

**PATIENT**

Django Olswang

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

Neutered Male

**AGE**

4 Yrs 5 Mos

**WEIGHT**

53.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert IVUSS

**IMAGING  
PERFORMED BY**

Denise Bruno, LVT,  
RDMS

**HOSPITAL NAME**

Brooklyn Heights VH

**REFERRING VET**

Dr. Thomson

**INVOICE**

95819

**DATE**

02/03/22

**PRESENTING CLINICAL SIGNS**

History: Chronic vomiting/diarrhea – improved on meds but recurrent

History of ^ALT

Evaluate for hepatitis vs other

Labs + Radiographs attached

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. 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 6.23 cm. The right kidney measured 6.0 cm.

**Adrenal Glands**

The left **adrenal gland** as 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 3.35 x 0.68 cm at the caudal pole and 0.55 cm at the cranial pole. The region of the right adrenal gland was unremarkable. The adjacent vena cava and aorta were unremarkable.

**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** revealed slight coarse architecture with mildly increased portal markings. The liver was relatively normal in size. The gallbladder and common bile duct were unremarkable.



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## 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.

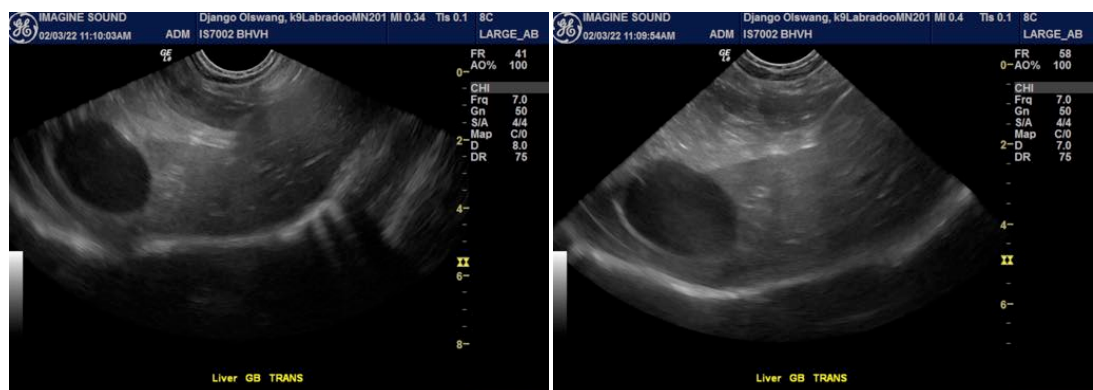
## ULTRASONOGRAPHIC FINDINGS

Non-specific, inflammatory hepatopathy. Likely reactive hepatopathy.

Structurally normal pancreas.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Diet trial of a hydrolyzed diet with 10 days of Amoxicillin and Metronidazole is recommended with reassessment of the ALT values and pancreatic values are warranted. Otherwise, FNA of the liver can be considered for further definition. However, structurally it appears largely unremarkable with minor areas of remodeling.





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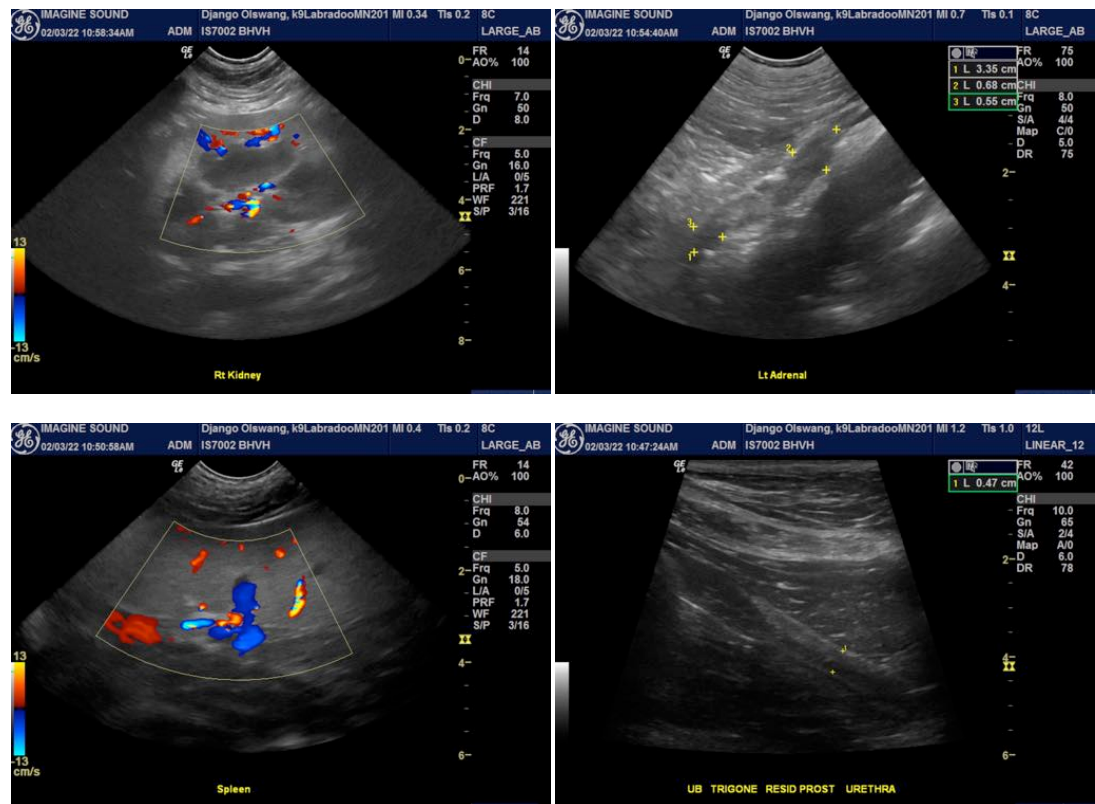
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
Eric.Lindquist@SonoPath.com