



**PATIENT**

Ringo Cassidy

**PRESENTING CLINICAL SIGNS**

History: Recheck pancreas/liver

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Labrador

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.

**SEX**

Neutered male

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. The right kidney measured 6.0 cm.

**AGE**

9 years

**WEIGHT**

82 lbs

**Adrenal Glands**

Both **adrenal glands** were 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 right adrenal gland measured 3.0 x 1.4 cm at the cranial pole and 0.5 cm at the caudal pole. The left adrenal gland measured 2.32 x 0.62 cm at the caudal pole and 0.57 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenn

**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.

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver contour and structure. However, the liver was mildly subnormal in size. Hypoechoic nodular changes were noted. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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**PATIENT**

**Gastrointestinal**

Ringo Cassidy

The **stomach** revealed a mildly thickened pyloric outflow and empty lumen. The small intestines and colon were unremarkable.

**SPECIES**

Canine

**Pancreas**

**BREED**

Labrador

The **pancreas** revealed minor, heterogenous areas of remodeling. There was no evidence of significant inflammation.

**SEX**

Neutered male

Residual minor pyloric thickening.

Minor pancreatic remodeling.

**AGE**

9 years

Hepatic remodeling.

**WEIGHT**

82 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If the patient is stable I recommend a geriatric hydrolyzed diet for long term management. Bile acid profile is warranted regarding the hepatic presentation.

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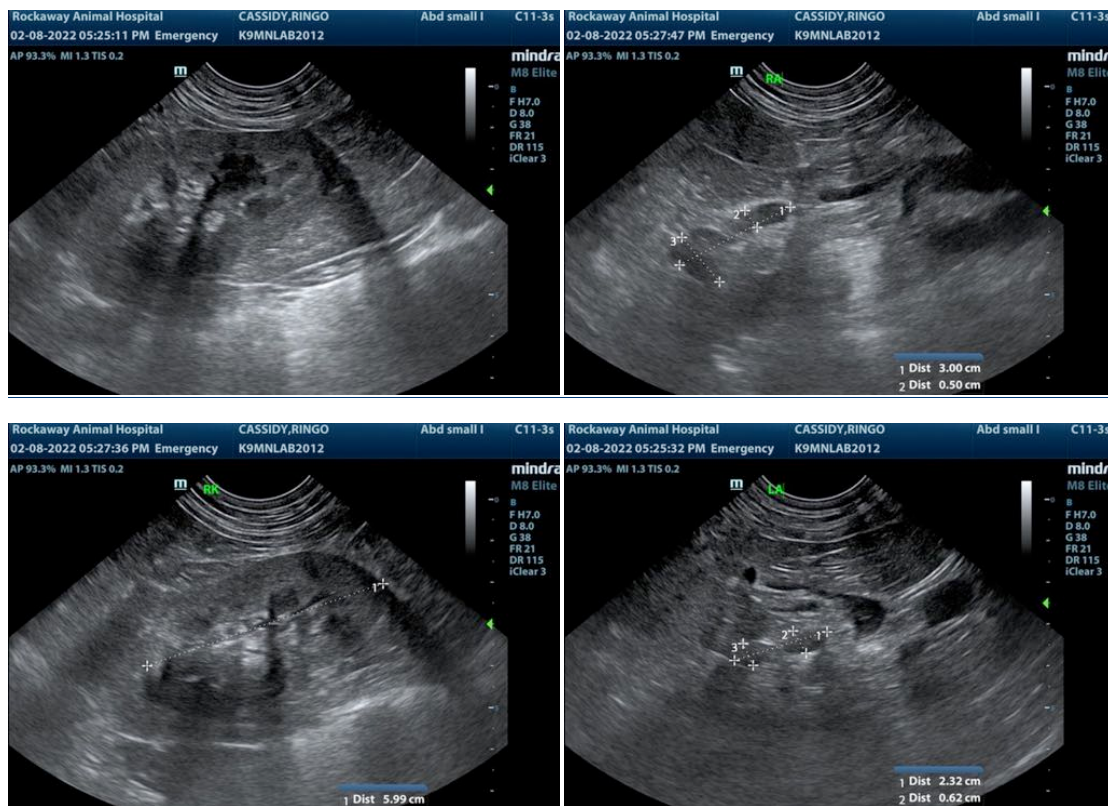
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**PATIENT**

Ringo Cassidy

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

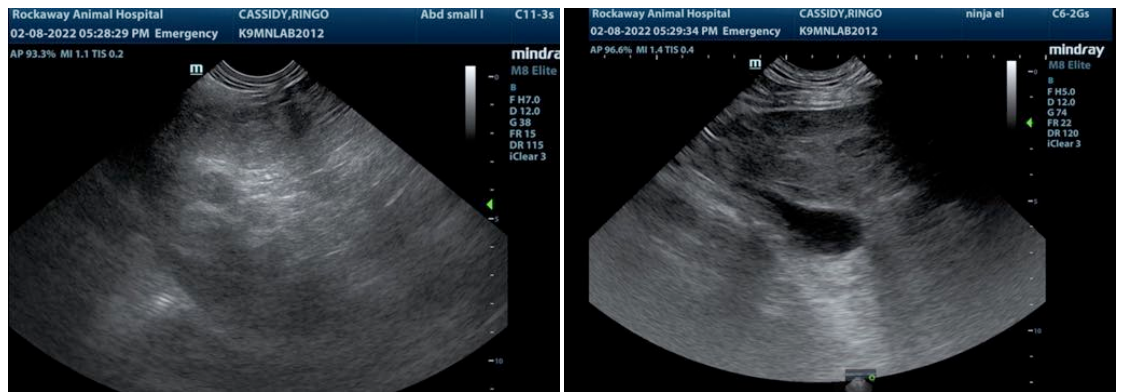
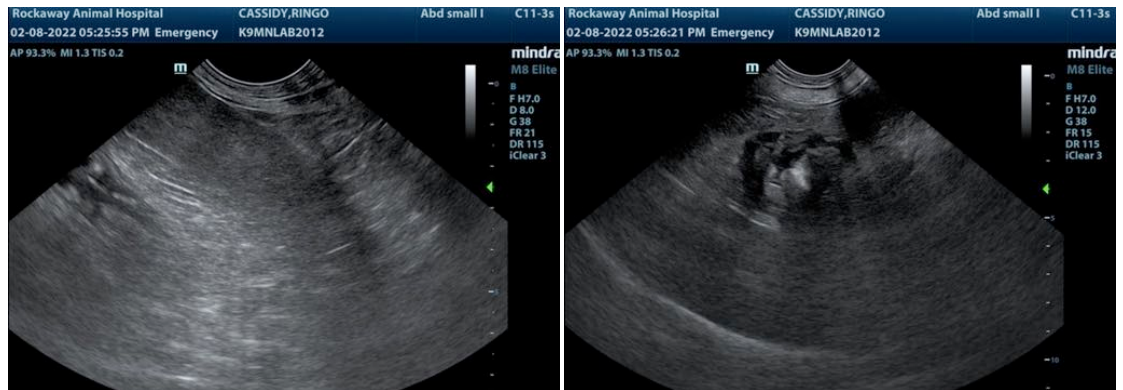
Neutered male

**AGE**

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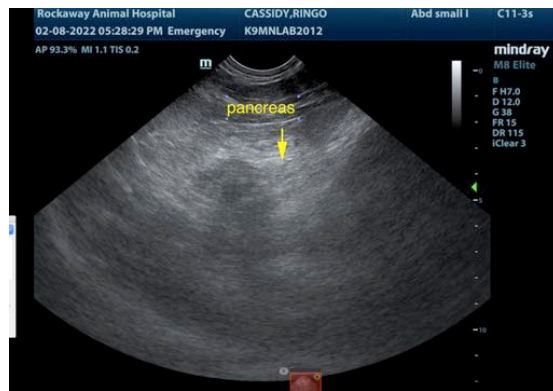
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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