



PATIENT

Bones Pomponio

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

13

WEIGHT

69

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Ascot

INVOICE

20999

DATE

2/4/23

PRESENTING CLINICAL SIGNS

History: progressed elevation in hepatic enzymes constant panting and restlessness R/O hepatitis vs neoplasia vs Cushings Current meds Denamarin

Abnormal PE/Chem/CBC/UA Results: Stress Leukogram Glob 5.2 ALT 266 ALP 906

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. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 7.04 cm. The left kidney measured 6.77 cm.

Adrenal Glands

The **adrenal glands** measured the upper limits of normal to slightly enlarged. The right adrenal gland measured 2.26 cm x 2.03 cm at the cranial pole and 1.24 cm at the caudal pole. The left adrenal gland measured 2.15 cm x 0.71 cm at the caudal pole and 1.21 cm at the cranial 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 were 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. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is a minor change, consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

Gastrointestinal

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



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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.

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ULTRASONOGRAPHIC FINDINGS

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- Benign hepatopathy
- Slightly enlarged adrenal glands
- Partially full stomach
- Geriatric abdomen otherwise

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

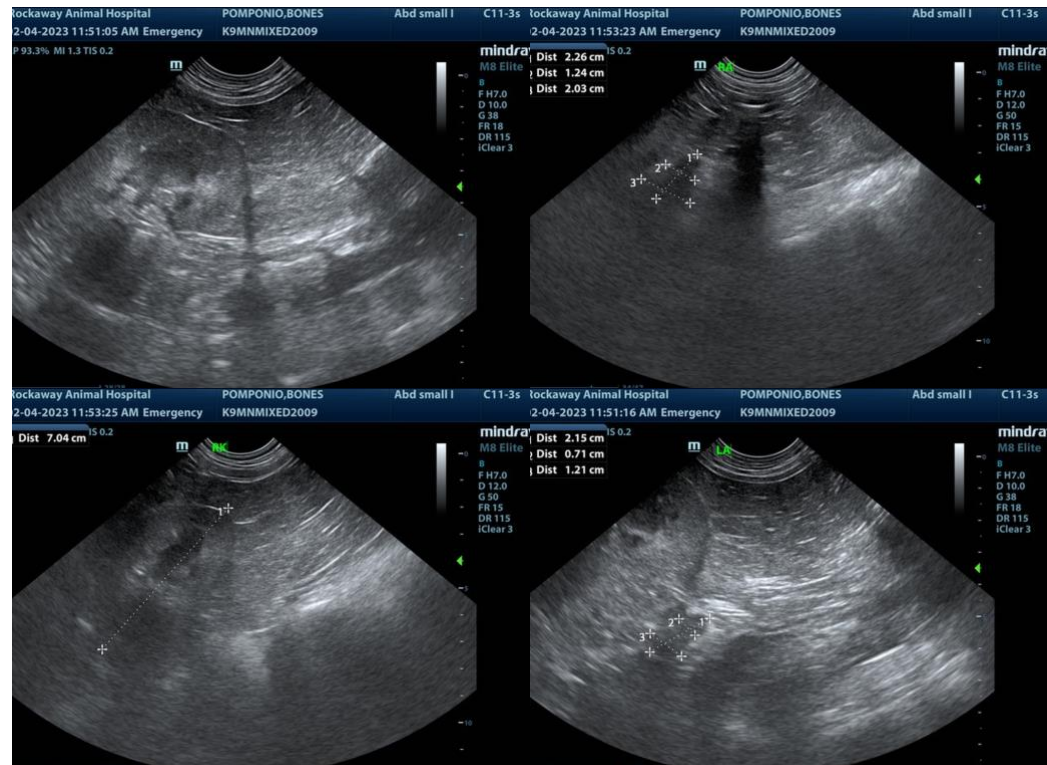
If the patient appears cushingoid, and urine specific gravity is <1.020, then work for PDH is indicated. Ultrasound guided FNA of the liver could be considered for further definition of inflammatory cell type. Neoplasia is not suspected.

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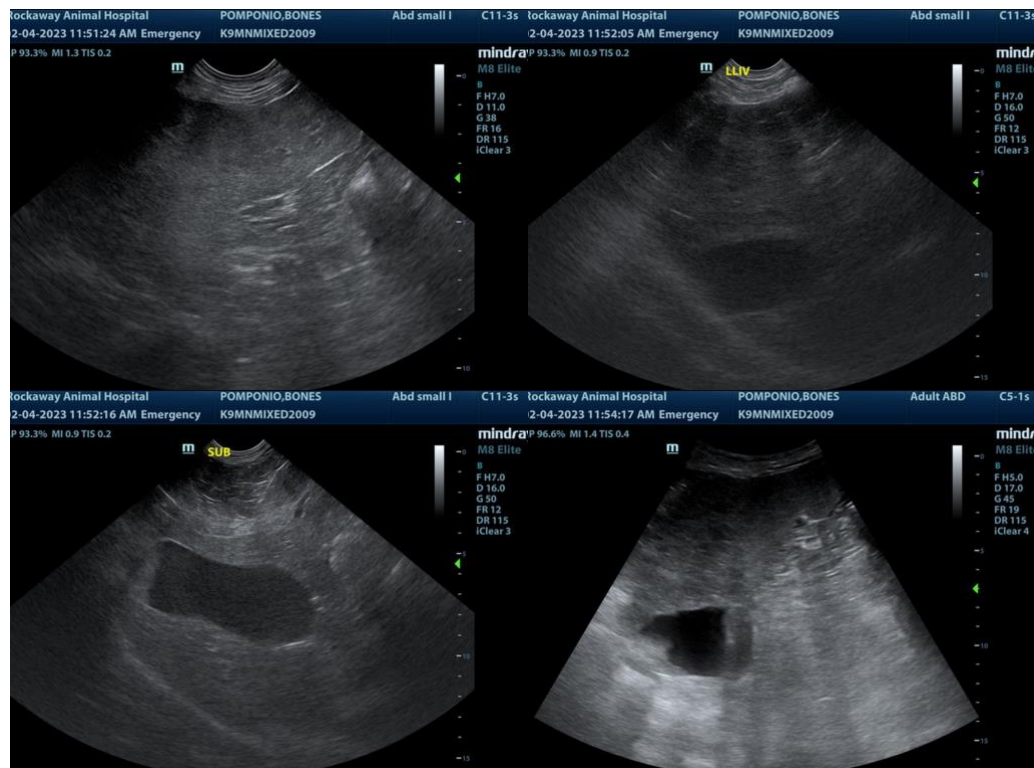
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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