



PATIENT

Newton Conklin

SPECIES

Canine

BREED

Windsprite

SEX

Neutered Male

AGE

9 Years

WEIGHT

31 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Tyler Totman, LVT

HOSPITAL NAME

Adana Vet Clinic

REFERRING VET

Dr. Alice Marie Donnelly

INVOICE

35412

DATE

2/2/22

PRESENTING CLINICAL SIGNS

Healthy dog presented for castration Oct 2021 and pre-op labs performed to reveal ALT elev, other pre-op incl ALKP WNL. REC start liver support, and is still on. Continues to be non symptomatic
Abnormal PE/Chem/CBC/UA Results: Oct 2021 ALT of 747. Repeat labs 12/29/21: ALT is 829 (10-125) AST 222 (0-50) ALKP 168 (23-212) BUN= 14 (7-27) Cr= 1.3 (0.5- 1.8). Today: ALT 589, AST 153, ALKP still normal at 135

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 **left kidney** 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 left kidney measured 4.6 cm. The region of the **right kidney** was imaged, no evident pathology. However, the kidney was not visualized and may be aplastic.

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 0.57 cm. The **right adrenal gland** was not visualized.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself cranially. 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 were noted.

Liver

The **liver** presented increased portal markings and coarse architecture. The gallbladder presented a minor amount of 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.

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

- Age related left renal changes
- Non-specific inflammatory hepatopathy pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

VD or DV radiographs of the abdomen recommended to assess if there is any evidence of a right kidney present. Leptospirosis titers warranted. FNA of the liver indicated.

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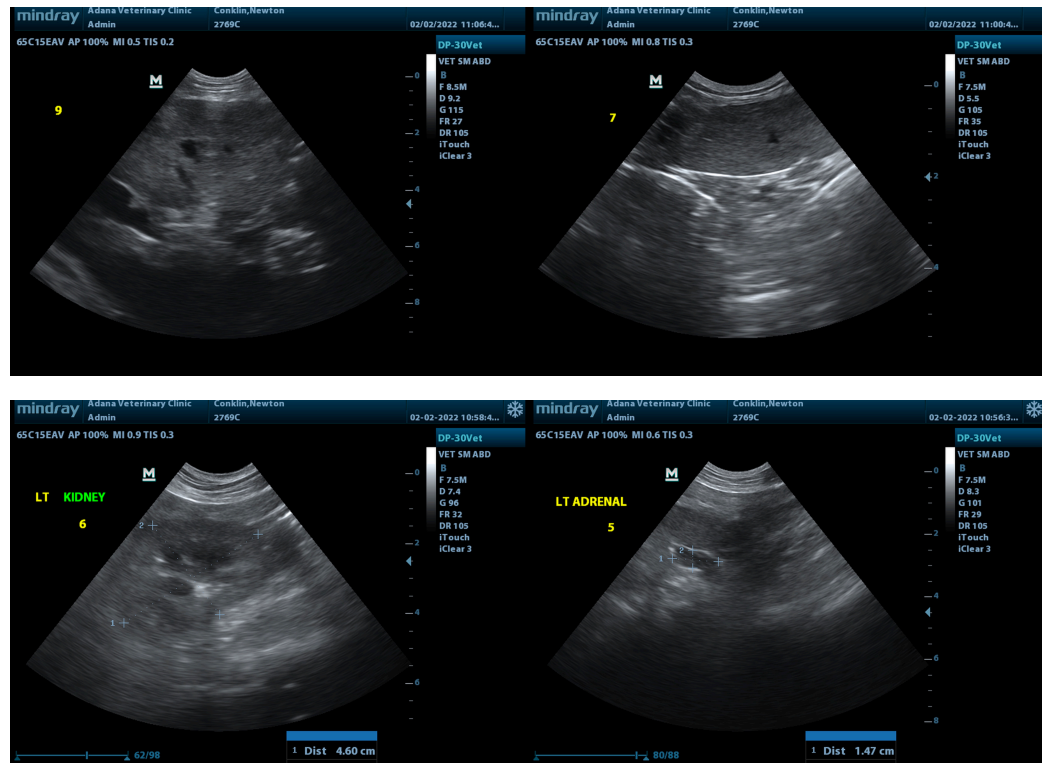
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com