



PATIENT

Boo Herb

PRESENTING CLINICAL SIGNS

History: Elevated ALKP and BUN, o concerned. No current meds.
Abnormal PE/Chem/CBC/UA Results: BUN 32, ALKP 1299

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mix

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. Small calculus was noted with minimal acoustic shadowing that measured 0.2 cm. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

SEX

Spayed Female

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. Microcystic cortical changes were noted in both kidneys. Slight pinpoint mineralization were noted and non-obstructive. The left kidney measured 4.46 cm. The right kidney measured 5.14 cm.

AGE

11 years

WEIGHT

15 lbs

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The left **adrenal gland** was enlarged, irregular and measured 2.41 x 0.8 cm at the cranial pole and 1.56 cm at the caudal pole. Capsular expansion was noted without capsular escape or vascular invasion. The right adrenal gland was nodular and expansive measuring 2.31 x 1.37 cm at the cranial pole and 1.07 cm at the caudal pole.

IMAGING PERFORMED BY

Shari Reffi, CVT

Spleen

HOSPITAL NAME

Tranquility VC

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.

REFERRING VET

Dr. Christensen

Liver

INVOICE

99214

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. A hyperechoic 1.16 cm nodule was noted in the left lateral liver with other heterogenous, coarse architecture. 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

DATE

4/11/22



PATIENT LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Boo Herb

SPECIES *Gastrointestinal*

Canine 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.

BREED

Mix

Pancreas

SEX

Spayed Female

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.

AGE

11 years

ULTRASONOGRAPHIC FINDINGS

Bladder calculus.

WEIGHT

15 lbs

Bilateral nodular adrenal glands. PDH versus adenomas. Adenocarcinoma and pheochromocytoma are both technically possible.

Vacuolar hepatopathy with age related hepatic changes and hyperechoic nodules.

INTERPRETED BY

Degenerative renal changes.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Blood pressure measurements and adrenal work-up are warranted if isosthenuria is present and persistent. Recheck sonogram is recommended in 4-6 weeks primarily regarding the adrenal glands (primarily the left). The patient is likely passing calculi from kidneys to bladder periodically. The calculus in the bladder appear small enough to potentially pass. The kidneys subjectively appear 50-60% compromised. Emerging renal failure should be monitored.

Shari Reffi, CVT

HOSPITAL NAME

Tranquility VC

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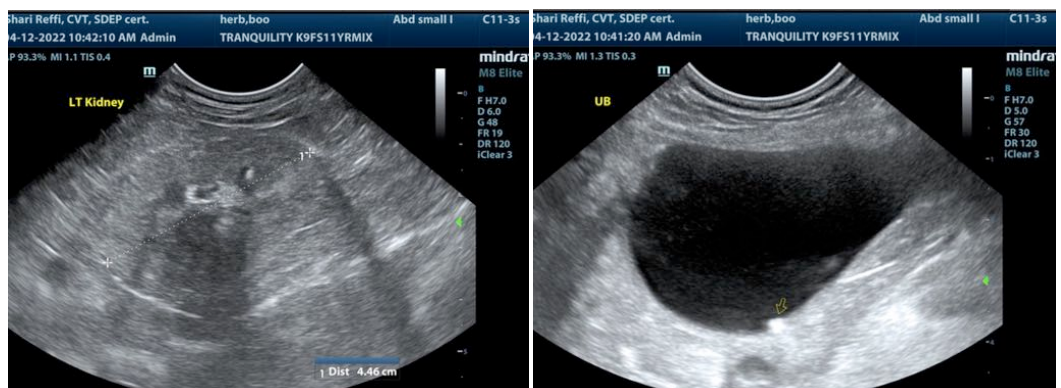
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SPECIES

Canine

BREED

Mix

SEX

Spayed Female

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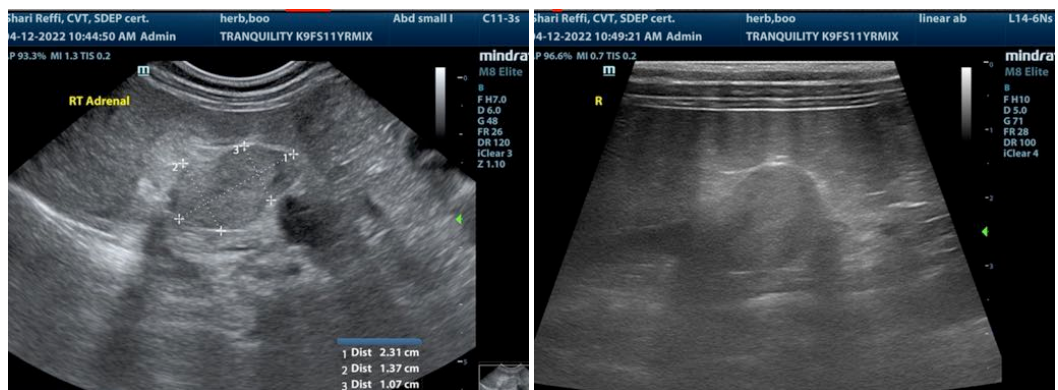
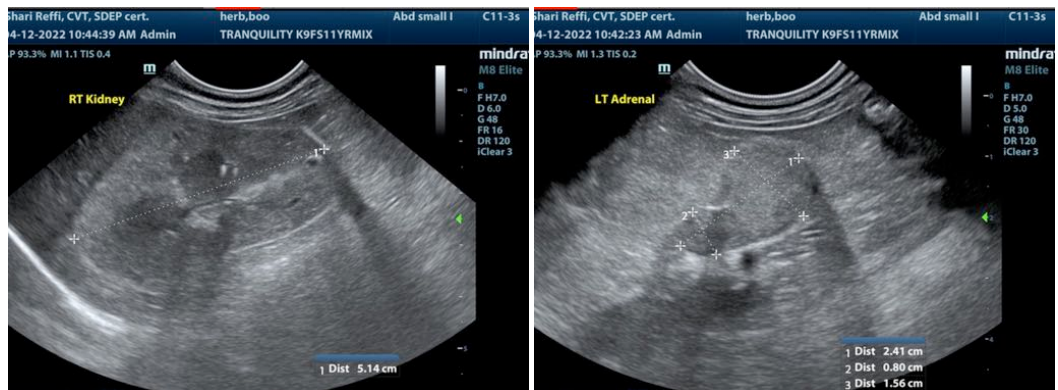
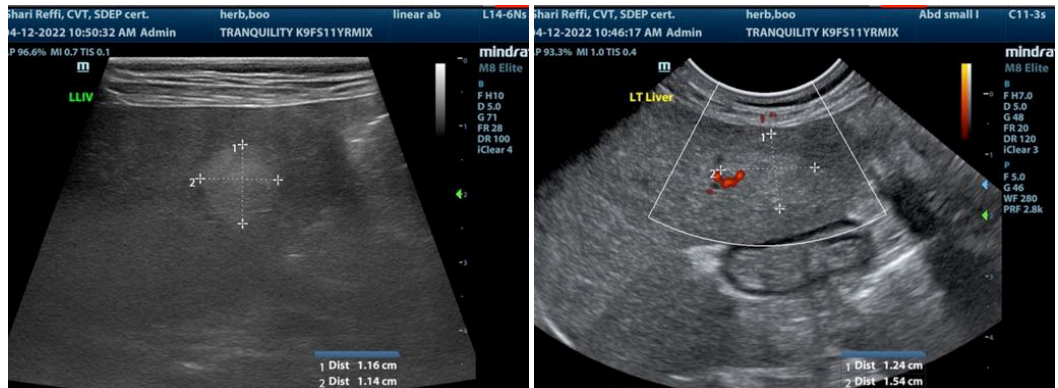
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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