



PATIENT

Rocco Nelson

PRESENTING CLINICAL SIGNS

History: Chronic elevated ALP
Abnormal PE/Chem/CBC/UA Results: Alk Phosphatase 328 HIGH 5-131 IU/L

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Poruguese Podengo

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

SEX

Neutered male

AGE

7 years

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization was noted in the kidneys. The kidneys measured 4.5 cm.

WEIGHT

10.6 l;bs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 right adrenal gland measured 0.6 cm at the cranial pole and 0.5 cm at the caudal pole. The left adrenal gland measured 0.5 cm at the cranial pole and 0.5 cm at the caudal pole.

IMAGING PERFORMED BY

Dr. Mychajlonka

Spleen

HOSPITAL NAME

Craig Road AH

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 was noted.

REFERRING VET

Dr. Demel

INVOICE

30991

Liver

The **liver** presented mildly increased portal markings with normal size and contour. The hepatic vascularity appeared normal. The gallbladder revealed excessive debris and over distension.

DATE

6/14/22



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Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. There is a potential for soft shadowing foreign matter. 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

Hepatic remodeling.

Full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am most concerned about the gastric presentation. If the patient was n.p.o. at the time of the sonogram then foreign matter is the primary concern. Urinalysis is recommended to assess for any evidence of UTI. Subjectively the liver appears benign with minor remodeling. Ursodiol therapy can be justified given the minor excessive gallbladder debris, yet this is not an emerging mucocele or mucocele at this point.





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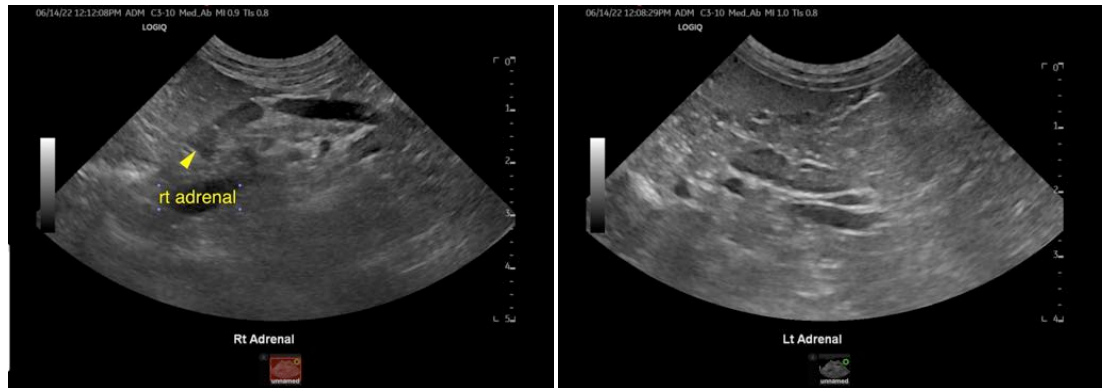
Neutered male

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SEX

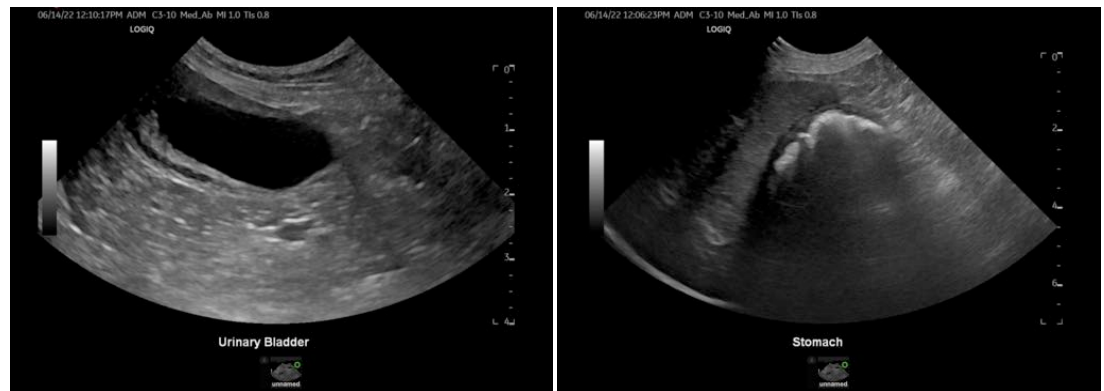
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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