



PATIENT

Homer Cardozo

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

14 Years

WEIGHT

47

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Miranda Fritz

HOSPITAL NAME

Waterbury VH

REFERRING VET

Dr. Miranda Fritz

INVOICE

45113

DATE

2/14/23

PRESENTING CLINICAL SIGNS

P presented for annual exam 1 month ago. At that time the o reported p had a very poor appetite. O was also concerned that p's abdomen looked bigger. No vomiting, occ diarrhea, no cough or sneezing, no noticeable pu/pd. P has lost 2 lbs in last 3 weeks. Appetite continues to decline despite medical management.

Abnormal PE/Chem/CBC/UA Results: PE- mildly distended abdomen, hepatomegaly, multifocal DJD x-rays - confirmed hepatomegaly (diffuse), linear mineralization in area of the liver. CBC - wnl Chem - SDMA 16, creat 1.6, ALT 214 U/L, ALP 176 U/L 4dx - negative First morning UA - USG 1.015, protein 1+ UPC 0.4

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 6.79 cm. The left kidney measured 6.1 cm. Cortical mineralization and cortical cysts also noted. Blood flow to the kidneys appeared to be subnormal.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was enlarged with scalloping contour and micronodular changes. Enhanced surrounding mesentery also present.

Liver

The **liver** was uniformly swollen and presented coarse architecture with mildly increased portal markings and subtle. Mixed hypo- and hyperechoic non-disruptive nodules noted. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. Lobar biliary mineralization noted, non-obstructive at the time of the sonogram. The gallbladder was minimally repleted with echogenic wall.

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

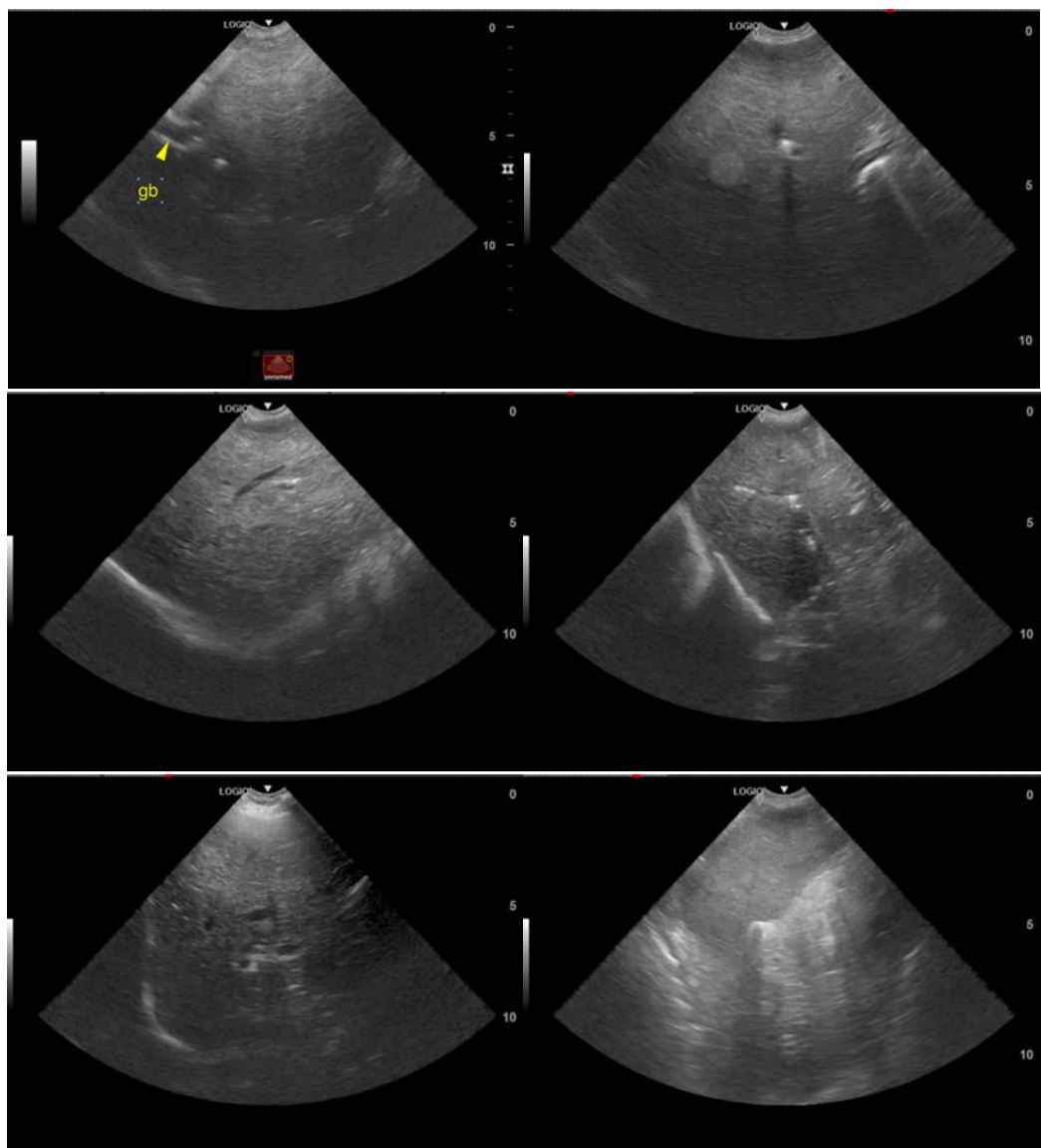
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Splenic enlargement – concern for splenic infiltrative disease versus splenitis.
- Hepatic enlargement with lobar biliary mineralization – subjectively benign hepatopathy/nodular hyperplasia.
- Moderate degenerative renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I'm most concerned about the spleen in this patient. FNA of the spleen and liver strongly recommended. The kidneys appear subjectively near end stage.





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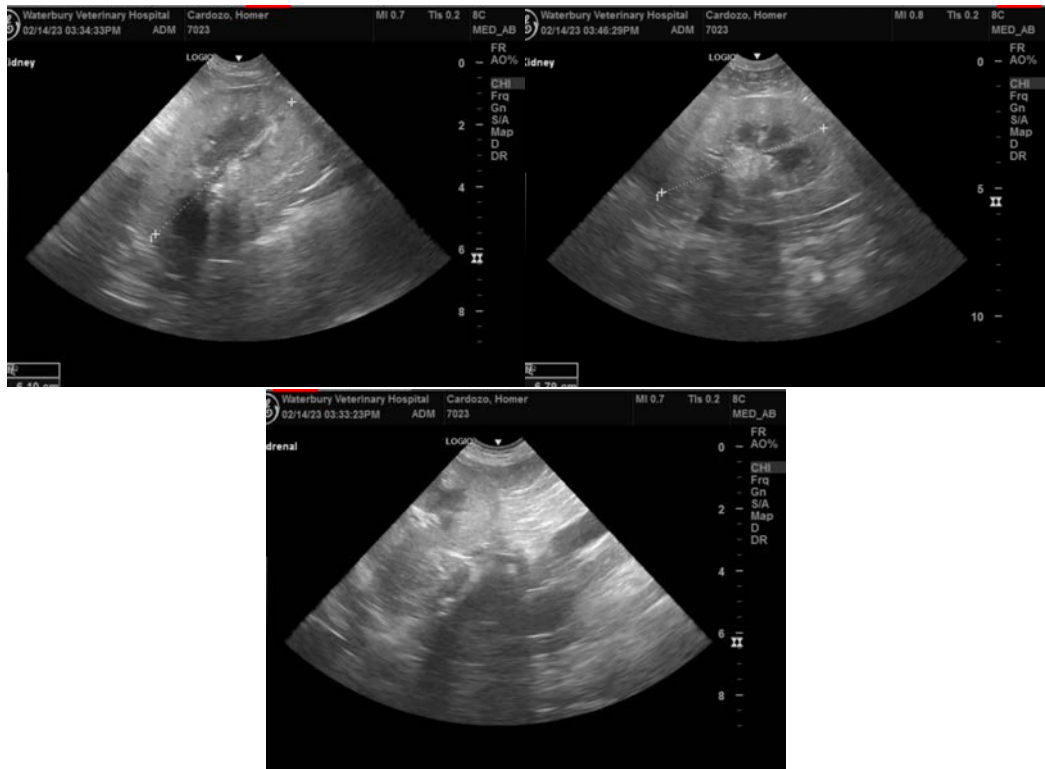
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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