



**PATIENT**

Max Keeler

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Neutered male

**AGE**

6 ½ years

**WEIGHT**

28 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Ramapo Valley AH

**REFERRING VET**

Dr. Katara

**INVOICE**

96266

**DATE**

2/23/22

**PRESENTING CLINICAL SIGNS**

History: Weight gain and abdominal distension. Follow up u/s from 8/5/21 (attached)  
Abnormal PE/Chem/CBC/UA Results: ALP 1010, K+ 5.9, U/A 11/2/21- USG 1.042, 3+ prot, UPC was 0.2,

**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 was uniform and measured 1.4 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 right kidney measured 4.86 cm.

**Adrenal Glands**

The left **adrenal gland** was slightly irregular, yet stable and measured 1.87 x 0.75 cm at the cranial pole and 0.7 cm at the caudal pole. This appears to be smaller than the prior sonogram. The right adrenal gland was uniform measured 1.73 x 0.45 cm at the cranial pole and 0.57 cm at the caudal pole.

**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 was noted.

**Liver**

The **liver** is slightly enlarged with mildly increased portal markings. A minor amount of gallbladder debris was noted. This is consistent with breed predisposed hepatopathy.

**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**

Max Keeler

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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Stable left adrenal.

Terrier Mix

Stable abdomen.

**SEX**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Neutered male

The ALKP elevation is likely owing to benign hepatopathy which is typical for terriers. Urine culture and sensitivity is warranted. Thyroid assessment is warranted as well. If the patient appears Cushingoid atypical Cushing's is possible and can have normal appearing adrenal glands. An adrenal panel to the University of Tennessee is indicated.

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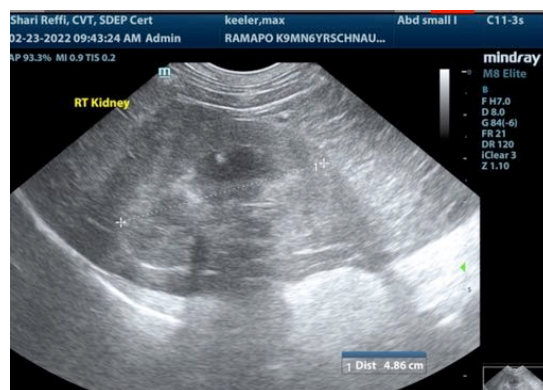
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**PATIENT**

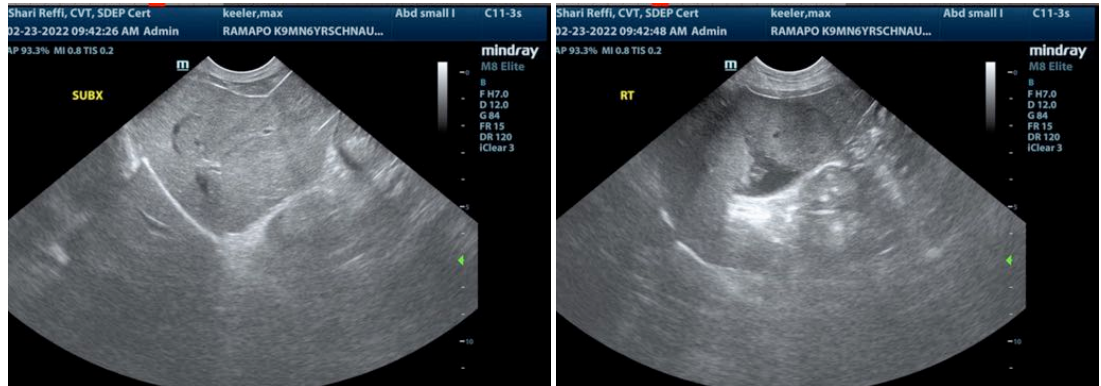
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**BREED**

Terrier Mix



**SEX**

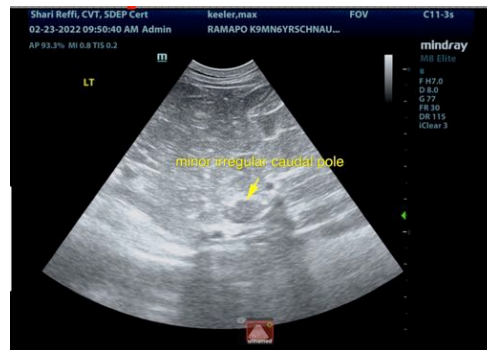
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

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