



**PATIENT**

Perry Bergman

**PRESENTING CLINICAL SIGNS**

Elevated ALP, low Glucose  
Abnormal PE/Chem/CBC/UA Results: ALP 1864, Glucose 66

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

German Shorthair

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.

**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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present.

**AGE**

13 years

**Adrenal Glands**

**WEIGHT**

74 lbs

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 2.15 x 1.09 cm at the cranial pole and 0.84 cm at the caudal pole. The left adrenal gland measured 2.13 x 0.47 cm at the cranial pole and 0.52 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

**IMAGING PERFORMED BY**

Shari Reffi, CVT

The **spleen** was enlarged, irregular and nodular with hyperechoic and hypoechoic nodular changes.

**HOSPITAL NAME**

Summit Dog and Cat  
Hospital

**Liver**

The **liver** revealed multi-focal, hypoechoic and hyperechoic nodules with irregular contour. The gallbladder and common bile duct were unremarkable.

**REFERRING VET**

Dr. Levitian

**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**

**SPECIES**

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**

German Shorthair

**ULTRASONOGRAPHIC FINDINGS**

Irregular spleen and liver.

**SEX**

Neutered male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

13 years

There is concern for emerging round cell neoplasia versus nodular hyperplasia and reactive spleen. FNA of the spleen and liver is recommended of the general parenchyma and nodular changes. There is no obvious evidence of insulinoma in this patient. However, these lesions can be extremely small. There is a minor potential that the nodular changes in the liver could represent metastatic disease hence the necessity for FNA. CT with contrast of the abdomen is gold standard for insulinoma if necessary. Other causes of hypoglycemia should be ruled out.

**WEIGHT**

74 lbs

**INTERPRETED BY**

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DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

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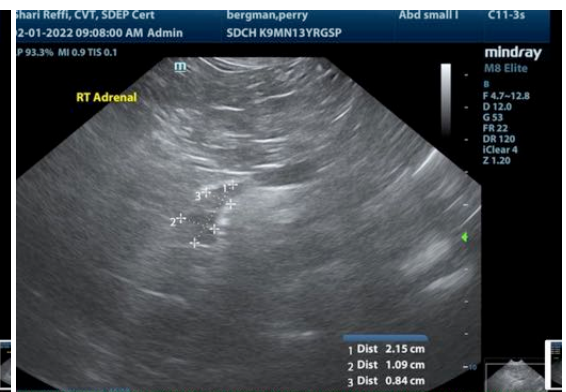
Dr. Levitian

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**SPECIES**

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**BREED**

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**SEX**

Neutered male

**AGE**

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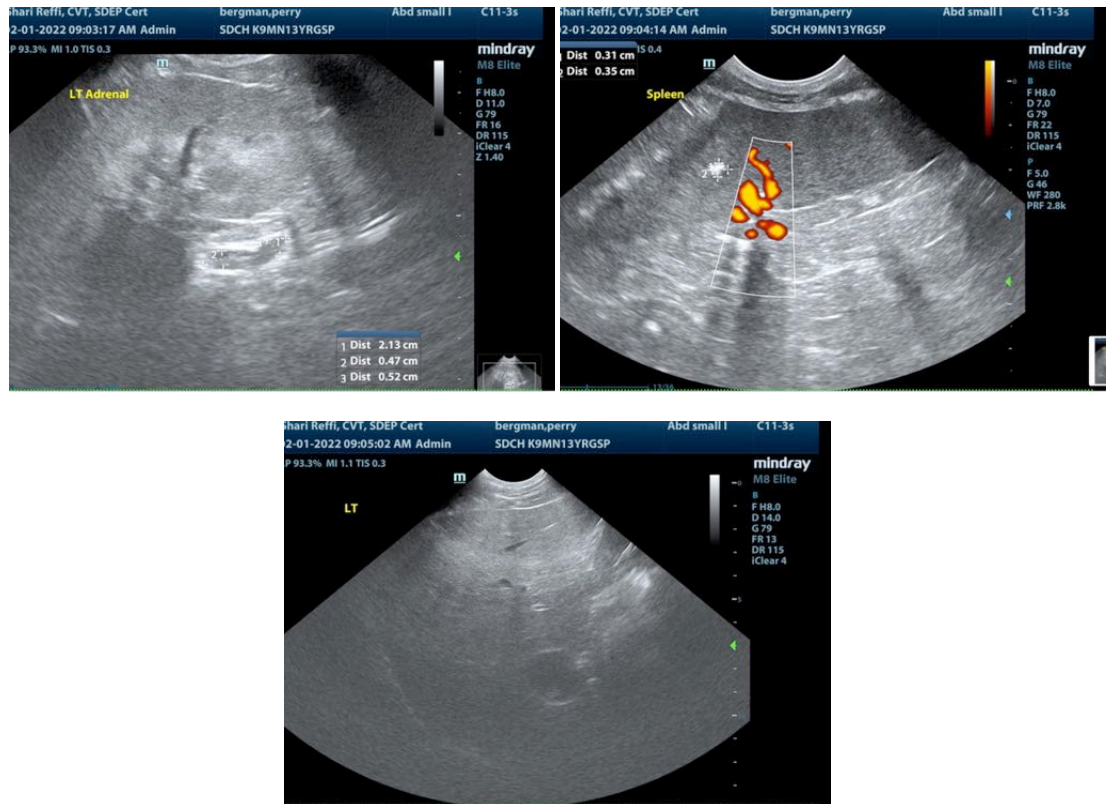
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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