



**PATIENT**

Charlie Pestritto

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

63 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Amy

**HOSPITAL NAME**

Long Valley AH

**REFERRING VET**

Dr. Welch

**INVOICE**

30441

**DATE**

5/17/22

**PRESENTING CLINICAL SIGNS**

Appetite slightly decreased but did switch food within last few months. On RC SO + HP (was on regular SO previously). No other signs or issues. Ultrasound primarily due to work-up of elevated Alkphos = 1056. Urine collected today - pending.

Abnormal PE/Chem/CBC/UA Results: Alkphos = 1056

**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 **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 7.0 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 0.6 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.4 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 **hepatic** parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. A 2.0 cm, mixed, echogenic nodule was noted in the left cranial liver. This is likely a complicated cyst or benign hyperplasia. There is a possibility of abscessation. The remainder of the liver was uniform and mildly enlarged. This is most consistent with vacuolar hepatopathy. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder and common bile duct were unremarkable.



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

**Pancreas**

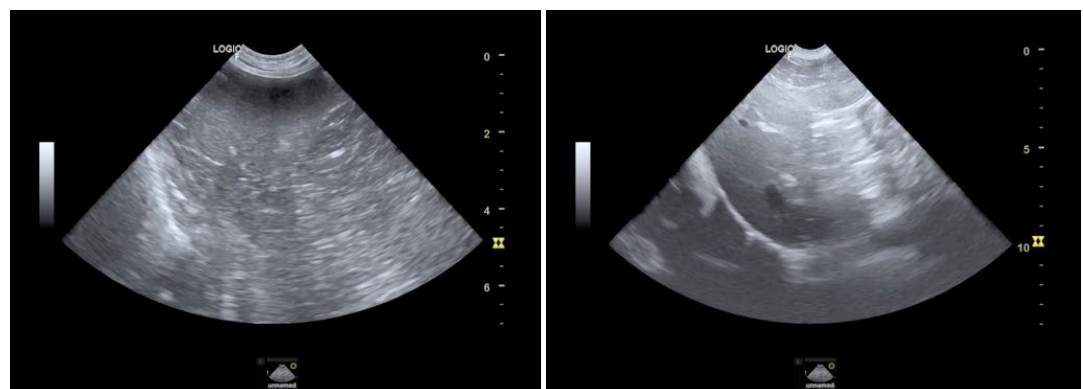
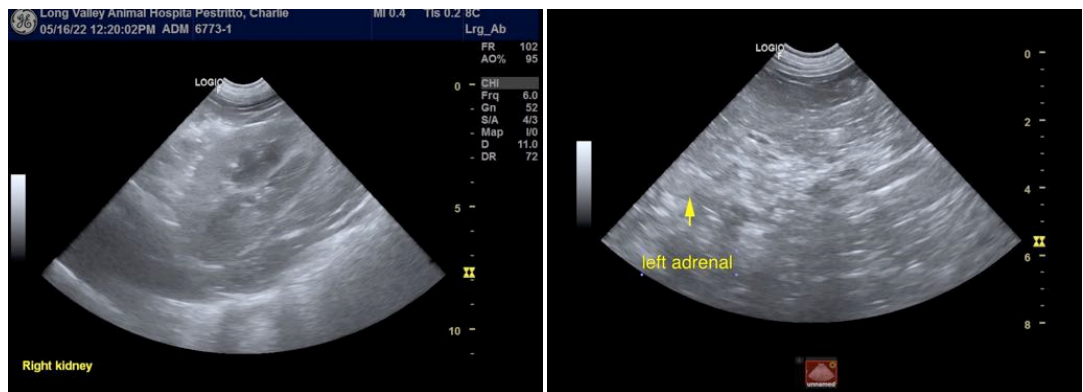
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

Benign hepatopathy with undefined nodule, complex cyst or possible minor abscess.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA, cytology and culture of the liver is indicated. The remainder of the abdomen is unremarkable.





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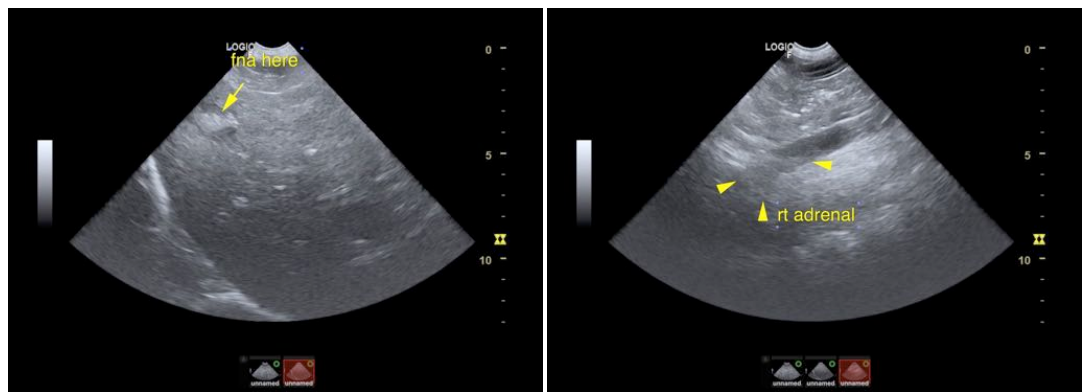
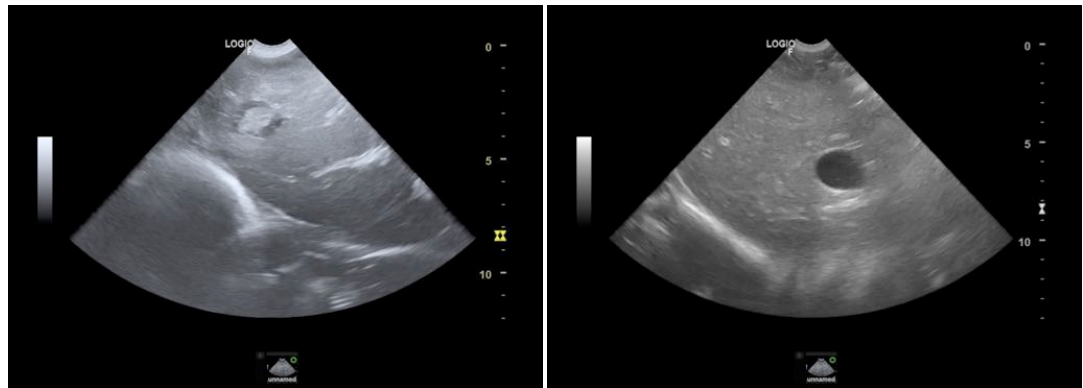
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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