



PATIENT

Oliver Sherrow

PRESENTING CLINICAL SIGNS

Elevated liver values.
ALT 952, AST 314, albumin 2.2

SPECIES

Canine

BREED

Cairn Terrier

SEX

Neutered male

AGE

7 years

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Greenwood Lake AH

REFERRING VET

Dr. Greenhut

INVOICE

94334

DATE

12/7/21

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. A moderate amount of debris and two separate calculi were noted. The largest calculus measured 1.3 cm and was non-obstructive at the time of the sonogram. 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization was noted in the kidneys. The left kidney measured 4.42 cm. The right kidney measured 5.1 cm.

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 1.93 x 0.63 cm. The right adrenal gland measured 1.91 x 0.72 cm.

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 slightly subnormal with mildly increased portal markings. The liver measured 3.71 cm in short axis. The portal vein measured 0.46 cm. The vena cava measured 0.5 cm. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

Oliver Sherrow

Examination of the **gastrointestinal tract** revealed a stomach that had a 4.5 cm shadowing structure in the gastric fundus and was non-obstructive. The pylorus was patent. The intestines were 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.

SPECIES

Canine

BREED

Pancreas

Cairn Terrier

The **pancreas** revealed minor hypoechoic irregular parenchymal changes. There was no evidence of masses. Low-grade inflammation is possible.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

7 years

Gastric foreign body.

Bladder calculi.

Mild, non-specific, hepatic remodeling.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of portosystemic shunting. Cystotomy, gastrotomy and liver biopsy is indicated. Bile acid profile can be considered prior to surgery.

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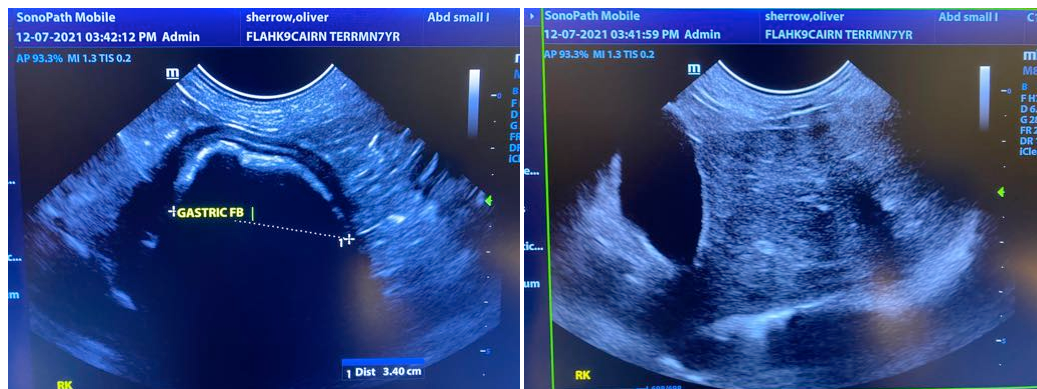
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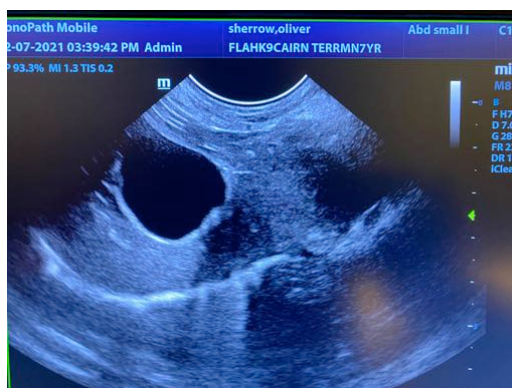
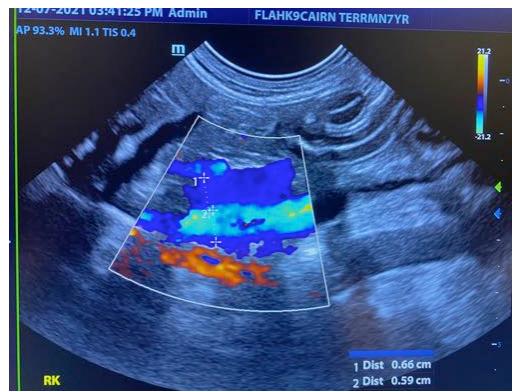
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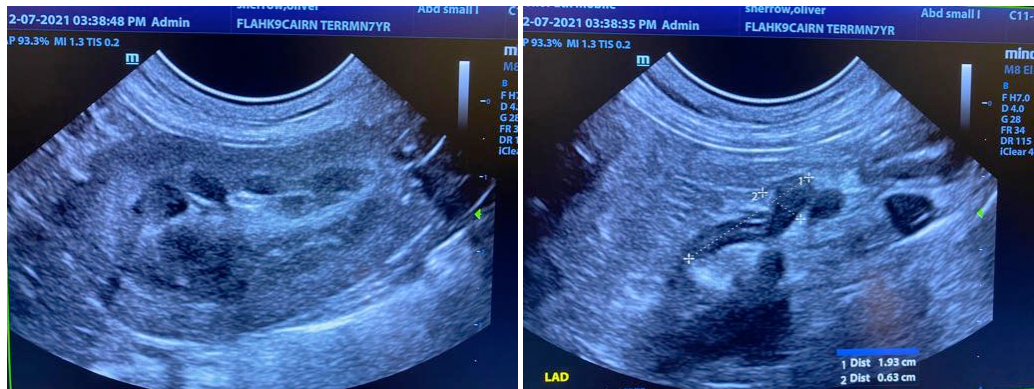
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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