



PATIENT PRESENTING CLINICAL SIGNS

Bo Rich History: Pre-anesthesia bloodwork shows elevations in ALT and AST. No clinical abnormalities...
Abnormal PE/Chem/CBC/UA Results: ALT 513, AST 232

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Irish Setter

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

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 6.4 cm. The left kidney measured 6.95 cm.

AGE

6 ½ years

WEIGHT

52 lbs

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 1.57 x 0.65 cm. The right adrenal gland measured 1.77 x 0.8 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Jessica Green

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.

HOSPITAL NAME

Stanglein VC

Liver

REFERRING VET

Dr. Green

The **liver** revealed normal size and contour with normal vascularity. The liver revealed slight coarse architecture, yet the changes were minor. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

INVOICE

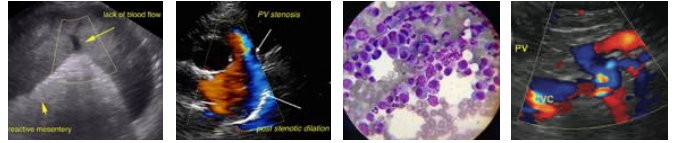
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Gastrointestinal

DATE

6/22/22

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



PATIENT

demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Bo Rich

SPECIES

Pancreas

Canine

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.

BREED

Irish Setter

ULTRASONOGRAPHIC FINDINGS

SEX

Structurally unremarkable abdomen.

Male

Essentially age related renal changes.

AGE

6 ½ years

Likely reactive hepatopathy or non-specific inflammatory hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

52 lbs

The patient likely has reactive hepatopathy or non-specific inflammatory hepatopathy. Underlying Leptospirosis or other insults should be considered. FNA is indicated to assess inflammatory cell type. There is no evidence or suspicion of neoplasia.

INTERPRETED BY

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DABVP, Cert. IVUSS

IMAGING PERFORMED BY

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HOSPITAL NAME

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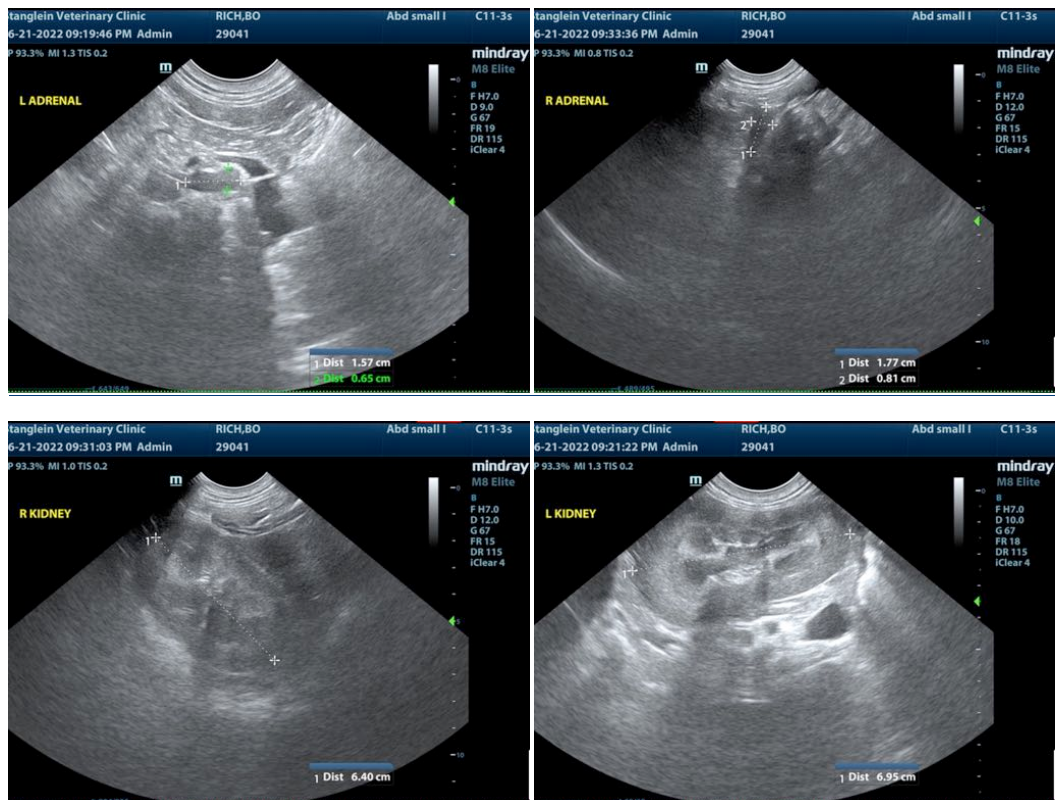
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PATIENT

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SPECIES

Canine

BREED

Irish Setter

SEX

Male

AGE

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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.

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