



**PATIENT**

Amani Torres

**SPECIES**

Canine

**BREED**

Havanese

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

16.5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Salas

**HOSPITAL NAME**

Tenafly Vet Center

**REFERRING VET**

Dr. Salas

**INVOICE**

46699

**DATE**

4/14/23

**PRESENTING CLINICAL SIGNS**

chronic hx of intermittent vomiting and soft stool- very finicky per owner- pet is overwt. presented for coughing 2 weeks ago- was treated with doxy and one injection of kenalog. vomited after doxy and never completed the course. coughing has improved. labs done show mild neutrophilia 14k, ALT elev 1500, ALP 700, GGT 50, only conj bili elev mildly at 0.2. probnp normal, cholesterol elev 450.. pet is doing ok. came in today for a bile acid response test and an abdominal ultrasound to better define. ua normal, rest of labs wnl.

**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 were 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight pinpoint mineralizations noted. The right kidney measures 4.66 cm. The left kidney measures 3.93 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.40 cm. The left adrenal gland measured 0.47 cm.

**Spleen**

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**Liver**

The **liver** presented mild coarse echotexture and minor gallbladder debris. Slight increased portal markings noted.

**Gastrointestinal**

**Gastric mucosal hypertrophy** noted in this patient without loss of mural detail. Low-grade gastritis likely. The small intestine and colon were unremarkable.



**PATIENT**

**Pancreas**

Amani Torres

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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Havanese

- Non-specific inflammatory hepatopathy
- Low-grade gastritis likely
- Age related renal changes
- Age related splenic changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Leptospirosis titers indicated. FNA of the liver indicated. GI protectant protocol, Ampicillin/Metronidazole, nutraceuticals all indicated and reassessment of the clinical profile. No evidence or suspicion of neoplasia.

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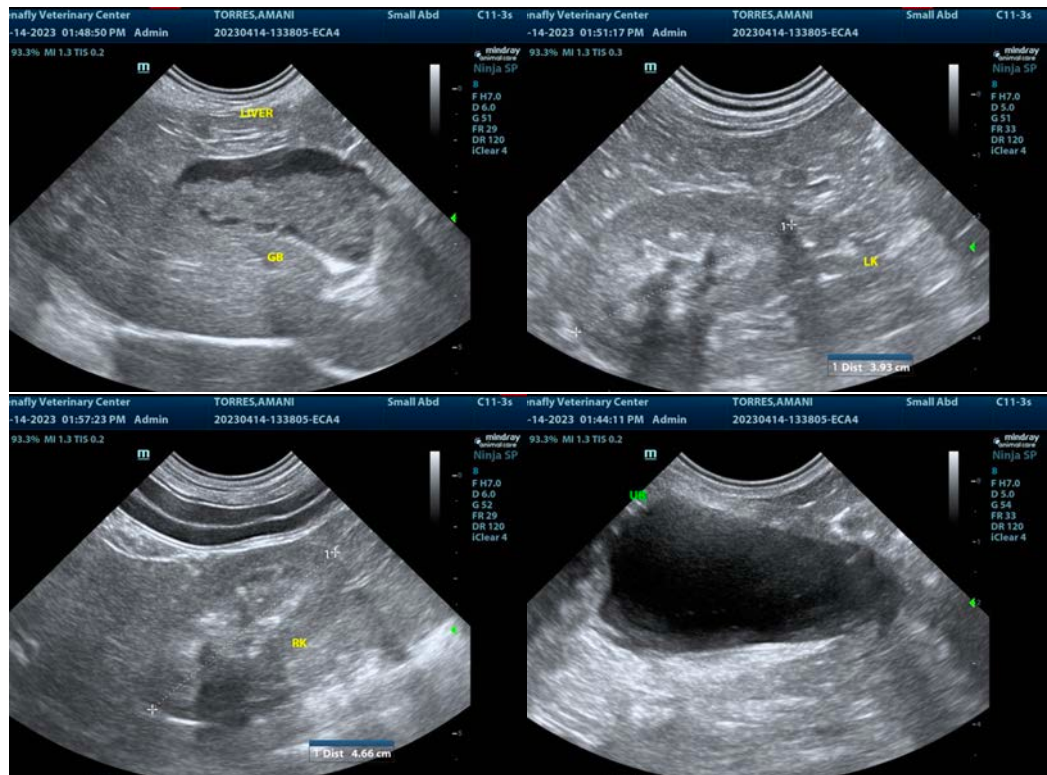
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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