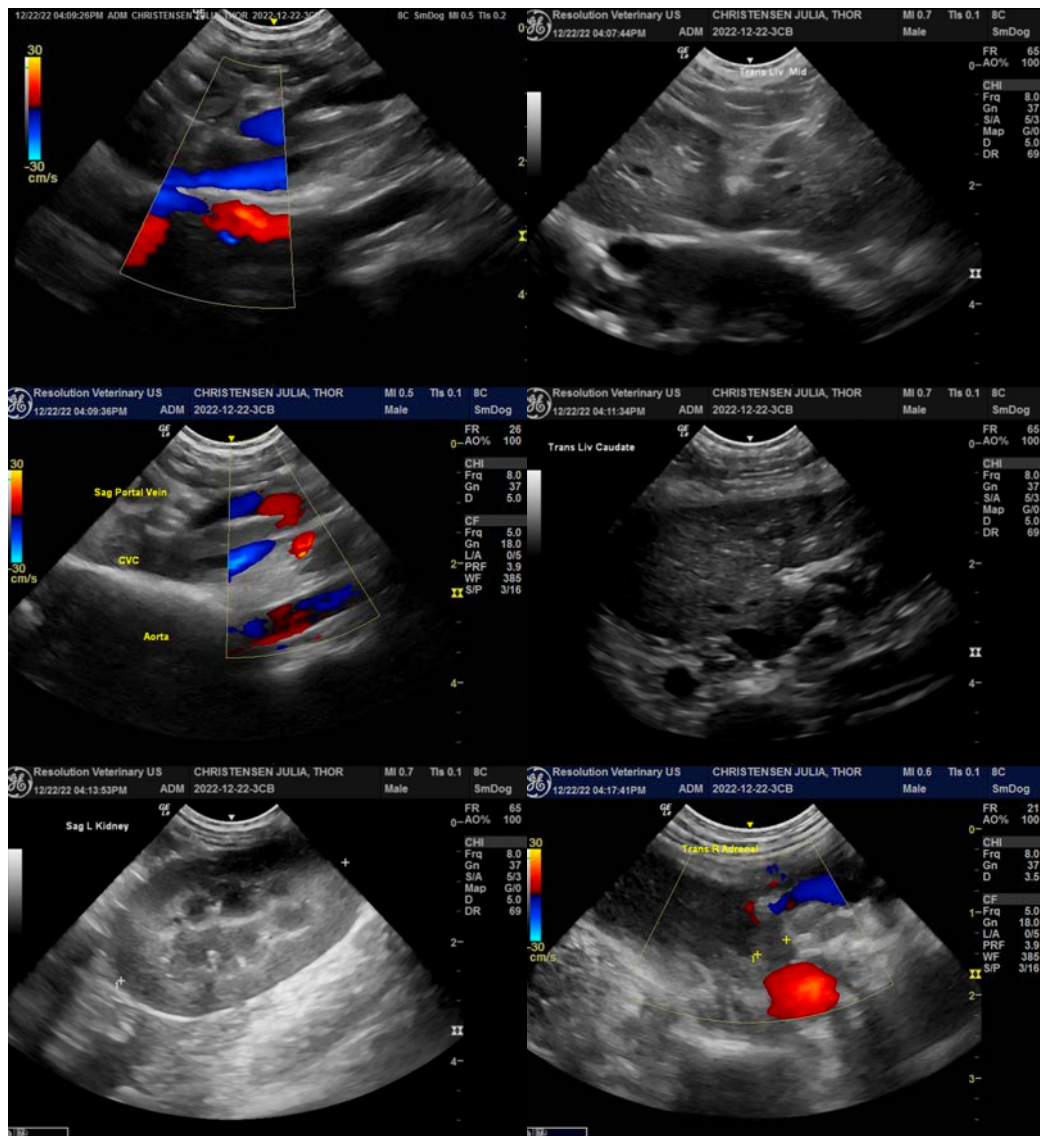
Dr. Huet

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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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