



## PATIENT

Otis Carrick

## SPECIES

Canine

## BREED

Labradoodle

## SEX

Neutered male

## AGE

14 years

## WEIGHT

23.6 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Barthelemy

## HOSPITAL NAME

Southwood VH

## REFERRING VET

Dr. Harris

## INVOICE

73565

## DATE

3/18/26

## PRESENTING CLINICAL SIGNS

- Inappetence started January and now is anorexic, jaundice, pale MM
- Elevated liver enzymes which have worsened in past month
- History of CKD
- ALT 837, total bilirubin 6.9, GGT 36, ALP 588, AST 161 Creatinine 292

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

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.

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. Pelvic mineralization was noted in both kidneys. The left kidney measured 4.8 cm with slight pyelectasia. The right kidney measured 6.4 cm.

### Adrenal Glands

Both **adrenal glands** were mildly heterogenous and at the upper limits of normal. The left adrenal measured 0.79 cm at the cranial pole and 0.82 cm at the caudal pole. A thrombus was noted in the distal aorta and measured 4.2 x 1.3 cm. A separate thrombus was noted in the aorta adjacent to the left adrenal gland. The right adrenal gland measured 1.1 cm at the cranial pole and 0.75 cm at the caudal pole.

### Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.

### Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Heterogenous parenchymal changes were noted. The gallbladder revealed excessive gallbladder sludge.



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## *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.

## *Free Abdomen*

Slight free fluid was noted in the midabdomen.

## *Heart*

Rapid view of the heart revealed no evidence of pathology. The volumes were normal as was the contractility. The left atrium was normal to subnormal volume.

## **ULTRASONOGRAPHIC FINDINGS**

Extensive aortic thrombosis at the level of the left adrenal gland, left renal artery and at the iliac trifurcation.

Acute hepatic insult with hyper thrombotic state.

Age related renal change with mineralization.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Hydration status should be evaluated in this patient as well as blood pressures assessment for hypotension. Infectious disease panel including Leptospirosis is indicated. Full coagulation panel is indicated to assess systemic causes of thromboembolic disease. Thrombolytic protocol is indicated. This may necessitate vascular intervention. There was no overt evidence of neoplasia



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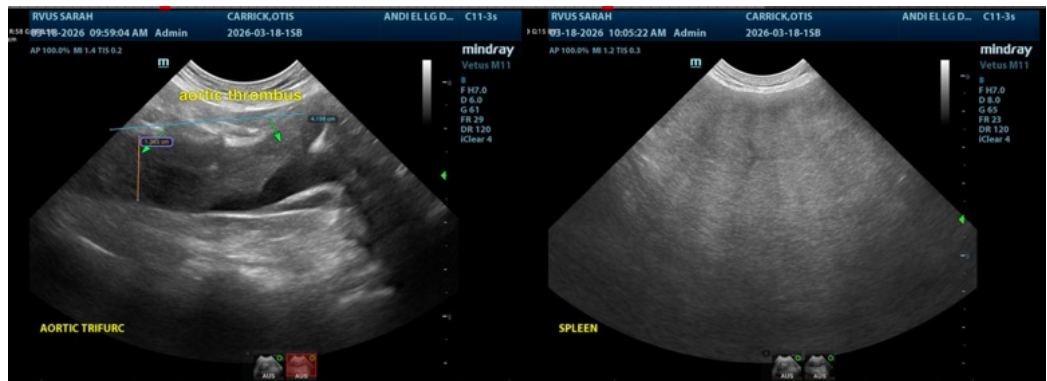
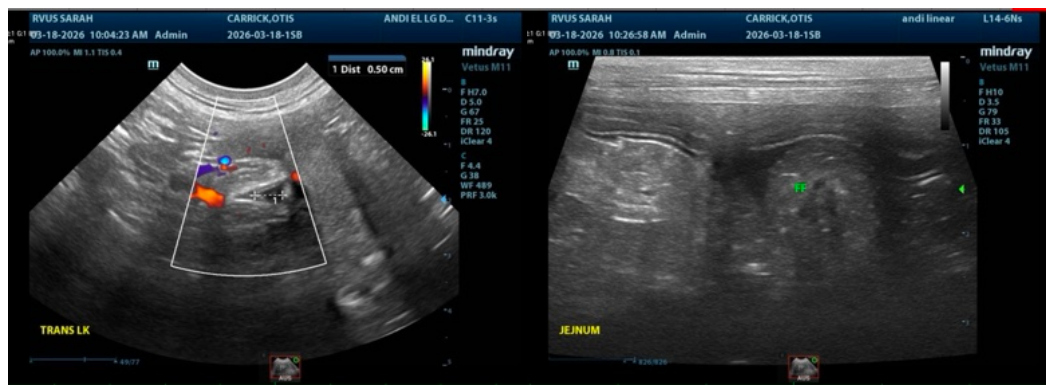
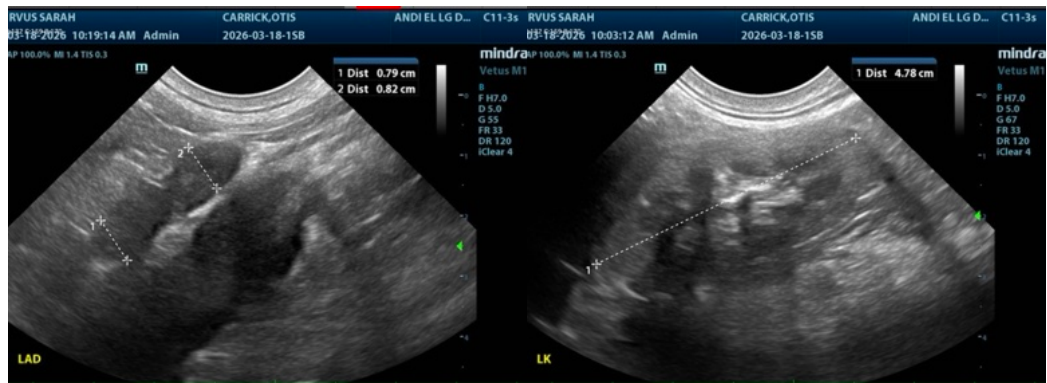
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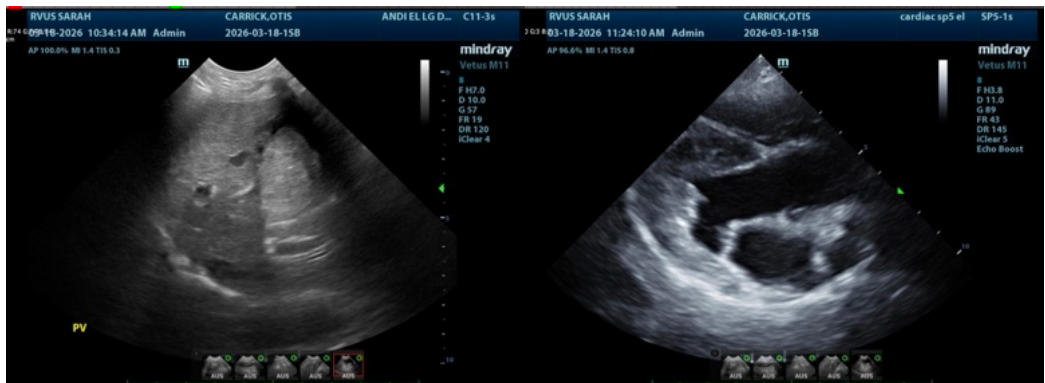
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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