



**PATIENT PRESENTING CLINICAL SIGNS**

**Sunny Boggie** History: Chronic elevation of ALT Has DJD and has been taking Carprofen chronically No other symptoms or concerns  
**SPECIES** Abnormal PE/Chem/CBC/UA Results: ALT increased from 171 in June 2020 to 349 on 5/9/22 (slowly increased with repeated monitoring over that time period)

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Labrador 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 left kidney presented a 2.01 x 1.74 cm echogenic cyst at the caudal pole. This may represent a renal abscess given the echogenic debris.

**WEIGHT**

88 lbs

*Adrenal Glands*

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The **adrenal glands** were enlarged, heterogenous, and swollen. The cranial pole of the right adrenal gland measured 1.8 and the caudal pole measured 1.0 cm. The left adrenal gland was at the upper limits of normal and measured 0.81 cm at the caudal pole and 0.9 cm at the cranial pole.

**IMAGING PERFORMED BY**

Dr. Gunther

*Spleen*

**HOSPITAL NAME**

New Frontier Animal  
Medical Center

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. Gunther

*Liver*

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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, 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.

**DATE**

5/18/22



**PATIENT**

**Gastrointestinal**

Sunny Boggie

The **gastric** wall revealed prominent mucosa in the gastric fundus. However, the pyloric outflow, small intestine and colon were unremarkable.

**SPECIES**

Canine

**Pancreas**

**BREED**

Labrador

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

11 years

Prominent gastric rugae.

Infected renal cyst or abscess in the caudal pole of the left kidney.

Bilateral adrenal hypertrophy.

**WEIGHT**

88 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If the urine specific gravity is less than 1.020 and the patient appears Cushingoid then work-up for PDH is indicated. Ultrasound-guided drainage and culture of the left renal cyst would be ideal after coagulation panel. FNA of the liver can be considered at that time. Given the gastric rugae assessment for any clinical signs of anorexia or gastritis would be indicated given the NSAID history.

**INTERPRETED BY**

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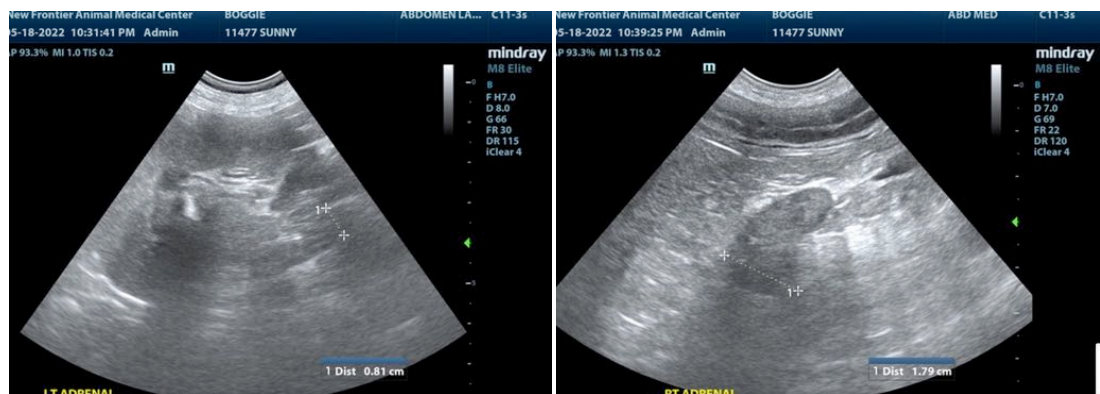
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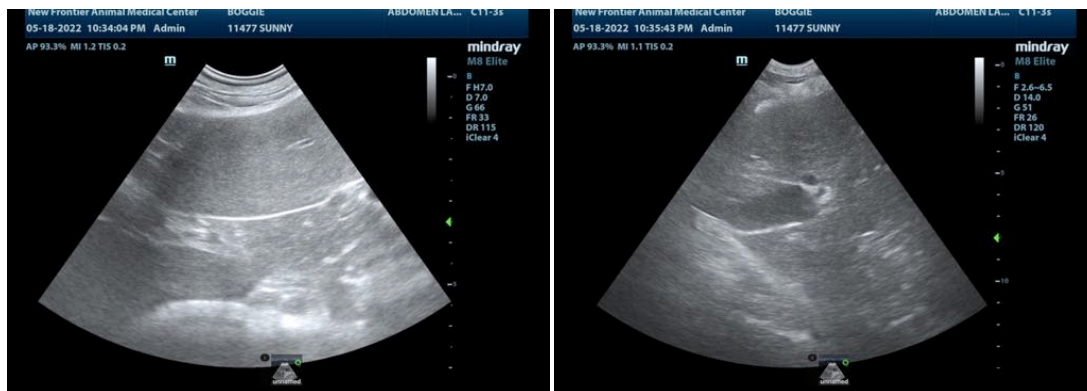
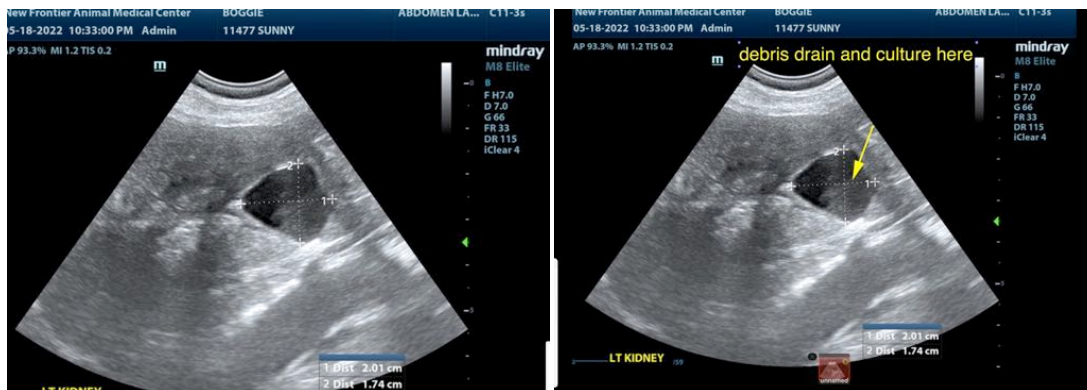
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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