



PATIENT

Maestro Quiroz

PRESENTING CLINICAL SIGNS

Presenting for US for elevated ALKP
Abnormal PE/Chem/CBC/UA Results: ALKP 1965 U/L USG 1.043, UPC 2.3

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mixed

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight apical polypoid changes were noted, may be secondary to history of cystitis. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

SEX

Neutered Male

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 6.7 cm. The right kidney measured 7.3 cm. Minor cortical mineralization noted in both kidneys.

AGE

11 Years

WEIGHT

55 Pounds

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 2.68 cm x 0.75 cm at the caudal pole and 0.62 cm at the cranial pole. Slight hyperechoic nodule noted at the cranial pole of the right adrenal gland, likely hyperplasia. The right adrenal gland measured 3.18 cm x 0.88 cm at the cranial pole and 0.72 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

Spleen

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 were noted.

IMAGING PERFORMED BY

John Ammeraal

HOSPITAL NAME

Sova Animal Hospital

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

REFERRING VET

Dr. Robert Sova

INVOICE

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Gastrointestinal

SPECIES

Canine

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. 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.

BREED

Mixed

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.

SEX

Neutered Male

PRIMARY FINDINGS

- Benign hepatopathy with minor remodeling

AGE

11 Years

SECONDARY FINDINGS

- Minor right adrenal nodule, structurally normal adrenal glands otherwise
- Minor apical bladder wall thickening
- Age related kidneys with mineralization
- Gastric ingesta

WEIGHT

55 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease.

INTERPRETED BY

Eric Lindquist, DMV

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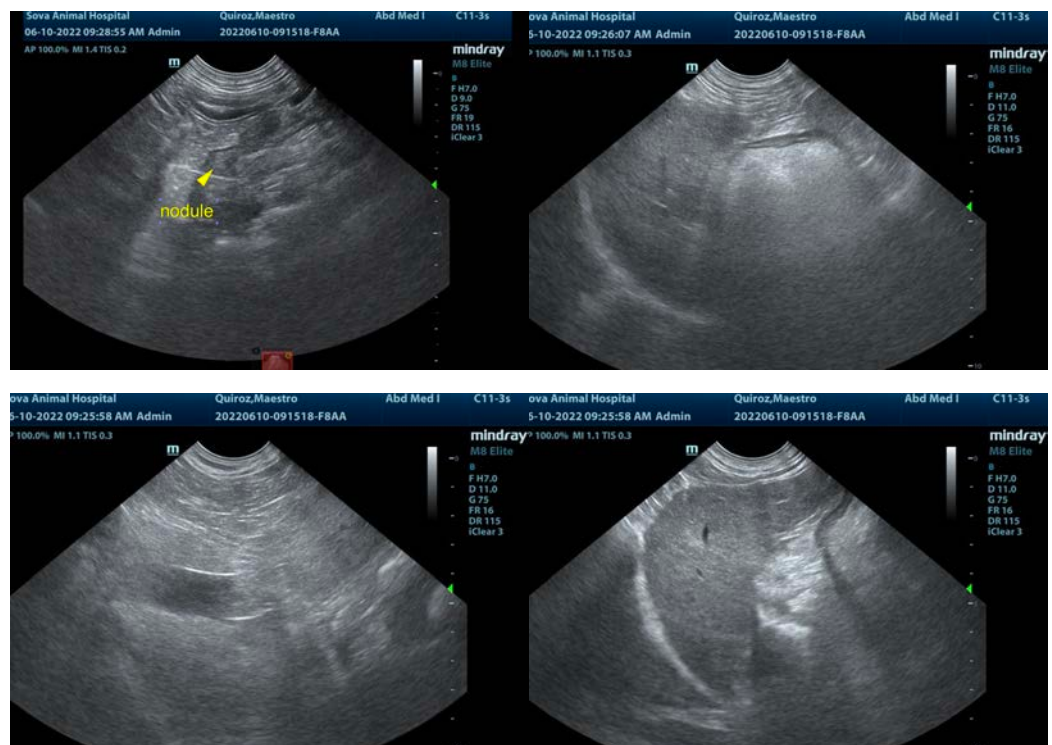
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com