



PATIENT

Tasha Kostenbader

SPECIES

Canine

BREED

Golden Retriever X

SEX

Spayed Female

AGE

4 Years

WEIGHT

69.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

AH of Sussex County

REFERRING VET

Dr. Catania

INVOICE

43124

DATE

6/13/23

PRESENTING CLINICAL SIGNS

Increasing liver values despite Denamarin. Generalized lethargy, mild anorexia. Current meds: Denamarin (not consistently)

Abnormal PE/Chem/CBC/UA Results: 6/12/2023 ALT 606 (was 316 5/27) started Denamarin after. ALP 151; PHOS 2.8

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 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 left kidney measured 5.72 cm. The right kidney measured 5.6 cm.

Adrenal Glands

Both **adrenal glands** were isoechoic and somewhat flattened. The right adrenal was measurably normal, the left was low normal to subnormal in width. The right adrenal gland measured 1.58 cm x 1.04 cm at the cranial pole and 0.47 cm at the caudal pole. The left adrenal gland measured 2.47 cm x 0.35 cm at the cranial pole and 0.39 cm at the caudal pole.

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.

Liver

The **liver** presented slight coarse architecture. Minor increased portal markings. The gallbladder and common bile duct were unremarkable.

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.



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ULTRASONOGRAPHIC FINDINGS

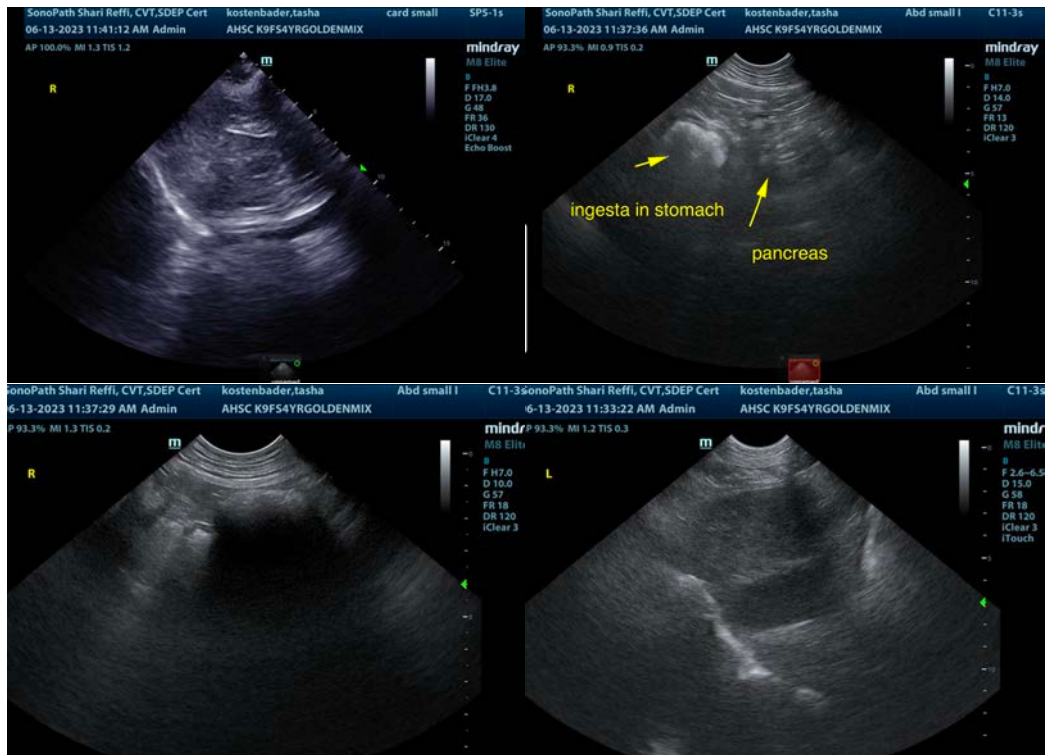
- Structurally unremarkable abdomen with subjectively flattened adrenal gland
- Post-prandial presentation
- Non-specific inflammatory hepatopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the vague clinical presentation, screening for Addison's indicated. Hepatic FNA could be considered. Leptospirosis titers warranted. Bile acid profile warranted, yet structurally the liver appears to have only minor changes. Other causes of lethargy and anorexia such as cardiac, thoracic or CNS disease should all be considered.

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at

<https://sonopath.com/services/sonopath-ct-services>





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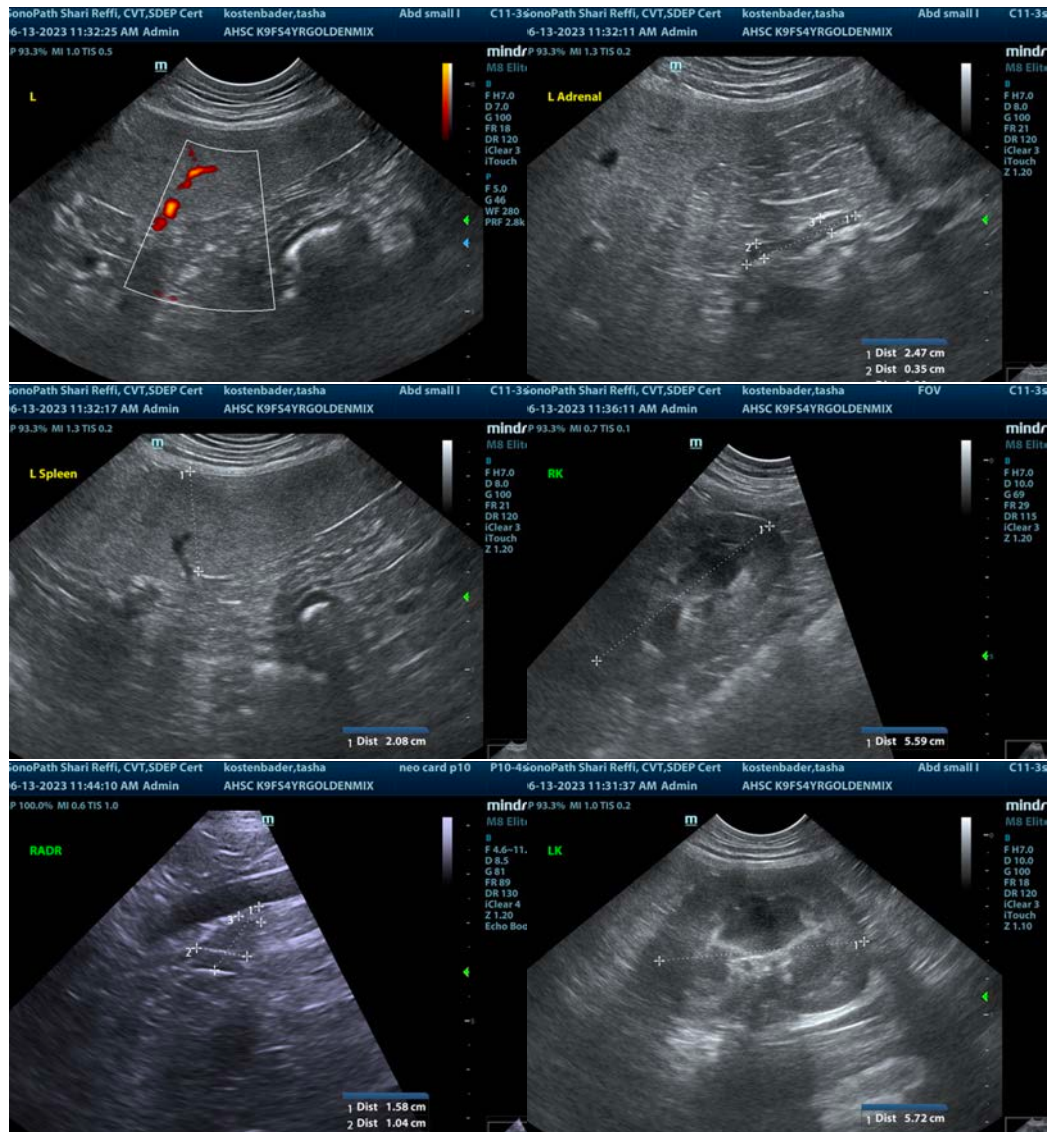
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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