



PATIENT PRESENTING CLINICAL SIGNS

CJ King History: Lethargy for past couple of weeks
 Abnormal PE/Chem/CBC/UA Results: PE: BP 252/155 mean of 180 CBC:WNL CHEM: SDMA 15, BUN28, TP8.3, ALT 279, ALKP 219, T.bili 1.2 Rads: Thorax - interstitial pattern, no overt mass, Abdomen liver appeared small, no overt masses

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Mix

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.

SEX

Neutered male

AGE

11 years

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 and no evidence of pelvic dilation was present. The kidneys measured 6.0 cm each.

WEIGHT

93 lbs

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

The left **adrenal gland** was 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 0.4 cm. The right adrenal gland was visualized obliquely with no evidence of pathology.

IMAGING PERFORMED BY

Dr. Griffin

Spleen

HOSPITAL NAME

Northside VC

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.

REFERRING VET

Dr. Griffin

Liver

INVOICE

98161

The **liver** presented multi-focal, hypoechoic nodular changes with target type appearance. The gallbladder and common bile duct were unremarkable.

DATE

4/8/22

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



PATIENT

CJ King

demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

SPECIES

Canine

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.

BREED

Mix

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered male

Undefined hepatic nodular changes. Chronic hepatic cirrhosis pattern.

AGE

11 years

FNA or core biopsy of the liver is warranted. There a mild potential for underlying neoplasia or pronounced nodular hyperplasia. Leptospirosis titers are indicated. Lethargy is likely owing the hepatic presentation.

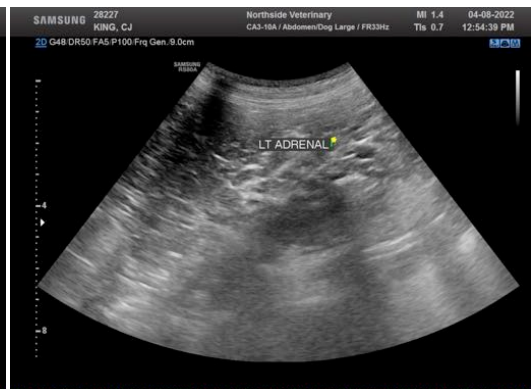
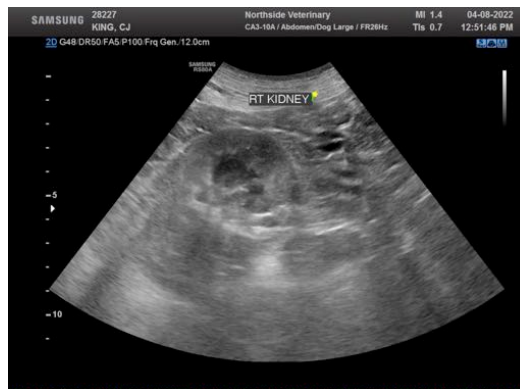
WEIGHT

93 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

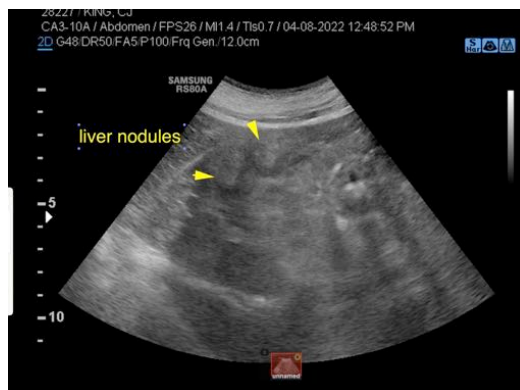


IMAGING PERFORMED BY

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HOSPITAL NAME

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PATIENT

CJ King

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

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WEIGHT

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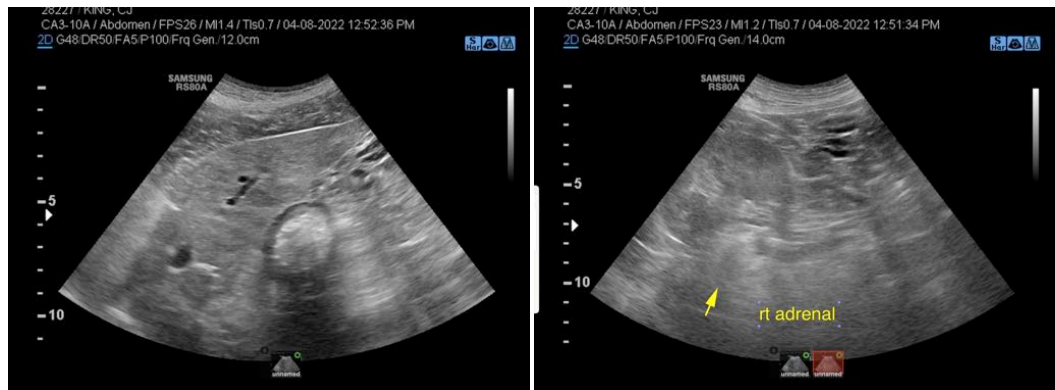
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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