



## PATIENT

Arthur Striph

## SPECIES

Canine

## BREED

Miniature Poodle Mix

## SEX

Neutered male

## AGE

13 years

## WEIGHT

24 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Klein

## HOSPITAL NAME

Alison AH

## REFERRING VET

Dr. Klein

## INVOICE

74880

## DATE

4/27/26

## PRESENTING CLINICAL SIGNS

History: Arthur is a 13 year old 24 pound male neutered Poodle with a history of splenectomy one year ago.

The diagnosis at the time is as follows:

The microscopic findings are consistent with splenic myelolipoma and reactive hepatitis with cholestasis and Grade 3 Copper.

Copper levels are pending at the time of this writing. Previously copper levels were just borderline high. Recently liver enzymes are elevated and hematocrit slight down. Arthur has less energy at home. Weight has been stable for the last year.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. Apical bladder wall thickness measured up to 0.5 cm. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra 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 this age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia was noted. Mild, pericapsular inflammatory pattern was noted. The left kidney measured 4.3 cm. The right kidney measured 4.4 cm.

### Adrenal Glands

The left **adrenal gland** was enlarged, nodular and irregular measuring 0.83 cm at the cranial pole and 0.9 cm at the caudal pole. The right adrenal gland was not visualized.

### Spleen

The **spleen** was not visualized. The region of the splenic fossa was unremarkable.

### Liver

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. 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,



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infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

## *Gastrointestinal*

The **stomach** revealed non-obstructive linear shadowing structure measuring up to 3.0 cm. This is consistent with woodchip, plastic or similar material. It appears to be fairly sharp. Mild gastric hypertrophy was noted. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content.

## *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

Gastric foreign body, non-obstructive.

Low-grade chronic nephritis.

Enlarged, nodular left adrenal gland.

Age related hepatic changes. Chronic inflammatory hepatopathy.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary work-up is warranted to assess for UTI followed by appropriate treatment. Gastrotomy or endoscopy is indicated to obtain the gastric foreign body. If surgery is to be performed updated liver biopsy would be ideal. Bile acid profile is also warranted.



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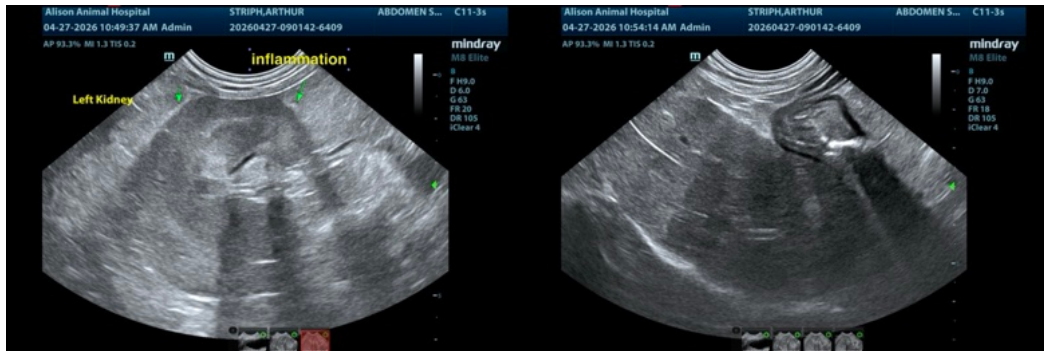
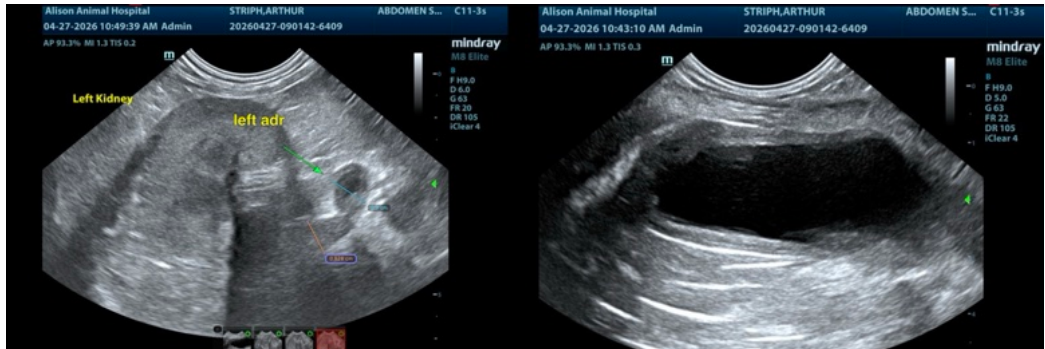
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)