



**PATIENT PRESENTING CLINICAL SIGNS**

Desi Epps Abnormal liver values, Polydipsia for a few days. Getting confused lately  
Abnormal PE/Chem/CBC/UA Results: ALT 122 (12-118); ALP 329 (5-131)

**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 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.

**SEX**

Neutered Male

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 right kidney measured 5.7 cm. The left kidney measured 5.62 cm.

**AGE**

11 Years

**Adrenal Glands**

**WEIGHT**

33.5 Pounds

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 0.58 cm. The right adrenal gland measured 0.51 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. Multifocal hyperechoic lipogranulomatous changes noted. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**IMAGING PERFORMED BY**

Dr. Finder

**Liver**

**HOSPITAL NAME**

Craig Road AH

The **liver** was mildly excessive in size and presented mild coarse architecture and slight increased portal markings. Multifocal hyper- and hypoechoic nodular changes noted, non-disruptive. The gallbladder was unremarkable.

**REFERRING VET**

Dr. Finder

**Gastrointestinal**

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.

**INVOICE**

33854

**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**

12/30/21



**PATIENT**

Desi Epps

**ULTRASONOGRAPHIC FINDINGS**

- Vacuolar hepatopathy liver pattern with mild remodeling and occasional non-disruptive nodular change

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound guided FNA of the hypoechoic liver nodules recommended as well as the general parenchyma for further information. Bile acid profile would be appropriate.

**BREED**

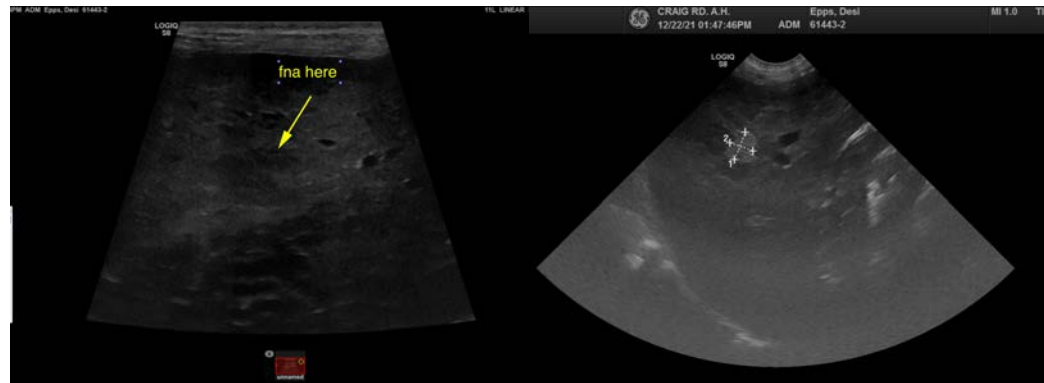
Labradoodle

**SEX**

Neutered Male

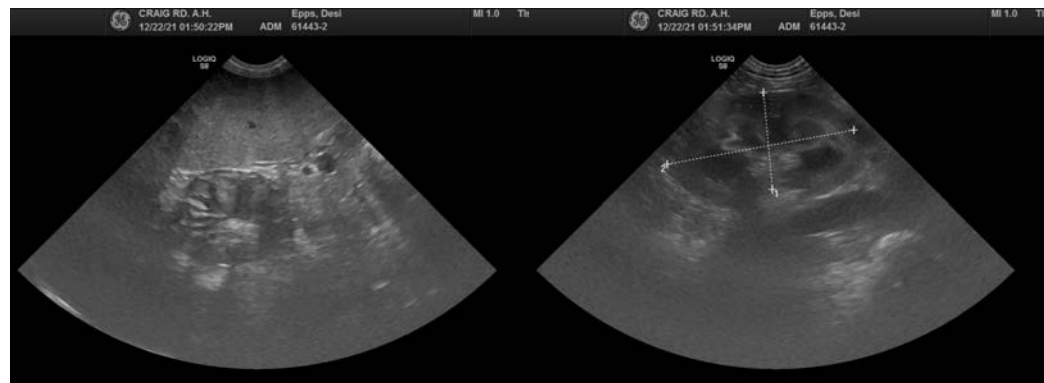
**AGE**

11 Years



**WEIGHT**

33.5 Pounds

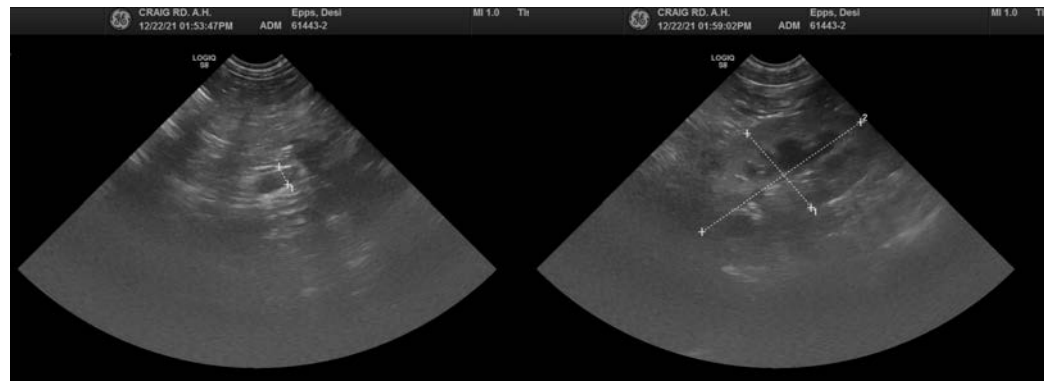


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**HOSPITAL NAME**

Craig Road AH

**REFERRING VET**

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**DATE**

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**PATIENT**

Desi Epps

**SPECIES**

Canine

**BREED**

Labradoodle



**SEX**

Neutered Male

**AGE**

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**WEIGHT**

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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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