



**PATIENT**

Sampson Hardiman

**SPECIES**

Canine

**BREED**

Shepherd X

**SEX**

Neutered Male

**AGE**

13

**WEIGHT**

87

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**INVOICE**

45910

**DATE**

3/15/23

**PRESENTING CLINICAL SIGNS**

Owner reports weight loss and dog is having more trouble getting around, increased ALT  
Abnormal PE/Chem/CBC/UA Results: ALT 146

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed calculi, a grouping of which measured 1.4 cm. Minor apical wall thickening noted.

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 5.11 cm. The left kidney measured 6.31 cm.

**Adrenal Glands**

The **left adrenal gland** was upper limits of normal, uniform at 2.85 cm x 0.72 cm at the caudal pole and 0.85 cm at the cranial pole.

The **right adrenal gland** was mildly heterogeneous and mildly enlarged, measuring 1.2 cm.

**Spleen**

The **spleen** was enlarged with subtle micronodular changes and was folded upon itself caudally.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. 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.

**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**

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.

**ULTRASONOGRAPHIC FINDINGS**

- Mild splenomegaly with micronodular changes
- Likely reactive hepatopathy



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- Bladder calculi – stable, non-obstructive
- Mild bilateral adrenal hypertrophy
- Age related renal changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the spleen indicated to ensure no infiltrative disease is present. The cause of weight loss is unclear. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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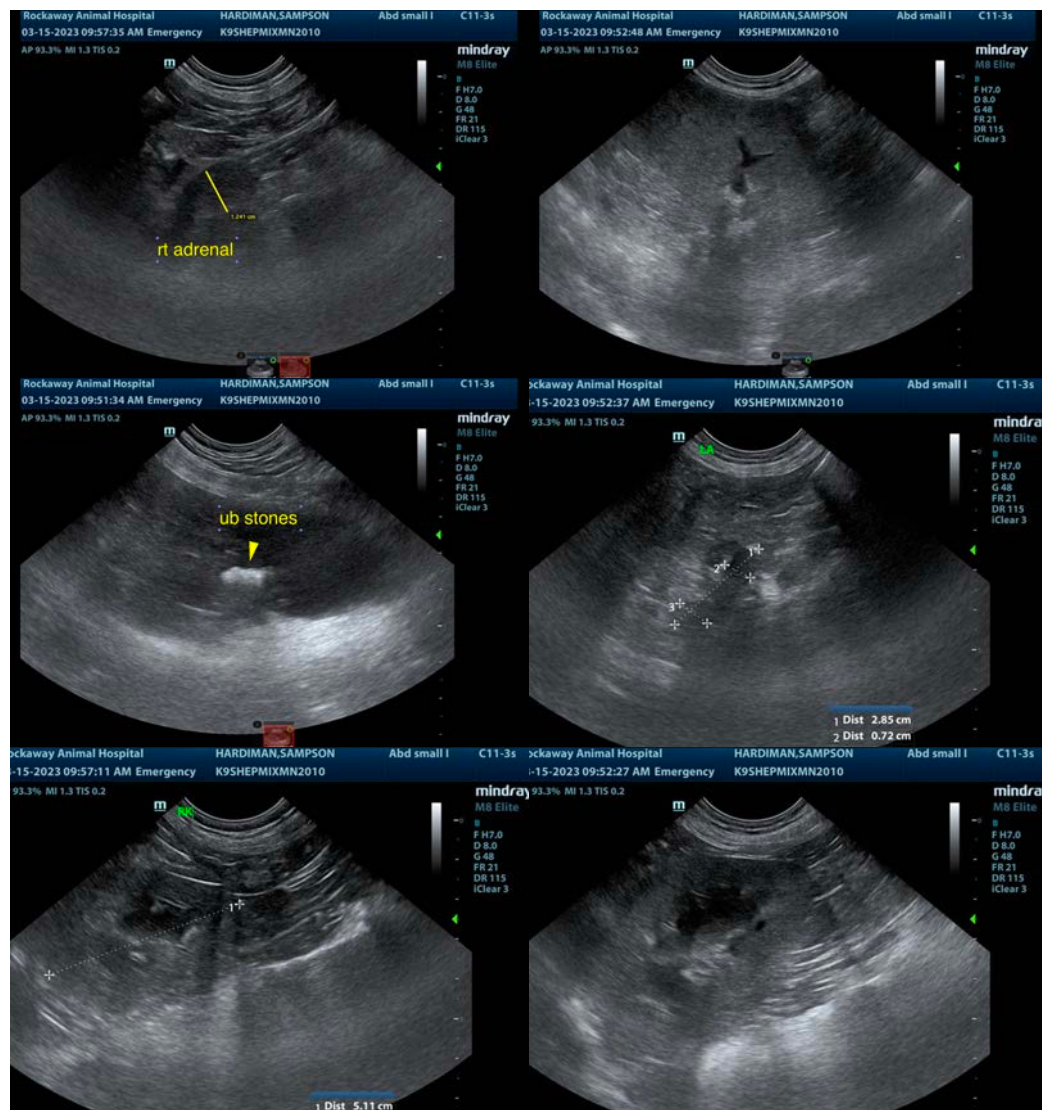
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Canine

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.

**BREED**

Shepherd X

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

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