



PATIENT

Buddy Tavares

PRESENTING CLINICAL SIGNS

History: Elevated liver and pancreatic values, vomiting
Abnormal PE/Chem/CBC/UA Results: ALT 275, ALK PHOS 650, AMYLASE 1344

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. 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.

BREED

Labrador

SEX

Neutered male

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 right kidney measured 7.5 cm. The left kidney measured 6.1 cm.

AGE

10 years

WEIGHT

75.5 lbs

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 2.79 x 0.67 cm. The right adrenal gland measured 1.4 cm at the cranial pole and 0.86 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

JK

Spleen

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. Enhanced mesentery was noted around the spleen.

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. DenHeyer

Liver

The **liver** in this patient was riddled with multiple, expansive, mixed echogenic nodular changes. Nodular expansion was noted throughout the liver with capsular deviation and enhanced surrounding mesentery. The gallbladder was collapsed with adjacent inflammation. Gallbladder sand was noted.

INVOICE

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Gastrointestinal

DATE

4/24/23

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.

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SPECIES

Pancreas

Canine

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

Labrador

Free Abdomen

SEX

Slight free fluid was noted between the liver lobes.

Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

Diffuse nodular liver disease with collapsed gallbladder and potential history of gallbladder rupture.

10 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

I cannot rule out a ruptured mucocele in this patient with secondary biliary collapse. However, diffuse liver disease is present. Visibility was poor owing to regional inflammation. I recommend ultrasound-guided FNA of the general liver nodules to assess for neoplasia. If no neoplasia is found then exploratory surgery is indicated with expectations towards cholecystectomy and liver biopsies. Prognosis. Is very guarded. Stabilization with plasma expanders, plasma transfusion and broad spectrum antibiotics would all be indicated. Recheck sonogram is recommended in 48-72 hours.

75.5 lbs

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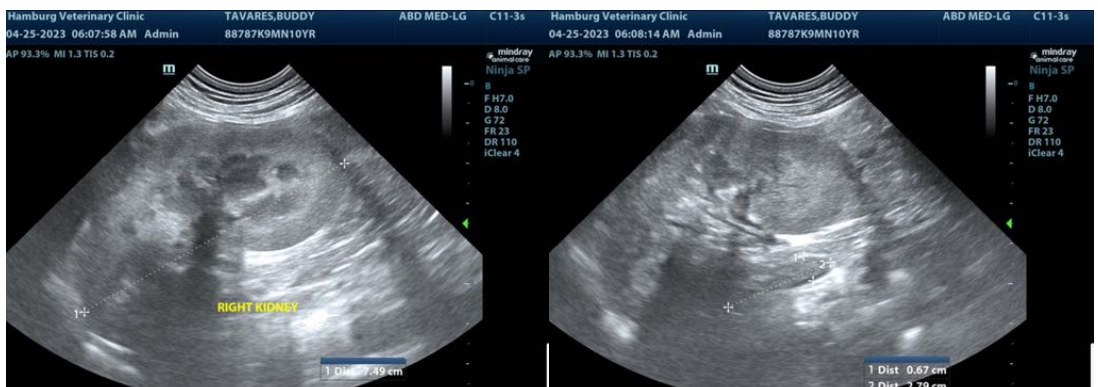
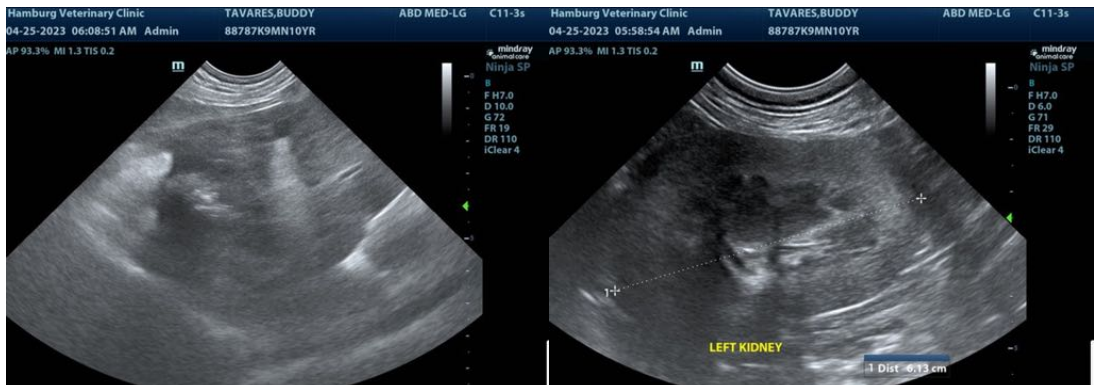
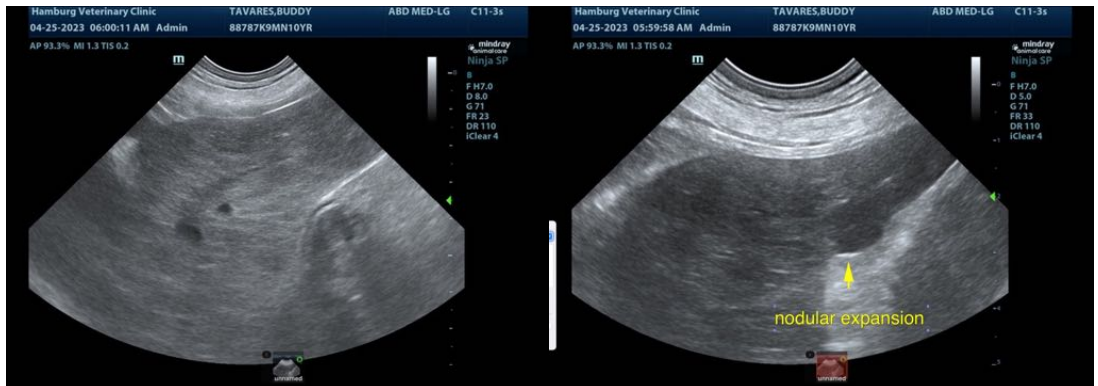
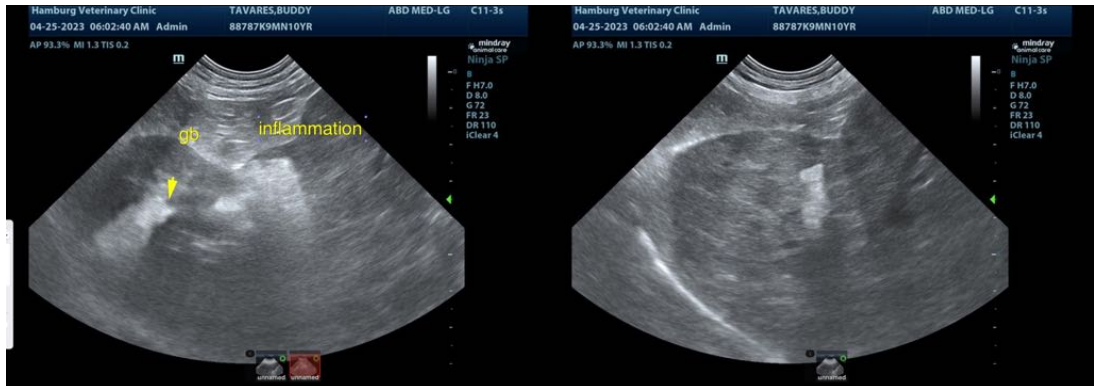
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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