



PATIENT

PRESENTING CLINICAL SIGNS

Cooper Nunn

History: Increased ALT. Presented for routine COHAT. Liver looked odd to me on AFAST.
Abnormal PE/Chem/CBC/UA Results: ALT= 167, Alk-Phos= 253.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mix

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.3 cm. The left kidney measured 4.26 cm.

AGE

11 years

WEIGHT

16 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 left adrenal gland measured 0.6 cm at the caudal pole and 0.6 cm at the cranial pole. The right adrenal gland measured 0.7 cm at the cranial pole and 0.5 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Christensen

Spleen

The **spleen** revealed hyperechoic, lipogranulomatous nodule that measured 0.76 cm.

HOSPITAL NAME

Tranquility VC

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

REFERRING VET

Dr. Christensen

INVOICE

43255

Gastrointestinal

DATE

3/13/23

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A minor amount of gastric fluid



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filled lumen was noted. 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.

SPECIES

Canine

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.

BREED

Mix

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered male

Structurally unremarkable abdomen.

AGE

11 years

Lipogranulomatous splenic change, not pathological.

Age related renal changes.

Benign hepatopathy.

WEIGHT

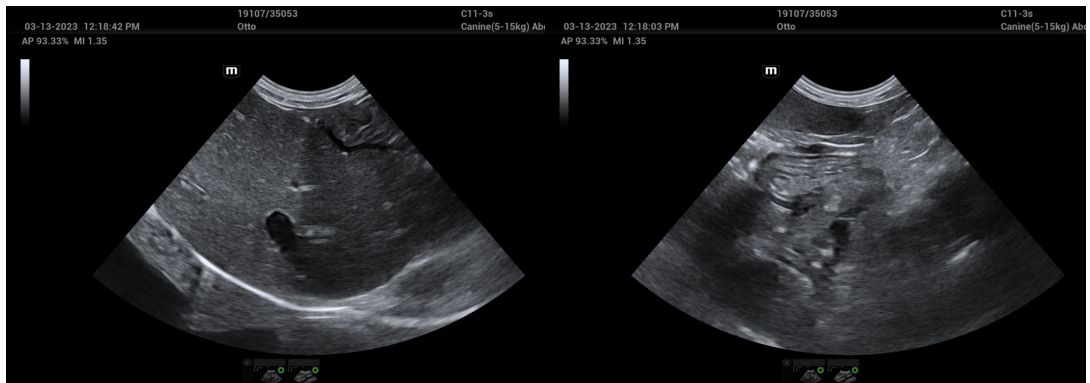
16 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No specific therapy is recommended in this patient.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS



IMAGING PERFORMED BY

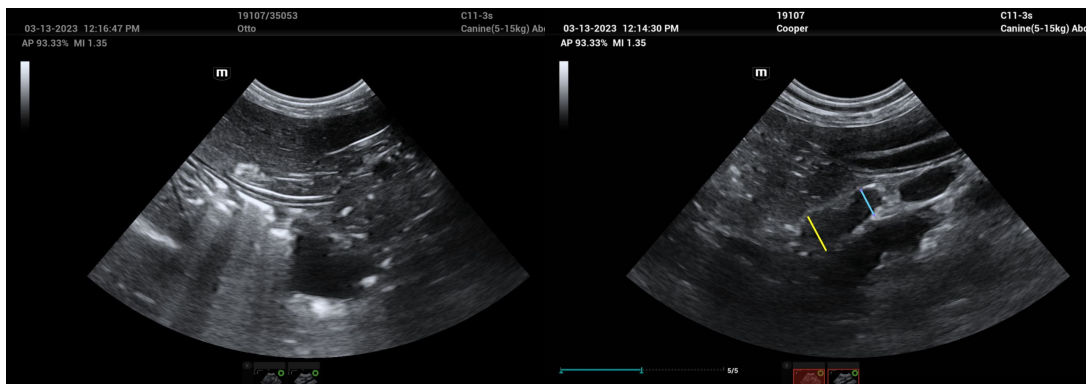
Dr. Christensen

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SPECIES

Canine

BREED

Mix

SEX

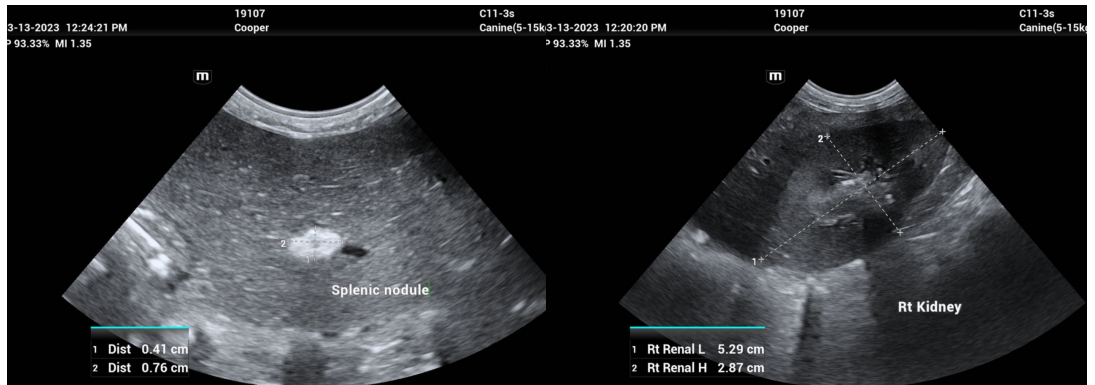
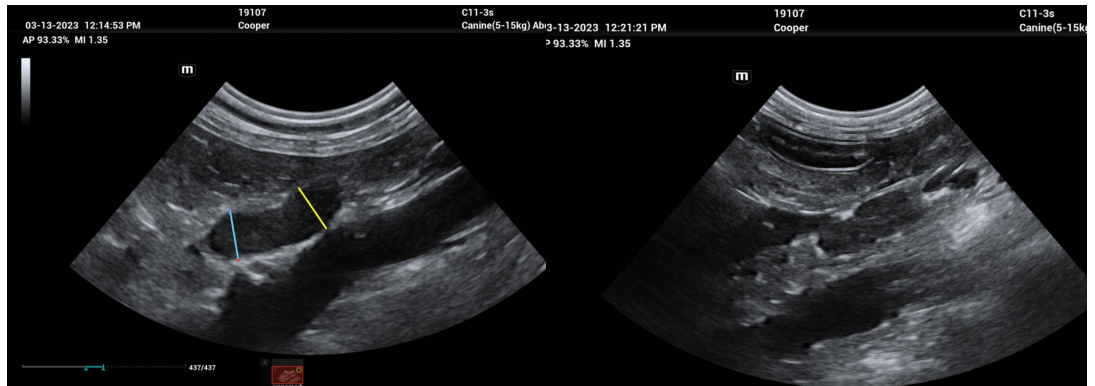
Neutered male

AGE

11 years

WEIGHT

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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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