

PATIENT

Roscoe Lee

SPECIES

Canine

BREED

Havanese

SEX

Neutered male

AGE

12 years

WEIGHT

10.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kyoung Han

HOSPITAL NAME

Tenafly VC

REFERRING VET

Dr. Kyoung Han

INVOICE

77729

DATE

5/19/26

PRESENTING CLINICAL SIGNS

History: -follow-up ultrasound : 13 yr old ,NM . sedated with torbu (0.2mg/ kg) 5 minutes before ultrasound. non- obstructive calculi were noted last year with ultrasound. recently, he has on and off soft stool. chronic liver enzyme (alt/alp) elevation but stable. the reason for abdominal ultrasound is to monitor the cholelithiasis and chronic liver enzyme elevation

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 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. Mineralization was noted in the kidneys. The largest calculus measured 0.43 cm and was non-obstructive. The left kidney measured 4.15 cm. The right kidney revealed an anechoic cyst in the medial cortex. The right kidney measured 3.5 cm with non-obstructive nephrolithiasis.

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 1.68 x 0.6 cm. The right adrenal gland measured 1.3 x 0.6 cm.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** itself revealed uniform parenchyma with increased portal markings and a mild amount of remodeling. The gallbladder revealed multiple calculi in the cystic duct. The gallbladder was mildly over distended. The common bile duct appeared unaffected.



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Gastrointestinal

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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.

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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

Cholelithiasis, primarily embedded in the cystic duct. Smaller calculi noted.

WEIGHT

10.7 lbs

Non-obstructive nephrolithiasis and age related renal changes.

Age related hepatic changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Medical management is recommended based on clinical status of the patient. Ursodiol therapy should be continued long term.

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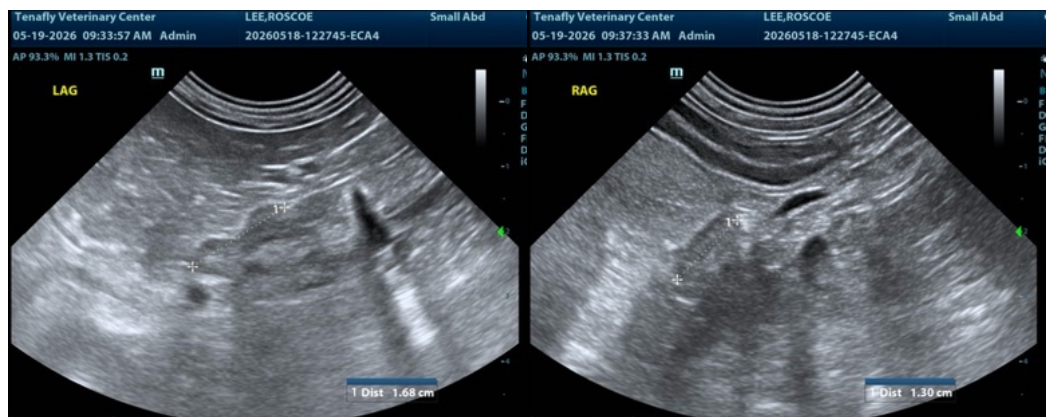
Dr. Kyoung Han

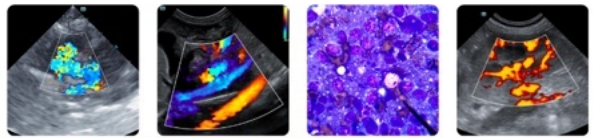
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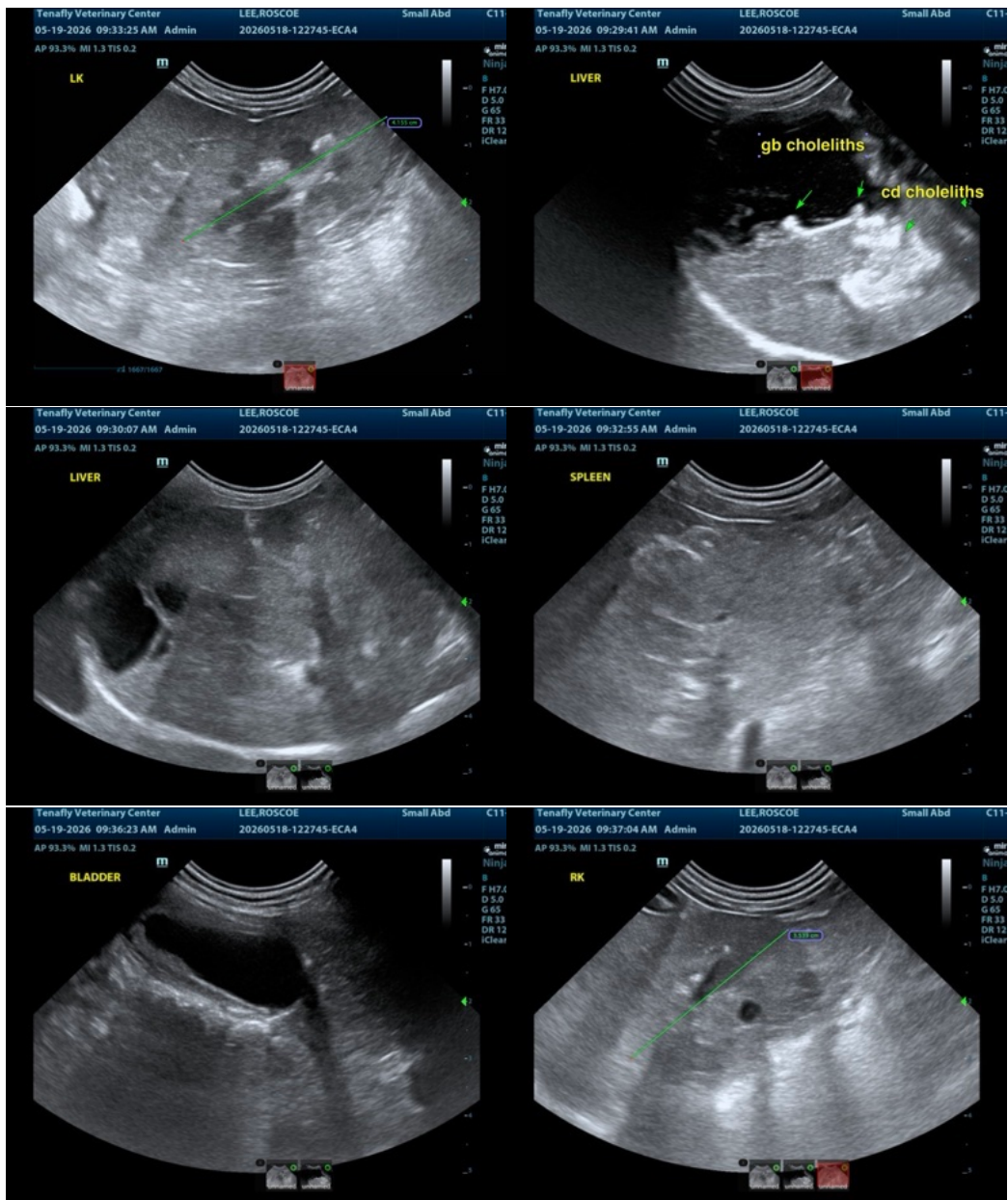
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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