



**PATIENT**

Hodgins  
Lawson/Verdin

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

22.82 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Fearing

**HOSPITAL NAME**

Lanier AH

**REFERRING VET**

Dr. Fearing

**INVOICE**

42969

**DATE**

2/24/23

**PRESENTING CLINICAL SIGNS**

History: O said that P has been urinating more than normal. O said that she will see puddles of urine in the house randomly and she is pretty sure that it is him. Mom said he is eating and drinking good. No vomiting, diarrhea, coughing or sneezing. He is on Gabapentin, rimadyl, Cosequin, vetmedin and benazepril

Abnormal PE/Chem/CBC/UA Results: CBC: NSF Chem: slight hypernatremia (154), worsening elevated liver enzymes (ALP = 1239, ALT = 351, GGT = 42) UA: USG = 1.034; hematuria (50-75 RBCs) - cysto contamination?, stable proteinuria (UPC = 1.7) T4: WNL 4Dx: BDLx4 Fecal: pending BW from 2/7/23

**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 **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 left kidney measured 5.2 cm. The right kidney measured 5.3 cm. An anechoic cyst was noted at the dorsal cortex of the right kidney and measured 1.12 cm.

**Adrenal Glands**

The left **adrenal gland** was uniform and measured 0.71 cm at the cranial pole and 0.74 cm at the cranial pole. The right adrenal gland was at the upper limits of normal and measured 1.06 cm at the cranial pole 0.8 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** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. An anechoic cyst was noted in the cranial liver and measured 2.0 cm. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic



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changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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***Gastrointestinal***

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There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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***

Neutered male

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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10 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

22.82 lbs

Renal cyst, slight renal mineralization.

Hepatic cyst.

Structurally normal urinary tract.

**INTERPRETED BY**

Structurally normal adrenal glands for this breed.

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Post prandial GI presentation.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Idiopathic hematuria or occult UTI are both possible. The patient may have passed calculi recently. However, no obstructive disease is noted at this time.

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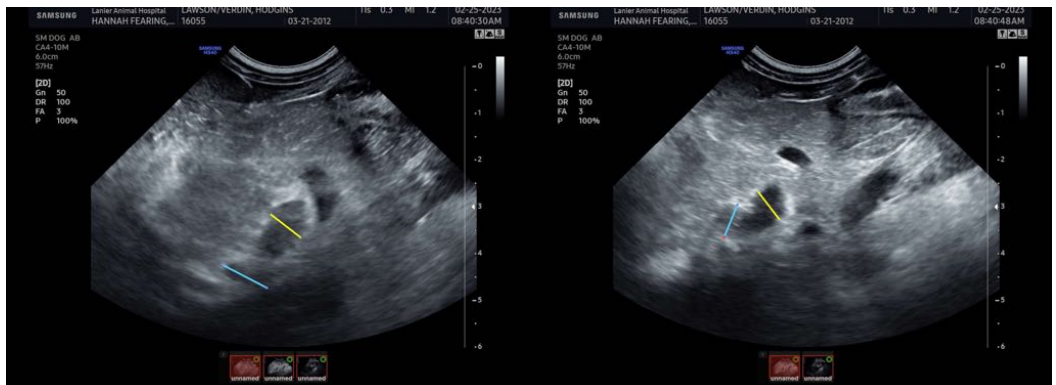
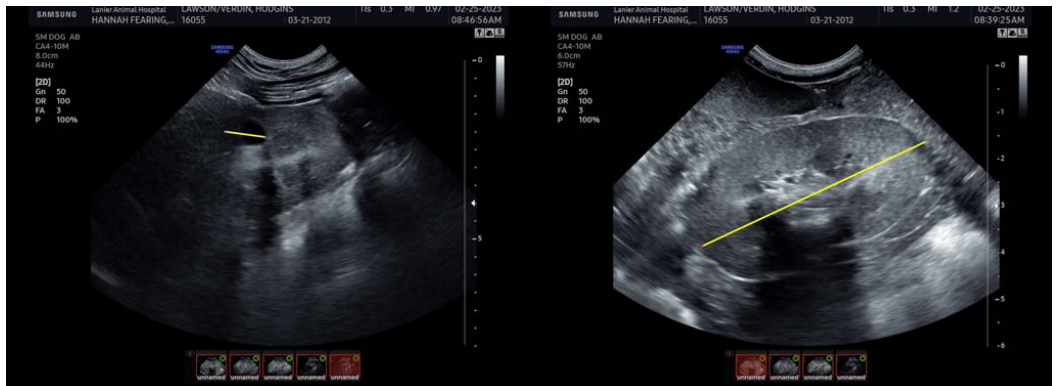
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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