



PATIENT

Riley Venard

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered male

AGE

14 years

WEIGHT

57 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Christina

HOSPITAL NAME

Animal Health VC

REFERRING VET

Dr. Readdy

INVOICE

44127

DATE

5/2/23

PRESENTING CLINICAL SIGNS

History: P presented 3/24/23 to recheck skin and sent out a senior blood panel, Liver enzymes elevated (see below), put on Denamarin, Ursodiol 250mg, Metronidazole 500mg and Amoxi/Clav 500/125mg. Last blood panel 11/28/22 all values were WNL. P repeated bloodwork 4/26/23 and values improved some except for ALKP, GGTP, Tbili, and now kidney values have slightly increased. P has pronounced weakness in all 4 legs over last month, PUPD on occasion, ravenous appetite 3 weeks ago but suddenly drinking and eating have decreased over last week. P very lethargic, does have spinal pain in cervical and lumbar region. P has SARD. P on Ursodiol and Denamarin currently.

Abnormal PE/Chem/CBC/UA Results: 3/25/23 - AST - 277, ALT - 1033, ALKP - 2248, GGTP - 58, TBILI - 0.6, Cholesterol - 731, t4 - 0.7, FT4 - 21.3. 4/26/23 - AST - 168, ALT - 611, ALKP - 4116, GGTP - 90, TBILI - 0.9, BUN - 45, Creat - 1.3, SDMA - 21.7, WBC - 17.5. Cholesterol - 650

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 and appeared normal. 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 8.09 cm. The right kidney measured 8.85 cm.

Adrenal Glands

The left adrenal gland was mildly enlarged and measured 1.0 cm in width. The right adrenal gland was not visualized.

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

Liver

The **liver** was diffusely hyperechoic to the falciform fat with generalized enlargement. Attenuating sound beam was noted. The gallbladder and common bile duct was unremarkable.



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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

Metabolic hepatopathy/inflammatory hepatopathy.
Mineralized spleen.
Enlarged left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further imaging of the right adrenal gland is indicated to assess for potential Cushing's disease. FNA of the liver is indicated for further definition. There was no evidence of neoplasia.

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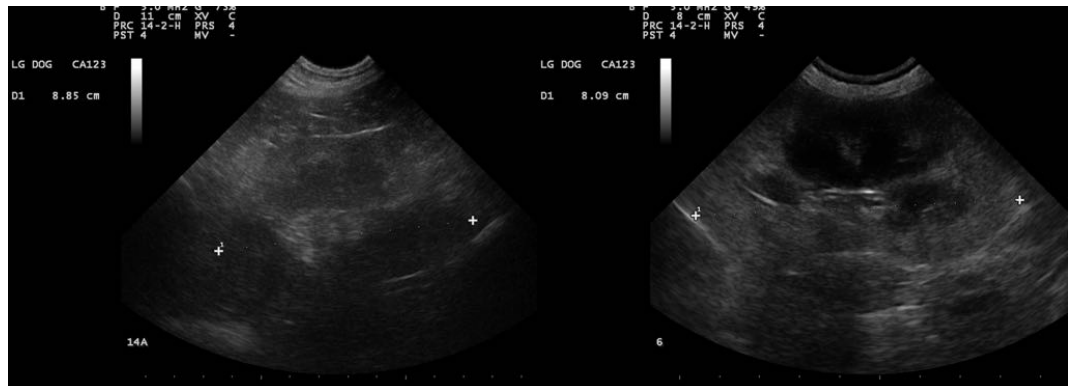
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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