

**PATIENT**

Cooper Turgeon

**PRESENTING CLINICAL SIGNS**

Clinically normal. Elevated LE noted on BW.  
Abnormal PE/Chem/CBC/UA Results: BW: ALP 1,327 (347 last year), Mild increases in T. Bili, BUN and Ca (lipemic and hemolyzed sample).

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Mix

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. 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

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 6.3 cm. The left kidney measured 5.85 cm.

**AGE**

12 years

**WEIGHT**

68 lbs

**Adrenal Glands**

The right adrenal gland was uniform and measured 1.81 cm at the cranial pole and 0.86 cm at the caudal pole. The left adrenal gland was at the upper limits of normal and measured 0.94 cm at the cranial pole and 0.83 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

**IMAGING PERFORMED BY**

Dr. Ebersole

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. A slight, hypoechoic, 0.4 cm nodule was noted in the mid body and was non-disruptive. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Barengo

**Liver**

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.

**INVOICE**

30757

**DATE**

5/27/22



**PATIENT**

**Gastrointestinal**

Cooper Turgeon

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.

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

68 lbs

**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**

Geriatric abdomen with mild hepatic remodeling.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of significant clinical visceral disease. However, bile acid profile, FNA or core liver biopsy of the liver is indicated for further definition Especially if the bilirubin elevation is persistent and not artifactual. The cause of the clinical history is not evident in the abdomen.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

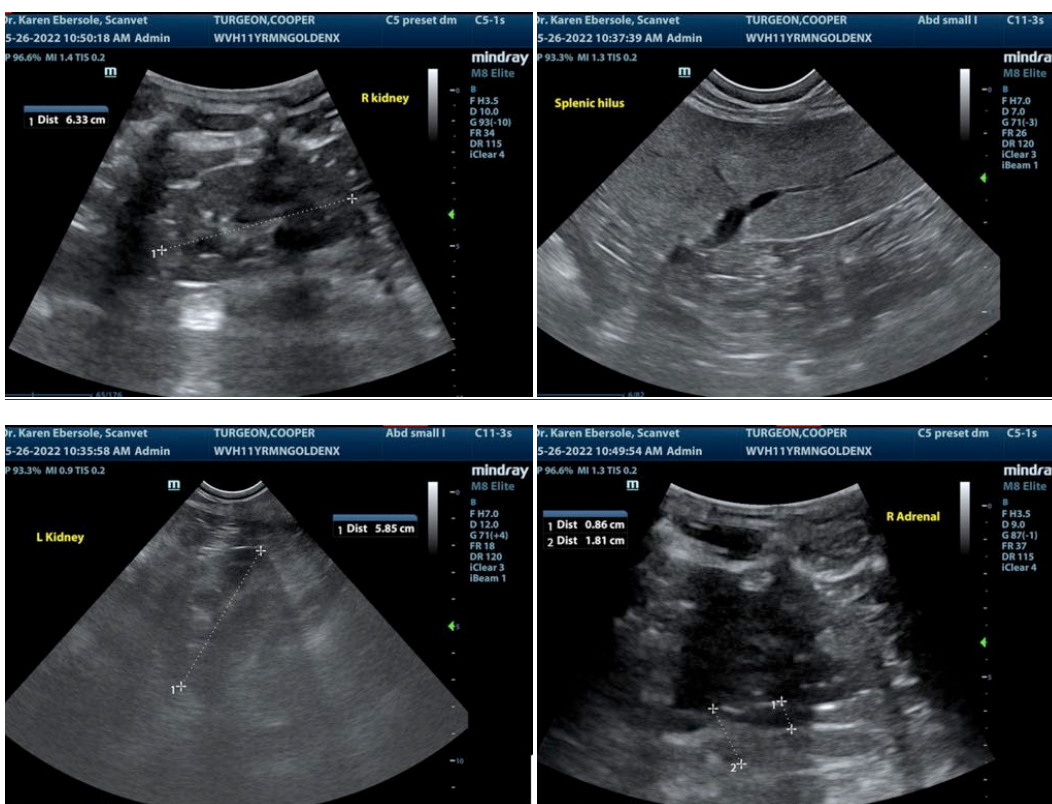
Dr. Barengo

**INVOICE**

30757

**DATE**

5/27/22





**PATIENT**

Cooper Turgeon

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

68 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

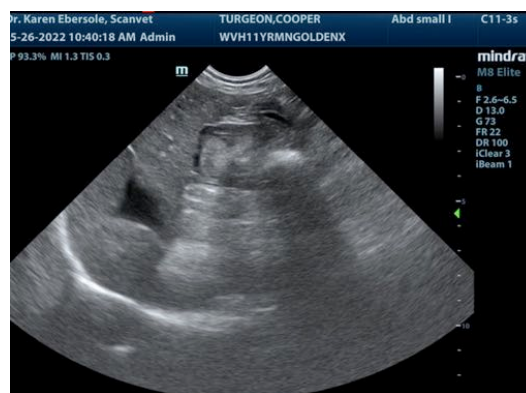
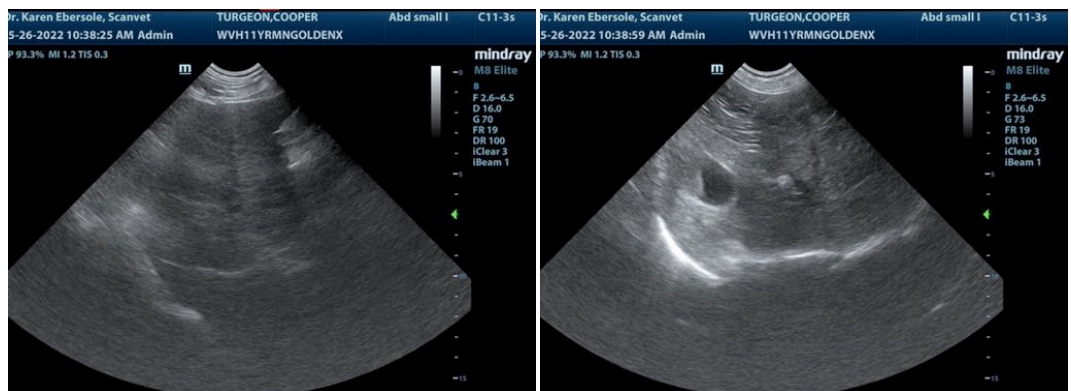
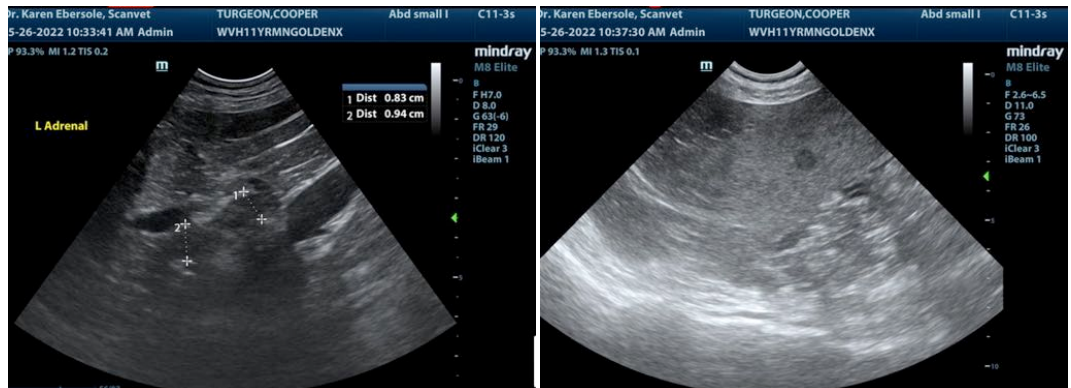
Dr. Barengo

**INVOICE**

30757

**DATE**

5/27/22



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.



**PATIENT**

Cooper Turgeon

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

68 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Barengo

**INVOICE**

30757

**DATE**

5/27/22