



PATIENT

Charlie Benavente

SPECIES

Canine

BREED

Maltese

SEX

Male

AGE

14 Years

WEIGHT

9.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC Vet Hospital

REFERRING VET

Dr. Feldt

INVOICE

38096

DATE

5/28/22

PRESENTING CLINICAL SIGNS

vomiting, lethargic // see medical records attached
Abnormal PE/Chem/CBC/UA Results: Abd/GI: distended, potbellied. Not painful on abdominal palpation, full in cranial abdomen. BUN 32, ALT 171, ALP 260.

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 were 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 right kidney measured 3.8 cm. The left kidney measured 4.0 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 0.50 cm. The right adrenal gland measured 0.60 cm at the cranial pole and 0.40 cm at the caudal pole.

Spleen

The **spleen** presented a hyperechoic lipogranulomatous nodule measuring 1.25 cm without disruption of architecture.

Liver

The **liver** was mildly enlarged and 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.

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. Reactive mesenteric lymph nodes noted, measuring up to 1.0 cm x 0.60 cm.

Pancreas

The right **pancreatic** limb revealed an anechoic cyst measuring 1.0 cm. Mild pancreatic remodeling noted.



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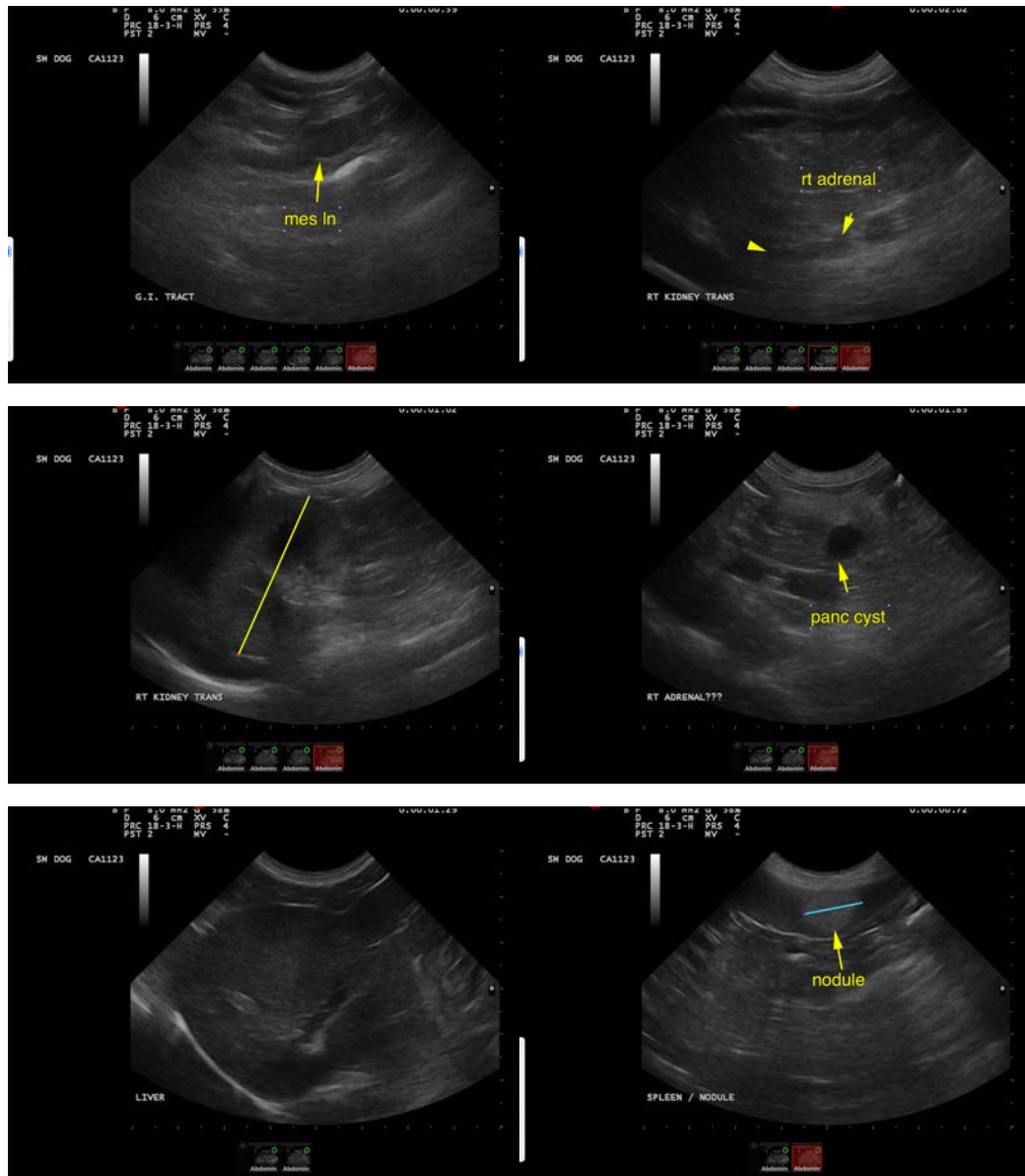
5/28/22

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy
- Lipogranulomatous splenic nodule
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver could be considered. The kidneys do not appear end stage. However, IV fluid support to create any azotemia would be indicated. Full urinary workup indicated. No evidence of neoplasia. The mild hepatomegaly is likely playing a role in the distended abdomen. Supportive care should prove effective.





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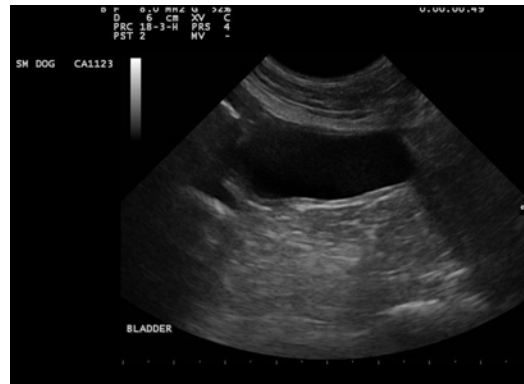
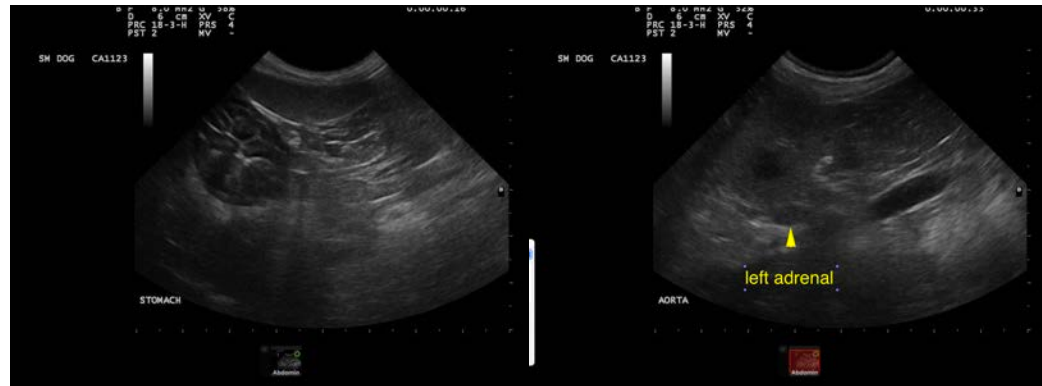
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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