



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Shasta Lewan
SPECIES Canine
BREED Golden Retriever
SEX Spayed Female
AGE 10 years
WEIGHT 73.4 lbs

Seen 1/26/2022 for annual exam. History of glaucoma being treated with Triamcinalone eye drops, dorzolamide eye drops, and acetazolamide powder. Blood work run at this time showed elevations in GGT, ALT, and ALP. Ultrasound recommended.
 Abnormal PE/Chem/CBC/UA Results: BW results 1/26/2022 ALT high 152 (118 high end) ALP 253 (131 high end) GGT high 23 (12 high end) Cholesterol high 398 (324 high end) Triglyceride high 339 (291 high end)

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 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. A cortical infarct was noted at the caudal pole of the left kidney and appears to be stable. There was no evidence of active inflammation. The left kidney measured 6.6 cm. The right kidney measured 6.58 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The **adrenal glands** were not visualized.

IMAGING PERFORMED BY

Dr. Budden

Spleen

HOSPITAL NAME

Frontier VH

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally, a positional variant. This is a positional variant and is not pathological. There was no evidence of significant disease.

REFERRING VET

Dr. Budden

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

INVOICE

95859

DATE

2/7/22



PATIENT

Gastrointestinal

Shasta Lewan

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. The mesenteric lymph node measured 3.1 cm.

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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.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen.

AGE

10 years

Benign hepatopathy.

WEIGHT

73.4 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If adrenal disease is suspected full sedation and further imaging of the adrenal glands would be indicated.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

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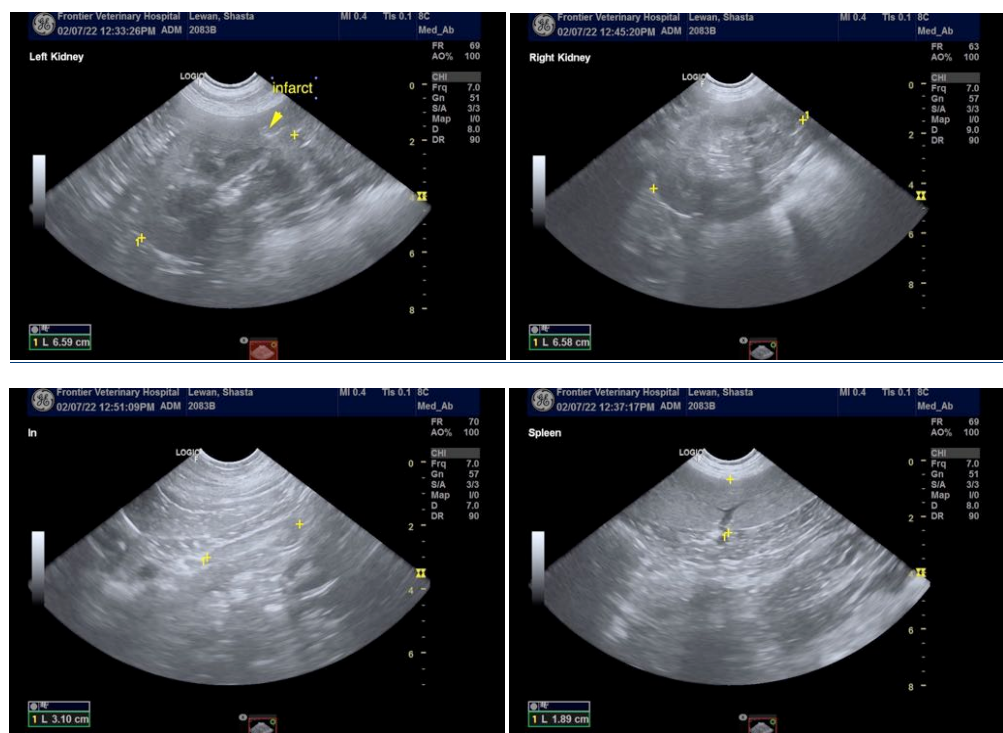
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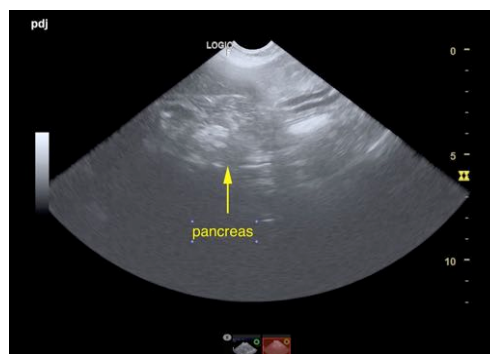
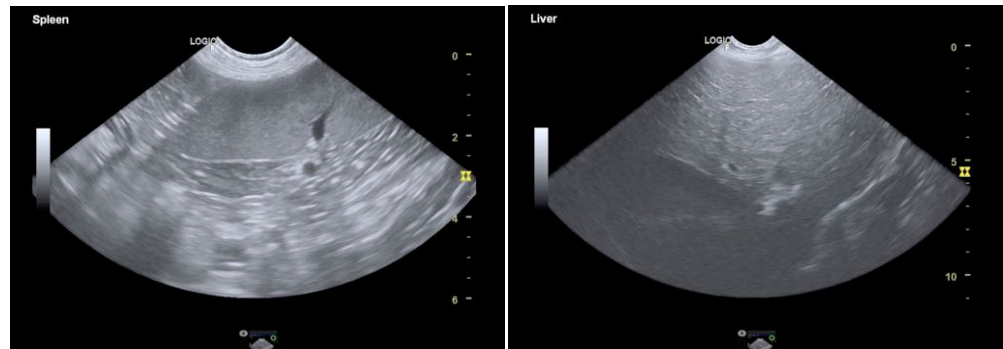
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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