



**PATIENT**

BennE Seestedt

**SPECIES**

Canine

**BREED**

Maltipoo

**SEX**

Neutered male

**AGE**

1 year

**WEIGHT**

12.4 lbs

**PRESENTING CLINICAL SIGNS**

History: BennE is a 16 month old male neutered Maltipoo who presented on 3/30 for gastritis. His ALT was mildly elevated then at 193 mg/dL with normal abdominal radiographs. He spent a few weeks on hepatosupport and the gastritis has since resolved. He returned on 4/20 with progressive liver values (increased ALT of 266, GGT elevated at 40, and increased Tbili at 2.1). His physical exam was completely within normal limits and he has no clinical signs currently. He did receive butorphanol IV for this study.

**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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.8 cm. The right kidney measured 3.7 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Dorris

**HOSPITAL NAME**

County Line VC

**REFERRING VET**

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**INVOICE**

43951

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4/24/23

**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 left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.69 cm.

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. 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. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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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.

**ULTRASONOGRAPHIC FINDINGS**

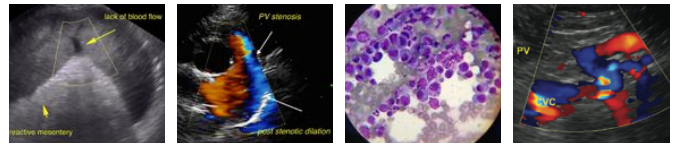
Structurally unremarkable GI tract.

Non-specific gastritis based on clinical signs; however, no evidence of visceral disease was present.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Reassessment of the bilirubin value is recommended to ensure it is not artifactual. If persistently elevated then FNA of the liver is indicated. Leptospirosis titers are warranted. Helicobacter type protocol could be considered; however, the liver enzyme elevations should be defined first by FNA and/or infectious disease testing such as Leptospirosis.





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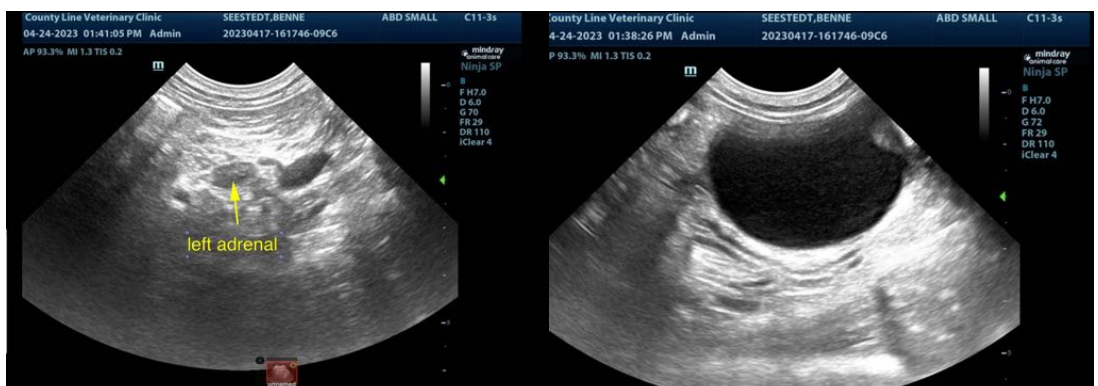
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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.

### BREED

Maltipoo

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

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