



PATIENT

Fergus Giniewski

SPECIES

Canine

BREED

Cavalier Cross Cocker
Spaniel

SEX

Neutered male

AGE

10 ½ years

WEIGHT

28.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Moon

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dr. Moon

INVOICE

94311

DATE

12/6/21

PRESENTING CLINICAL SIGNS

History: Decreased appetite for 2 weeks, appetite was starting to return but energy level decreased on 3 days ago. Started Denamarin and scheduled u/s. Since then, p has stopped eating and is slightly icteric tonight
AST 107 (15-66) ALT 451 (12-118) ALP 3401 GGTP 76 (1-12) TBili 2.4 (0.1 - 0.3) Chol 1313 (92-131)
Trig 694 (29-291) PSL 143 (24-140)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 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.

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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.0 cm with trace pyelectasia.

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 left adrenal gland measured

Spleen

The **spleen** is diffusely hyperechoic to the falciform fat with a relatively normal size.

Liver

The **liver** revealed diffuse hyperechogenicity and swollen contour. Biliary calculus was noted. The gallbladder and common bile duct were unremarkable other than minor gallbladder wall thickening and debris.

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.



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Pancreas

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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

BREED

Lobar biliary calculus with subjectively benign hepatopathy, possibly endocrinopathy related. Suppurative hepatitis, hepatic lipidosis and underlying acute insult upon benign hepatopathy is all possible. There is no overt evidence of neoplasia.

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Lipidotic spleen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

There is no evidence of post hepatic obstruction or mucocele formation. Coagulation panel and 25-gauge FNA of the spleen and liver is recommended for further definition.

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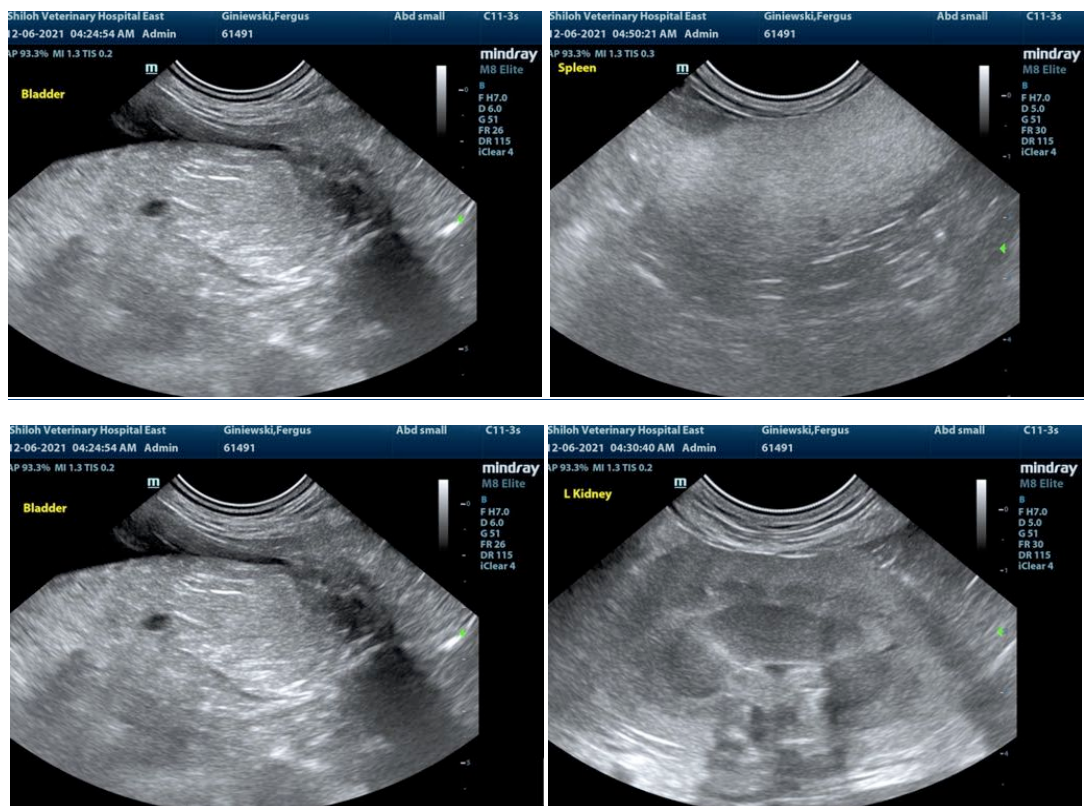
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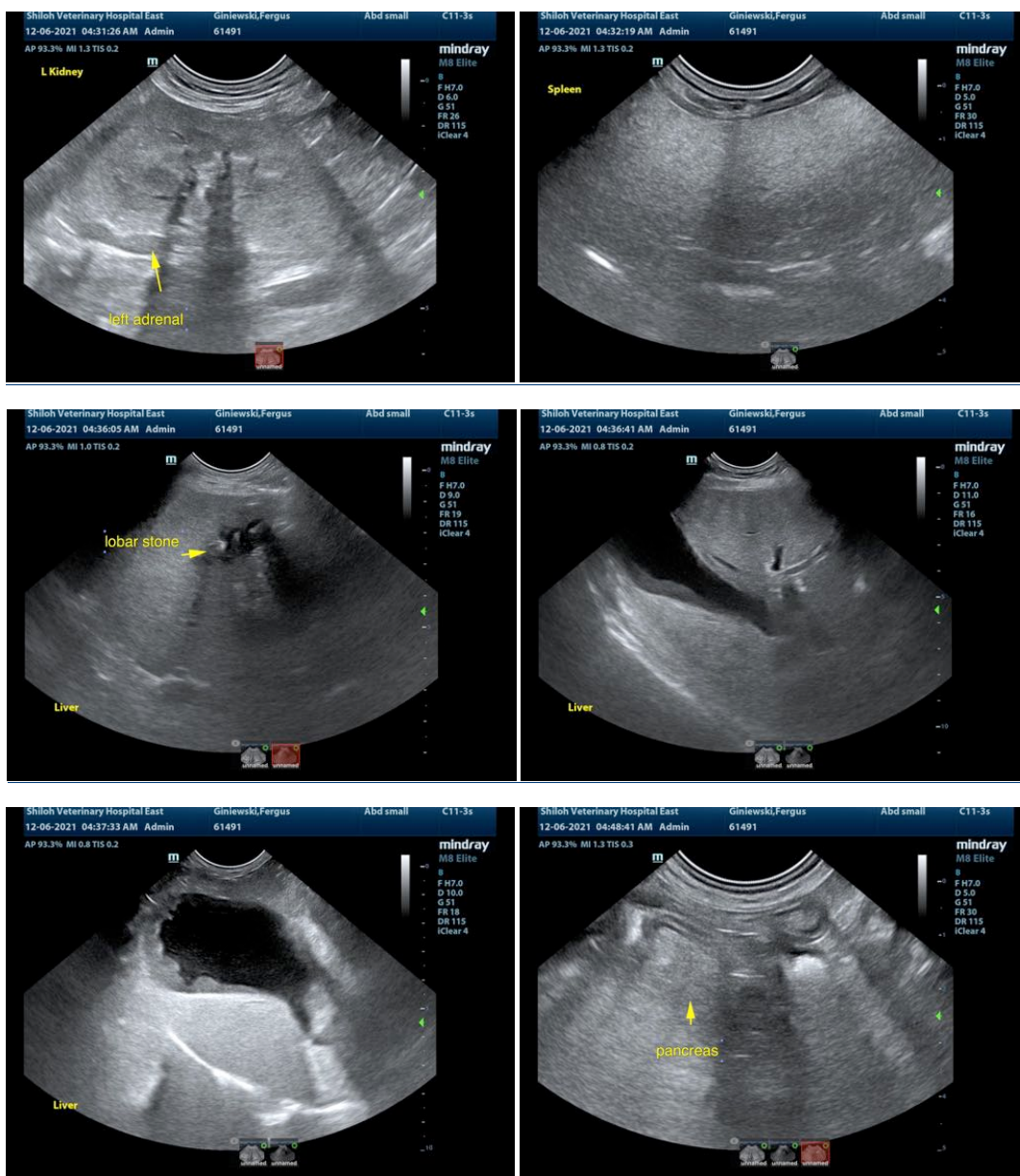
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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