



PATIENT PRESENTING CLINICAL SIGNS

Milo Ponce History: Elevated liver enzymes, Addisons Dz. Current meds: Thyroid 0.2mg 1/2 tab sid, Temaril P 1/4 tab sid, Tramadol 1/8 tab sid, Famotidine 20mg 1/2 tab sid., Pred 5mg 1/4 tab sid, Percorten inj. 0.55ml q3.5wks

SPECIES Abnormal PE/Chem/CBC/UA Results: ALT 119 (118H); ALKP 650 (131H); GGTP 33 (12H); Creat 0.4 (0.5L); BUN/Crea Ratio 40 (27H); Na 158 (154H); Chol 343 (324H); Pres PSL 502(140H); PLT 110(170L); Lymph 680 (690L); Post T4 0.5 (2.5L)

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Miniature Pinscher *Urinary System*

The **urinary bladder** revealed a shadowing, non-obstructive calculus that measured 0.7 cm.

SEX

Neutered male

AGE

14 years

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 3.6 cm and the left kidney measured 4.69 cm.

WEIGHT

15.8 lbs

Adrenal Glands

The right adrenal gland was flattened and similar to the prior sonogram. The right adrenal gland measured 1.31 x 0.38 cm at the caudal pole and 0.4 cm at the cranial pole. The left adrenal gland was flattened and measured 0.87 x 0.11 cm at the cranial pole and 0.14 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

Spleen

The caudal **spleen** revealed an isoechoic nodule that measured 1.05 x 0.65 cm. The remainder of the spleen was unremarkable.

HOSPITAL NAME

Companion AH

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.

REFERRING VET

Dr. Tsai

INVOICE

96967

DATE

3/17/22



PATIENT *Gastrointestinal*

Milo Ponce The **stomach** was filled with ingesta. Transit of chyme is unremarkable. The small intestine and colon were unremarkable.

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

Miniature Pinscher

SEX

Heart

Neutered male Rapid view of the heart revealed no evidence of pathology.

AGE

14 years

ULTRASONOGRAPHIC FINDINGS

Splenic nodule.

WEIGHT

15.8 lbs

Bladder calculus, non-obstructive.

Flattened adrenal glands.

Benign hepatopathy.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver and splenic nodule is warranted. However, subjectively they appear benign. The adrenal glands are consistent with Addison's. There is no evidence of significant disease. The abdomen appears fairly stable.

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

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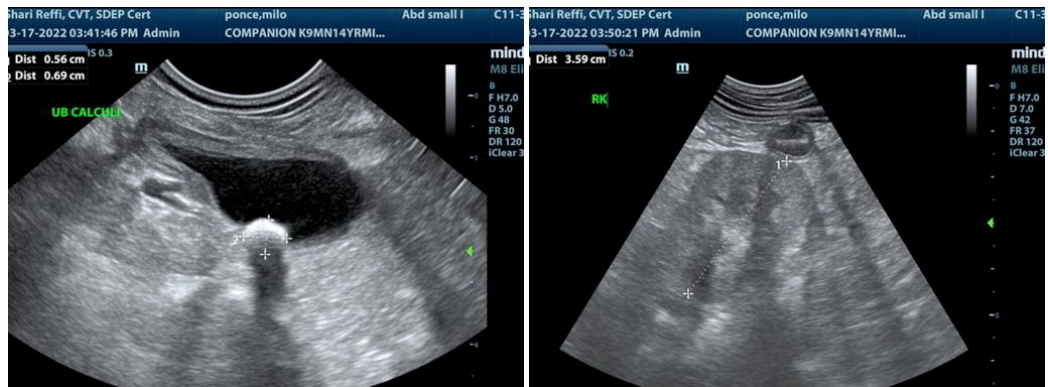
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SPECIES

Canine

BREED

Miniature Pinscher

SEX

Neutered male

AGE

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WEIGHT

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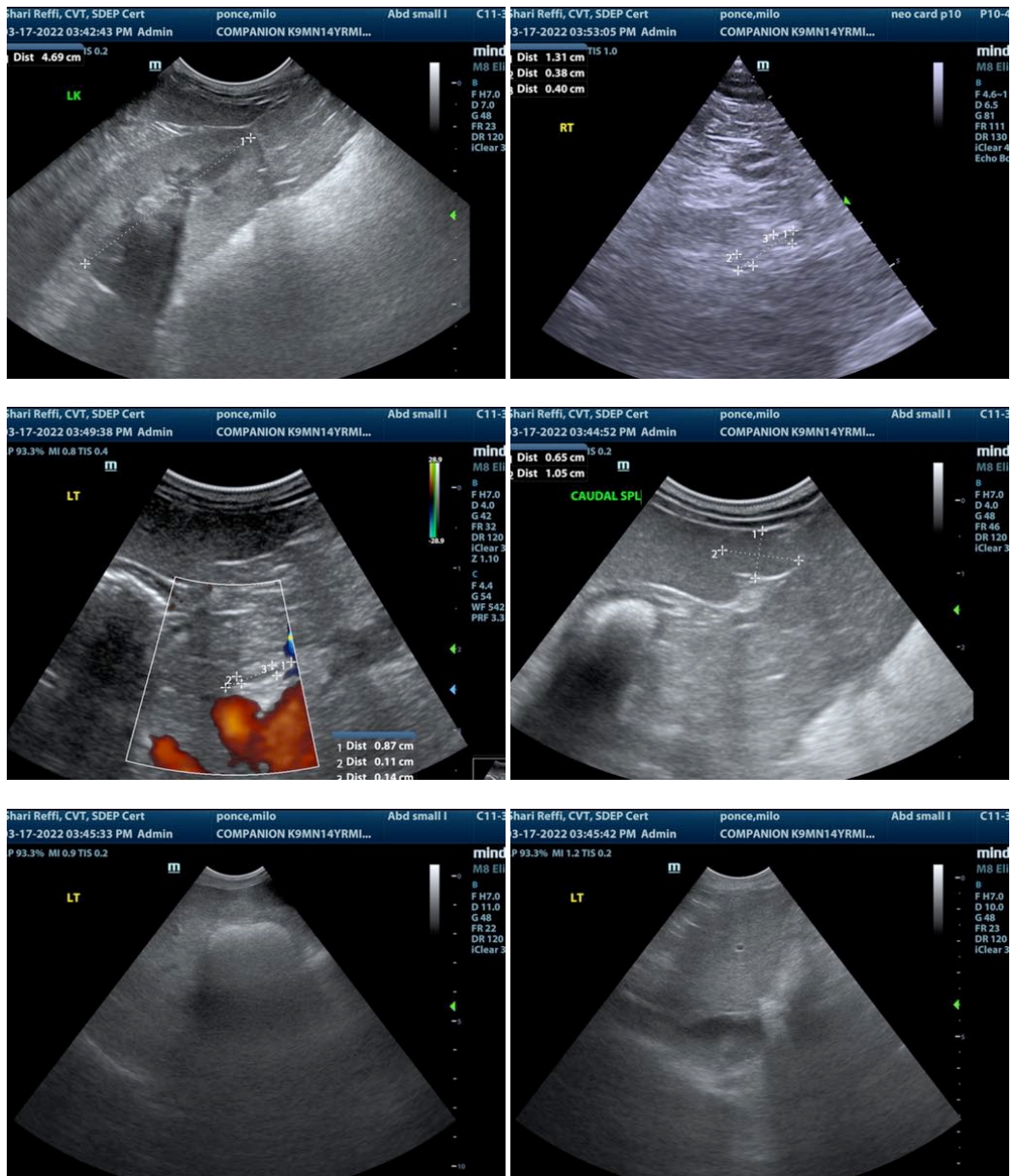
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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