

**PATIENT**

Benji Redmond

**PRESENTING CLINICAL SIGNS**

History: Grade IV/VI murmur, ascites on AFAST. Current meds: Started Pimobendan 5mg 1/2 tab q12h, Lasix 12.5mg q12h.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Pending Antech

**BREED**

Terrier Mix

**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.

**SEX**

Neutered Male

The prostate was uniform and measured 0.9 cm.

**AGE**

8 Years

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. The right kidney measured 5.37 cm with anechoic cysts in the medial cortex measuring 0.66 cm. The left kidney measured 5.0 cm.

**WEIGHT**

20.3 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Adrenal Glands**

Both **adrenal glands** were slightly swollen. The right adrenal gland was at the upper limits of normal and measured 2.16 x 0.96 cm at the cranial pole and 0.48 cm at the caudal pole. The left adrenal gland was at the upper limits of normal and measured 1.94 x 0.58 cm at the cranial pole and 0.77 cm at the caudal pole.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**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 were noted.

**HOSPITAL NAME**

Westwood Regional  
VH

**REFERRING VET**

Dr. McConnell

**Liver**

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Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. The hepatic veins were dilated in this patient. Minor excessive GB debris was noted with the presence gallbladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are

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usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

**SPECIES**

Canine

**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.

**AGE**

8 Years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

20.3 Pounds

- Unremarkable abdomen with slight swollen adrenal glands.
- History of inflammatory hepatopathy is likely.

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If the patient appears Cushingoid work-up for PDH is indicated. This may be consistent with right-sided heart failure depending upon echocardiogram results. The comet tail lung pattern was noted through the diaphragm. This is consistent with pulmonary edema. No ascites was noted at the time of the sonogram.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Westwood Regional VH

**REFERRING VET**

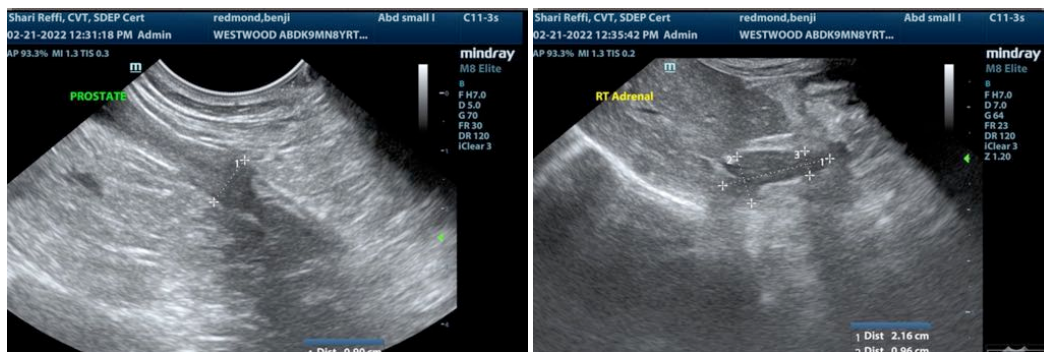
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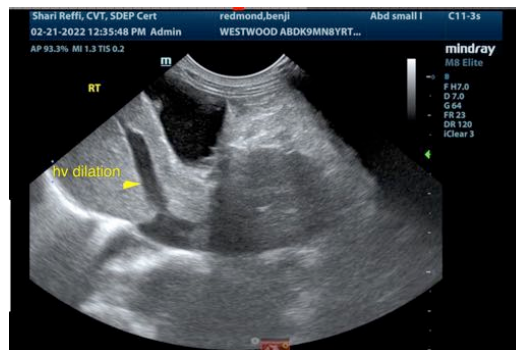
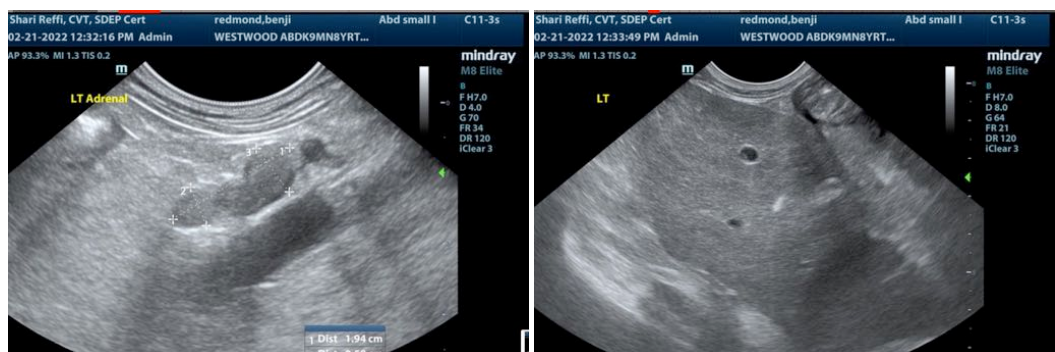
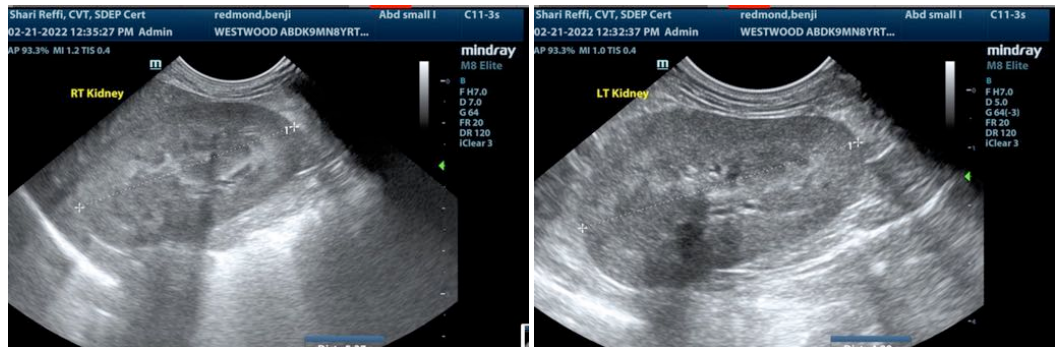
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**  
info@SonoPath.com