



**PATIENT**

Ryder Monaco

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Intact Male

**AGE**

5 years

**WEIGHT**

74 lbs

**PRESENTING CLINICAL SIGNS**

Patient presents for seizure activity at home (clustering). Current meds: Keppra 750 mgs - 1 PO BID for seizures.

Abnormal PE/Chem/CBC/UA Results: ALT 1207, ALP 690, A/G ratio 2.2. UA: NSF.

**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 testicles were imaged and found to be uniform. There was no evidence of pathology. Slight pinpoint mineralization was noted in the testicular parenchyma. The left testicle was uniform and measured 3.16 cm. The prostate was fairly uniform and measured 1.92 cm and was mildly heterogenous.

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 5.96 cm. The left kidney measured 6.98 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 left adrenal gland measured 1.88 x 0.59 cm at the caudal pole and 0.54 cm at the cranial pole. The right adrenal gland measured 0.8 cm at the cranial pole and 0.5 cm at the caudal pole.

**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.

**Liver**

The **liver** revealed coarse architecture with increased portal markings and was subnormal in size. The portal hilus in this patient revealed an abnormal vascular dilation that measured 3.15 cm. This was deriving from the portal vein. A branch of the portal vein appeared to enter into the liver; however, it could not be completely followed. I am concerned for extrahepatic portosystemic shunting. The gallbladder and common bile duct were unremarkable.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Westwood Regional  
VH

**REFERRING VET**

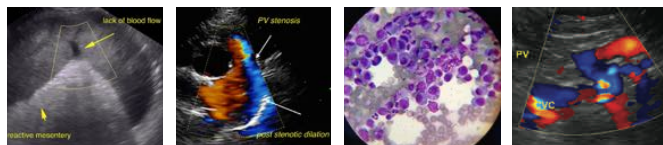
Dr. McConnell

**INVOICE**

99486

**DATE**

4/25/22



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**Gastrointestinal**

Ryder Monaco

The **gastrointestinal** wall was mildly thickened and slightly edematous with no evidence of foreign body. This is consistent with gastroduodenitis.

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**Pancreas**

**BREED**

Labrador Retriever

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.

**SEX**

Intace Male

**ULTRASONOGRAPHIC FINDINGS**

Abnormal portal vascular pattern. Concerned for portosystemic shunting; however, this could not be further defined.

**AGE**

5 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Bile acid profile and CT with contrast is indicated in this patient. Leptospirosis titers are warranted as well.

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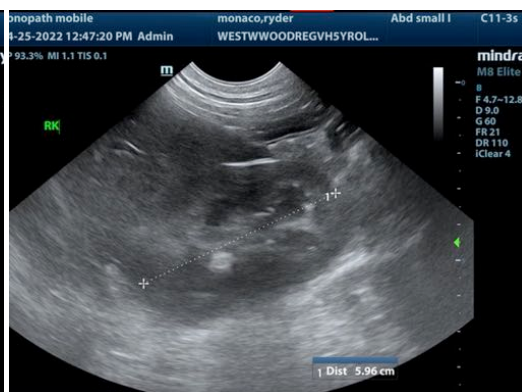
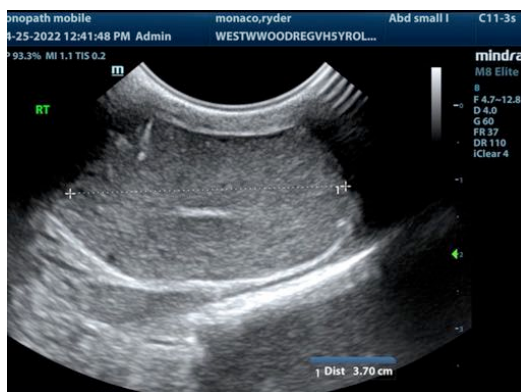
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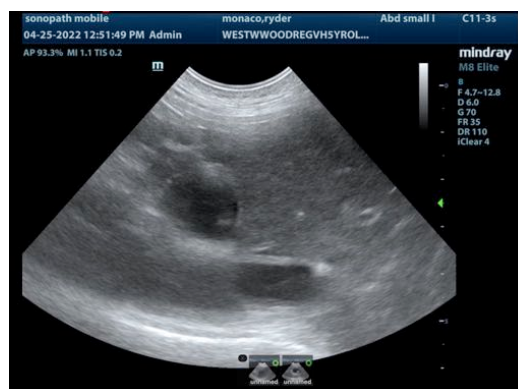
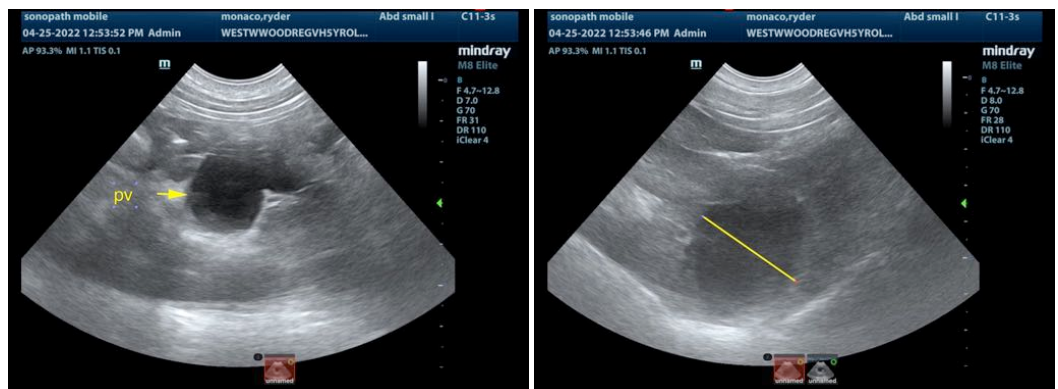
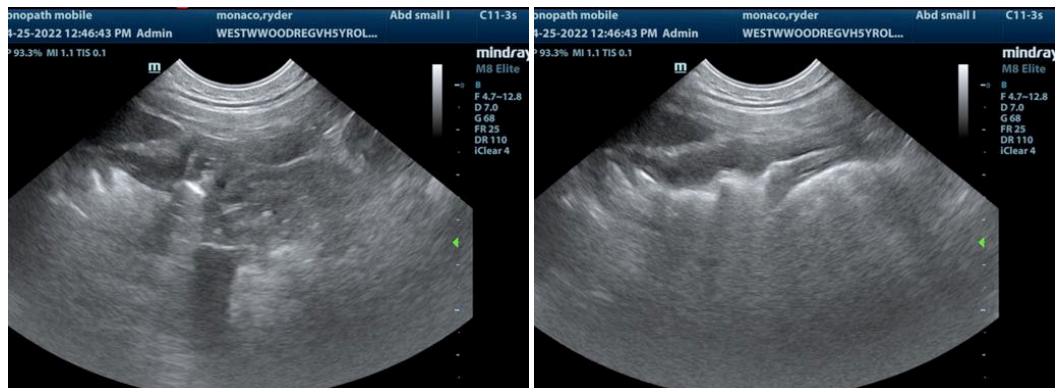
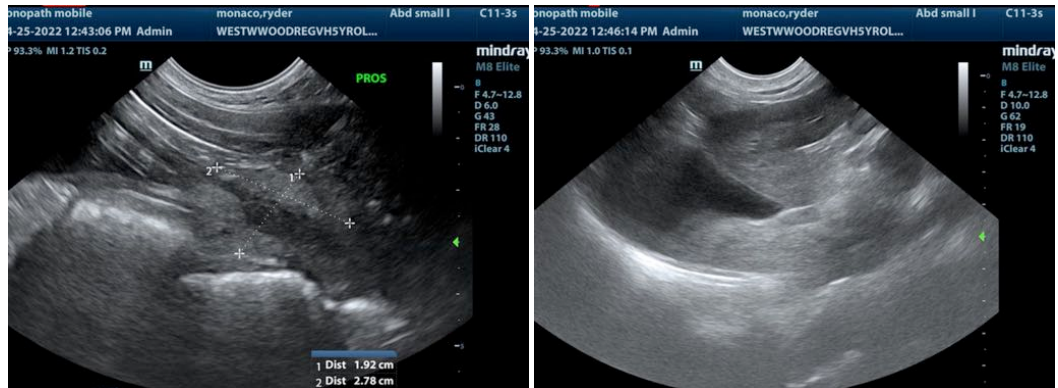
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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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Info@SonoPath.com

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