



PATIENT	PRESENTING CLINICAL SIGNS
Peter Pan Fink Fink	GRADE3 HEART MURMUR . HYPOTHYROIDISM . LIVER ENZYME ELEVATED . PERIODONTAL DISEASE. IS HE OK TO GO UNDER ANESTHESIA? please see attached emailed labwork.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	<i>Urinary System</i>
BREED	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.
Mix	
SEX	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 4.8 cm. The left kidney measured 4.08 cm.
Neutered male	
AGE	
12 years	
WEIGHT	<i>Adrenal Glands</i>
14.8 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 left adrenal gland measured 0.3 cm. The right adrenal gland measured 0.7 cm at the maximum width.
INTERPRETED BY	<i>Spleen</i>
Eric Lindquist, DMV DABVP, Cert. IVUSS	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 was noted.
IMAGING PERFORMED BY	<i>Liver</i>
Dr. Han	The liver revealed mildly increased portal markings with minor, excessive gallbladder debris and over distension. The liver revealed irregular contour.
HOSPITAL NAME	
Tenaflly VC	
REFERRING VET	<i>Gastrointestinal</i>
Dr. Han	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.
INVOICE	
96230	
DATE	
2/22/22	



PATIENT

Peter Pan Fink Fink

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

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WEIGHT

14.8 lbs

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

Subjectively benign vacuolar hepatopathy pattern with remodeling.

Minor excessive gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile is warranted as well as FNA of the liver. If the bile acids are normal then there is only a minor anesthetic risk. I recommend Torbutrol premed, Propofol induction, and Isoflurane maintenance. However, FNA of the liver is strongly recommended given the ALT values. Ursodiol therapy is warranted. Empirical trial of Amoxicillin and Metronidazole is recommended over a 7-10 day period with reassessment of the ALT value is indicated. Leptospirosis titers are indicated. There is no evidence or suspicion of neoplasia.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Dr. Han

HOSPITAL NAME

Tenaflly VC

REFERRING VET

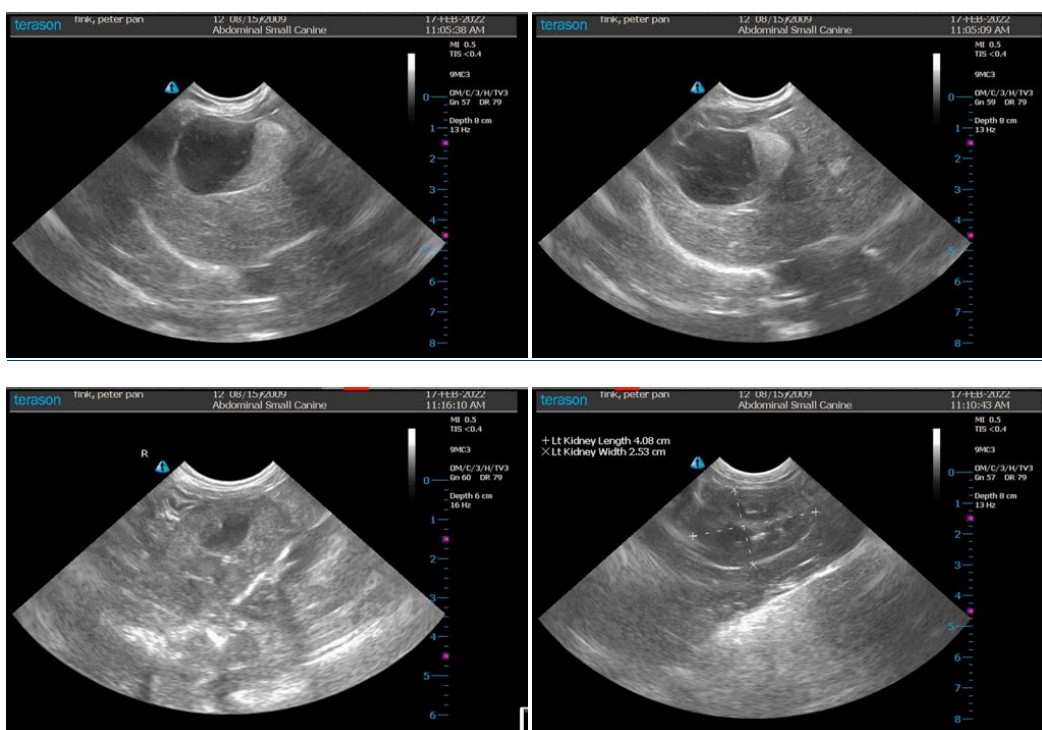
Dr. Han

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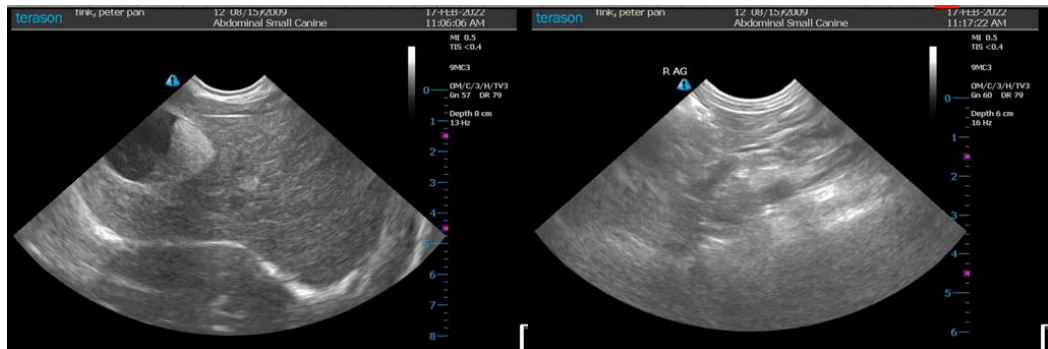
Dr. Han

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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