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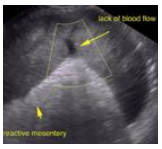
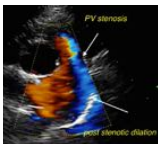
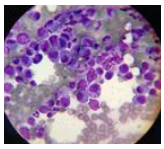
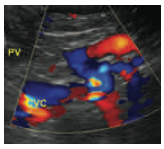

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1-800-838-4268 info@sonopath.com

**PATIENT**
Cooper Lombardo

**SPECIES**
Canine

**BREED**
Chorky

**SEX**
Neutered male

**AGE**
11 years

**WEIGHT**
4.3 lbs

**INTERPRETED BY**
Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**
Adrienne Ligenza

**HOSPITAL NAME**
Rush VC

**REFERRING VET**
Dr. Milot

**INVOICE**
30009

**DATE**
4/28/22

## PRESENTING CLINICAL SIGNS

History: severe dental disease, some V/D, started Denamarin but o not always following instructions correctly
Abnormal PE/Chem/CBC/UA Results: elevated liver values

## 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 2.0 cm beyond the cystourethral junction. 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 residual prostate measured 0.8 cm.

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 3.35 cm. The left kidney measured 3.3 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 0.49 cm. The right adrenal gland measured 0.57 cm at the cranial pole and 0.37 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** images submitted revealed subjectively normal liver size, contour, and structure. Mildly increased portal markings are noted in the liver. 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 revealed multiple calculi. The grouping of which measured approximately 1.5 cm. The common bile duct was normal at 0.1 cm.

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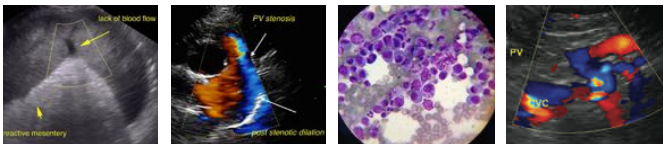

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### *Gastrointestinal*

The **stomach** was edematous with a mild amount of fluid accumulation. There was no evidence of foreign bodies. There was no obvious ulcerative disease. However, microulcerative changes cannot be entirely ruled out. This is most consistent with gastritis. The intestines were intestine free of stasis with normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. Soft stool was noted in the colon. 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

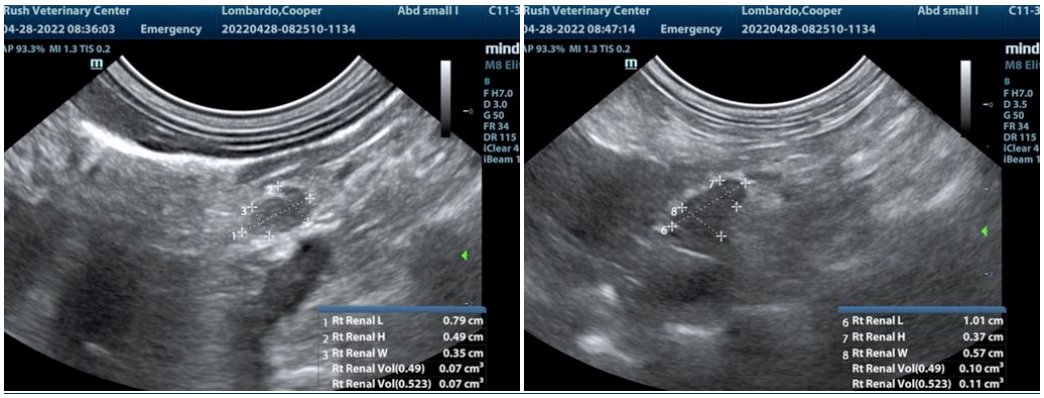
Gallbladder calculi.

Gastroenteritis/colitis pattern.

Inflammatory hepatopathy is likely.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The calculi are non-obstructive at this time; however, I cannot rule out the potential for periodic passage of biliary calculi to the duodenum. No obstructive disease is noted at this time. Ursodiol therapy for 8 weeks could be considered from a long term biliary management standpoint. However, this is highly variable patient to patient regarding the effectiveness. The therapy should be followed by a repeat sonogram +/- further treatment based on ultrasound-guided FNA results of the liver.



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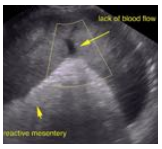
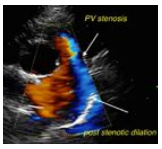
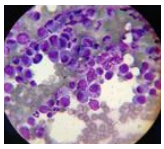
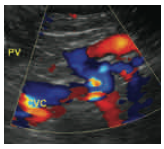

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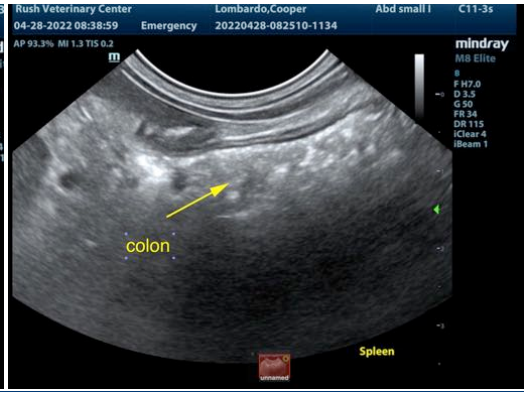


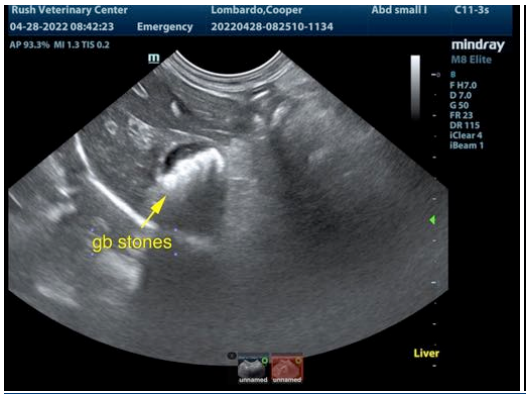


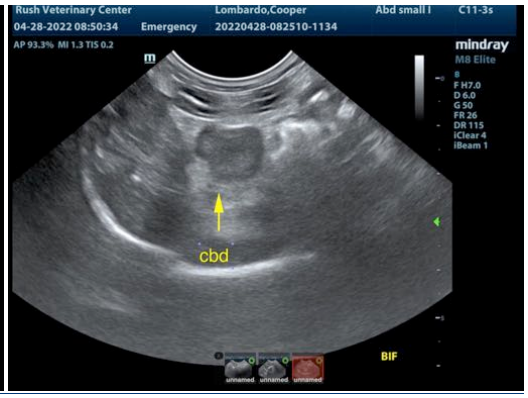


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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
info@SonoPath.com