



**PATIENT**

Bear Bosco

**PRESENTING CLINICAL SIGNS**

Elevated liver enzymes.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Golden Retriever

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.

**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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.6 cm. The right kidney measured 6.42 cm.

**AGE**

10 years

**Adrenal Glands**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The left **adrenal gland** is enlarged and mildly irregular measuring 3.21 x 1.34 cm at the cranial pole and 0.8 cm at the caudal pole. Capsular expansion was noted without capsular escape or vascular invasion. The right adrenal gland was at the upper limits of normal and measured 2.16 x 1.41 cm at the cranial pole and 0.8 cm at the caudal pole.

**IMAGING PERFORMED BY**

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**Spleen**

**HOSPITAL NAME**

Greenwood Lake AH

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 was noted.

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**Liver**

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97051

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. Occasional heterogenous nodular change was noted in the liver. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

**DATE**

3/22/22

**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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**SPECIES**

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**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**

Golden Retriever

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Neutered male

Hepatic remodeling, vacuolar hepatopathy pattern.

Enlarged, irregular left adrenal gland.

Upper limits of normal right adrenal.

**AGE**

10 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Serial blood pressure measurements are warranted. If hypertension is present then urine catecholamine is indicated regarding the left adrenal gland. If the patient appears Cushingoid and urine specific gravity is less than 1.020 then work-up for adrenal dependent Cushing's is recommended. An argument can be made for PDH and adrenal dependent Cushing's or non-functional benign hyperplasia. The left adrenal appears resectable.

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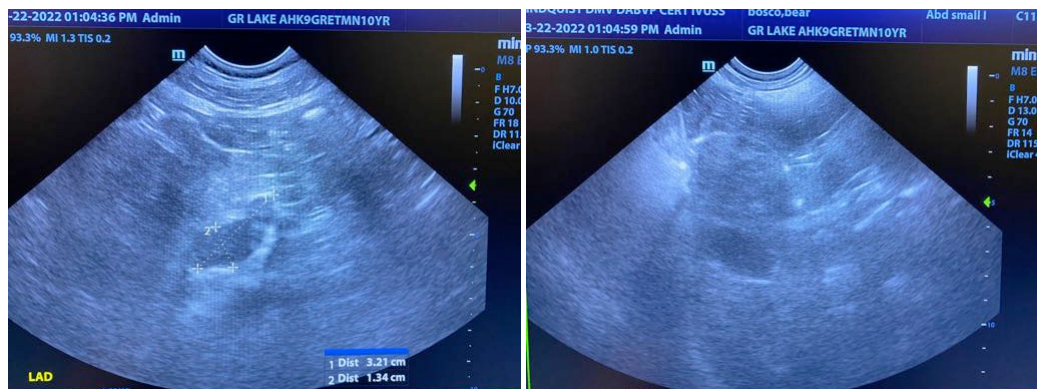
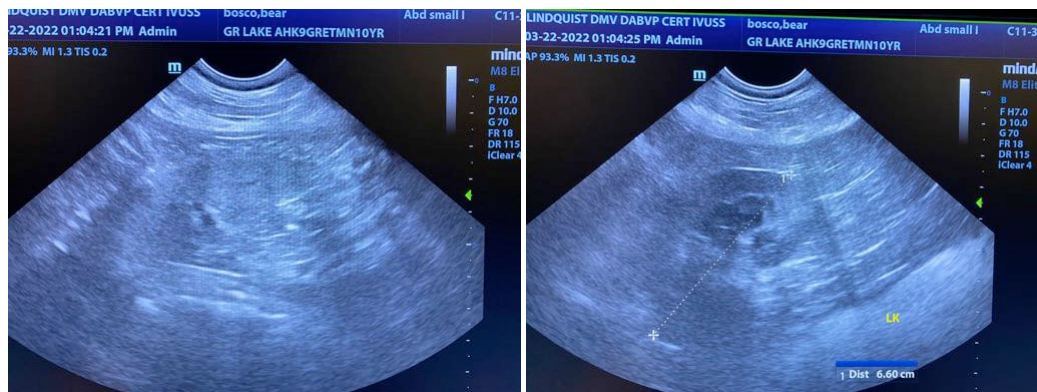
Dr. Price

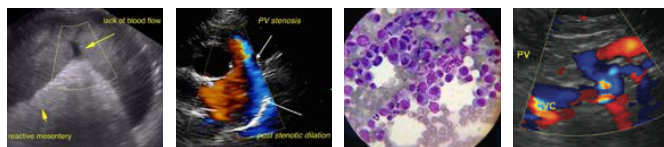
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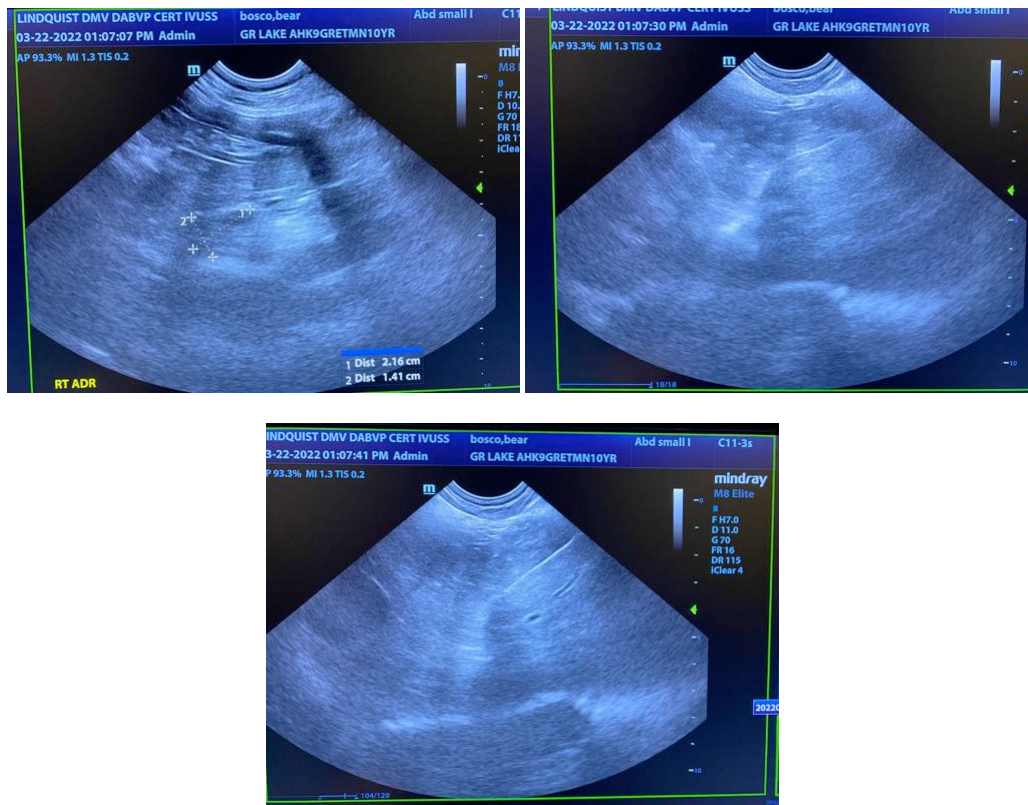
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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