



PATIENT

Porter Roberts

SPECIES

Canine

BREED

Lhasa Apso

SEX

Neutered male

AGE

13 years

WEIGHT

24 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jagger

HOSPITAL NAME

VCA Parkway AH

REFERRING VET

Dr. Jagger

INVOICE

42765

DATE

2/13/23

PRESENTING CLINICAL SIGNS

History: O reports Pu/Pd although the USG is 1.047 (1.045 in November). Both ALT and Alk Phos elevated, increased slightly from labs done last summer. He also has 2+ proteinuria and increased platelets. Blood Pressure WNL.

Abnormal PE/Chem/CBC/UA Results: Alk Phos 688 (5-131) ALT 270 (12-118) Platelets 442 (170-400)

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 was noted. Ureteral papillae were normal.

The residual prostate measured 0.5 cm.

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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.15 cm. The right kidney measured 4.9 cm with pinpoint mineralization.

Adrenal Glands

The left **adrenal gland** was 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 0.32 cm. The right adrenal gland was visualized obliquely and mildly irregular measuring 0.75 cm.

Spleen

The **spleen** revealed a hyperechoic, lipogranulomatous type mass that measured 2.0 cm at the mid body. Proactive removal is likely in this patient's best interest.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.



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Gastrointestinal

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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

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

Minor renal mineralization.

AGE

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Mild degenerative changes.

Splenic mass, likely low grade lipogranulomatous or stromal tumor.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient may be passing calculi periodically playing a role in the clinical signs. FNA of the splenic mass or direct splenectomy can be considered. This is an incidental finding. Periodic passage of calculi may be an issue, yet there was no evidence of obstructive disease at this time.

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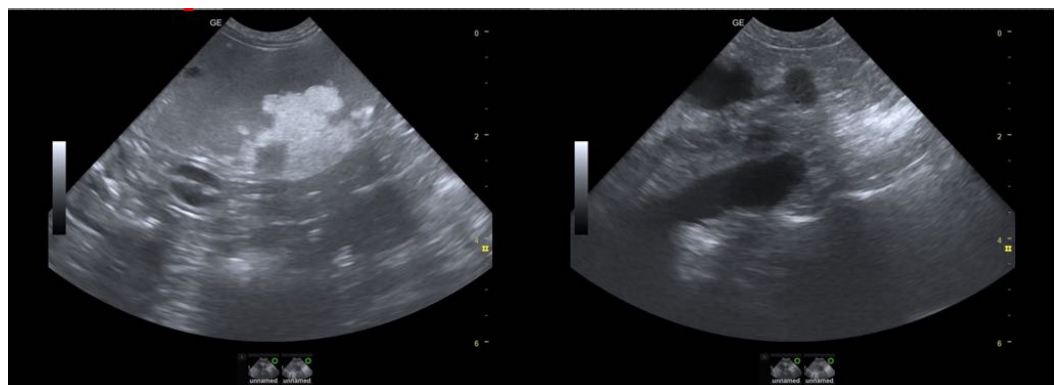
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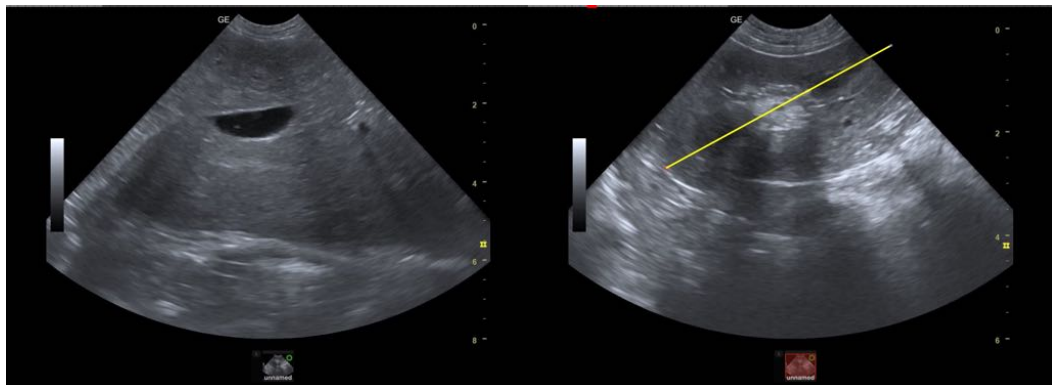
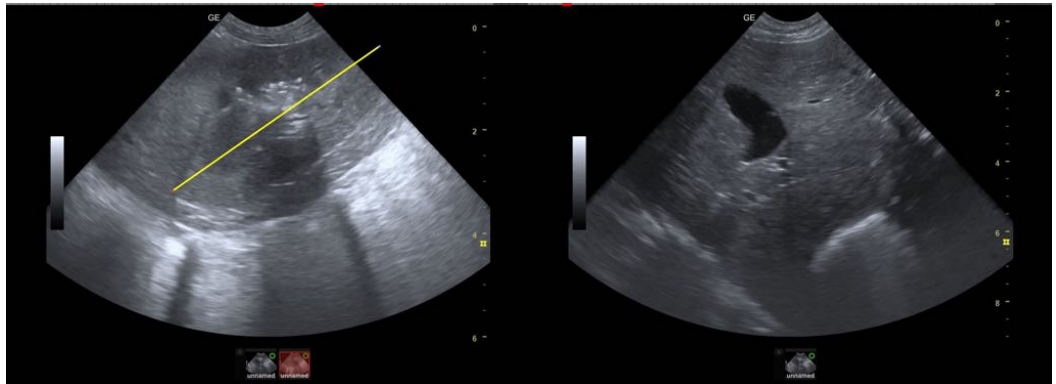
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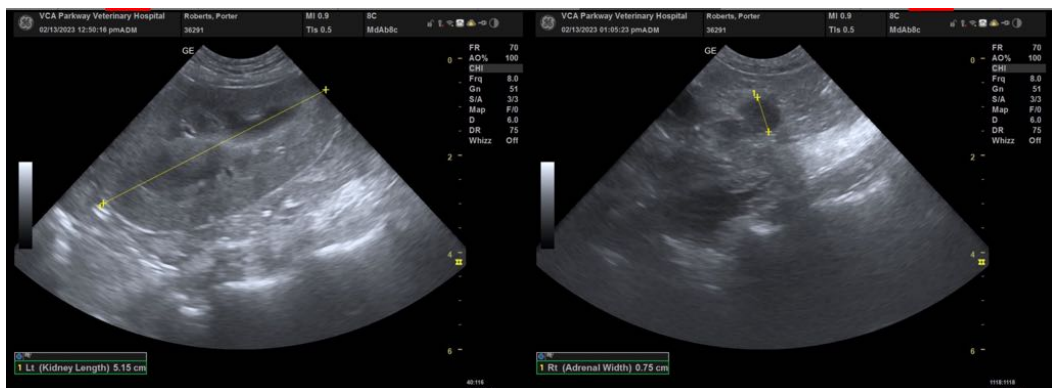
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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