



**PATIENT**

Oreo Anghel

**SPECIES**

Canine

**BREED**

Spaniel Mix

**SEX**

Neutered Male

**AGE**

13

**WEIGHT**

24

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**INVOICE**

21615

**DATE**

3/13/23

**PRESENTING CLINICAL SIGNS**

History: Elevated Liver values

Abnormal PE/Chem/CBC/UA Results: Increased BUN , TO Glob ALT ALP >2000

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** presented a minor amount of nonobstructive sand. The pelvic urethra was imaged 2.0 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 moderate 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. Mineralization was noted in the kidneys. The right kidney measured 4.57 cm. The left kidney measured 4.96 cm. An anechoic cyst was noted in the caudal pole of the left kidney, measuring 1.3 cm.

**Adrenal Glands**

The **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some mild heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 2.29 cm x 0.81 cm at the caudal pole and 0.77 cm at the cranial pole. The right adrenal gland measured 2.52 cm x 1.8 cm at the cranial pole and 0.8 cm at the caudal 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** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.

**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**



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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**

- Nonobstructive nephrolithiasis, mild to moderate degenerative renal changes and renal cyst (subjectively benign)
- Minor bladder sand
- Nonspecific mild inflammatory hepatopathy liver pattern
- Age-related adrenal changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Leptospirosis titers is warranted. FNA of the liver is indicated for further definition yet the changes appear benign.

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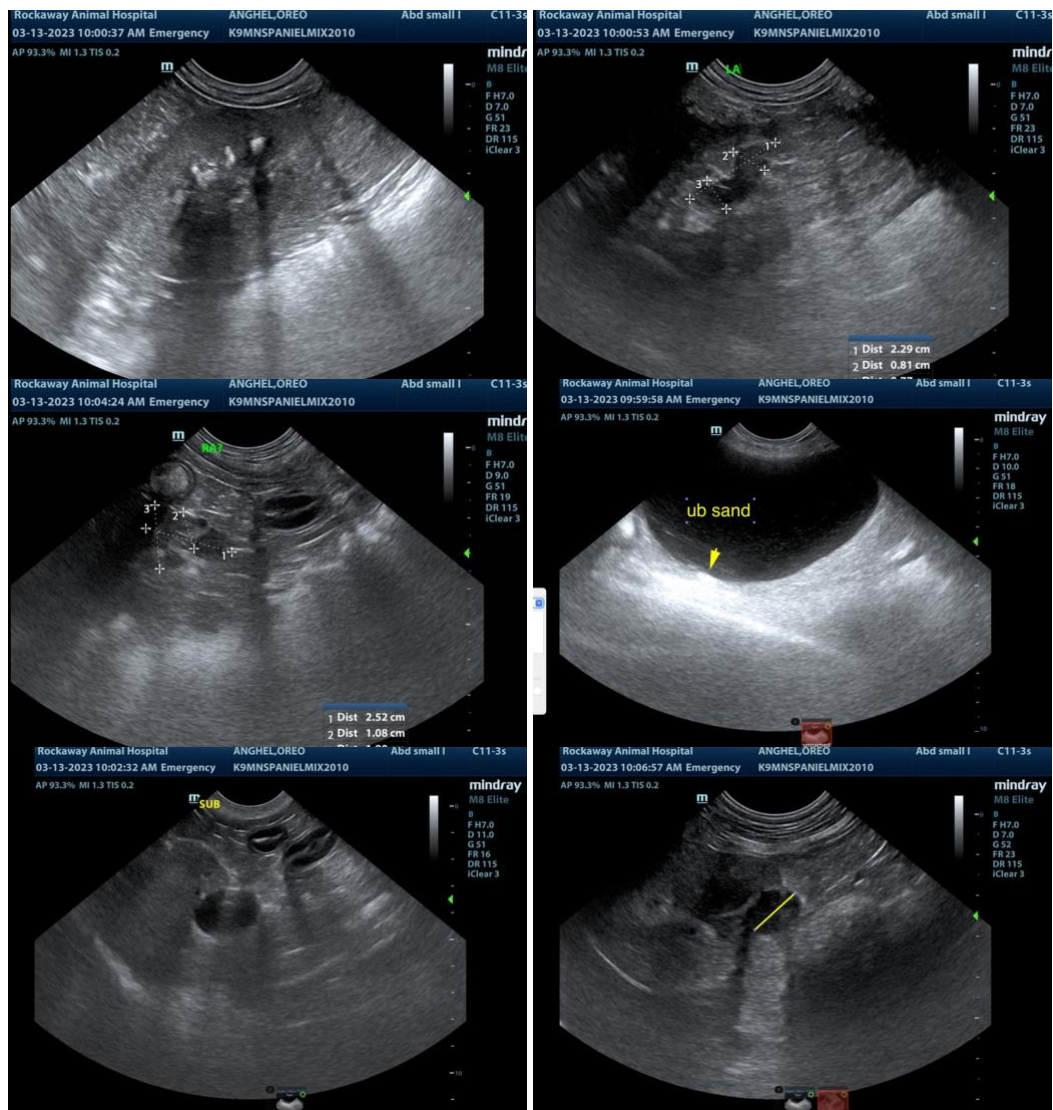
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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