



PATIENT

Billy Hrstic

SPECIES

Canine

BREED

Shepherd X

SEX

Neutered Male

AGE

9

WEIGHT

41 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Fish Creek VH

REFERRING VET

Dr. Brugnola

INVOICE

23056

DATE

6/24/23

PRESENTING CLINICAL SIGNS

History of allergic dermatitis and long-term prednisolone use. Patient has thin hair coat pendulous abdomen with muscle wasting. Now has had some vomiting and diarrhea with some blood .

Abnormal PE/Chem/CBC/UA Results: Moderate elevation of all liver enzymes.

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 mild 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 7.44 cm. The left kidney measured 7.95 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 0.6 cm at the cranial pole and 0.6 cm at the caudal pole. The right adrenal gland measured 0.65 cm.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted. This is a mild change.

Liver

The **liver** was enlarged with micronodular changes, primarily in the left limb, but hyperechoic nodular changes were noted in the mid cranial liver. The gallbladder was echogenic, consistent with fibrosis and porcelain gallbladder.

Gastrointestinal

The **gastrointestinal tract** was largely unremarkable with minor areas of mucosal fogging in the jejunum. No loss of mural detail was noted in the jejunal changes.

Pancreas



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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

- Benign hepatopathy/subjectively nodular hyperplasia- FNA is warranted for further definition.
- Porcelain gallbladder
- Areas of mucosal fogging in the small intestine- this is likely lymphangiectasia, however, appeared to be fairly limited.
- Age related abdominal changes otherwise.

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Shepherd X

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

No evidence of significant disease.

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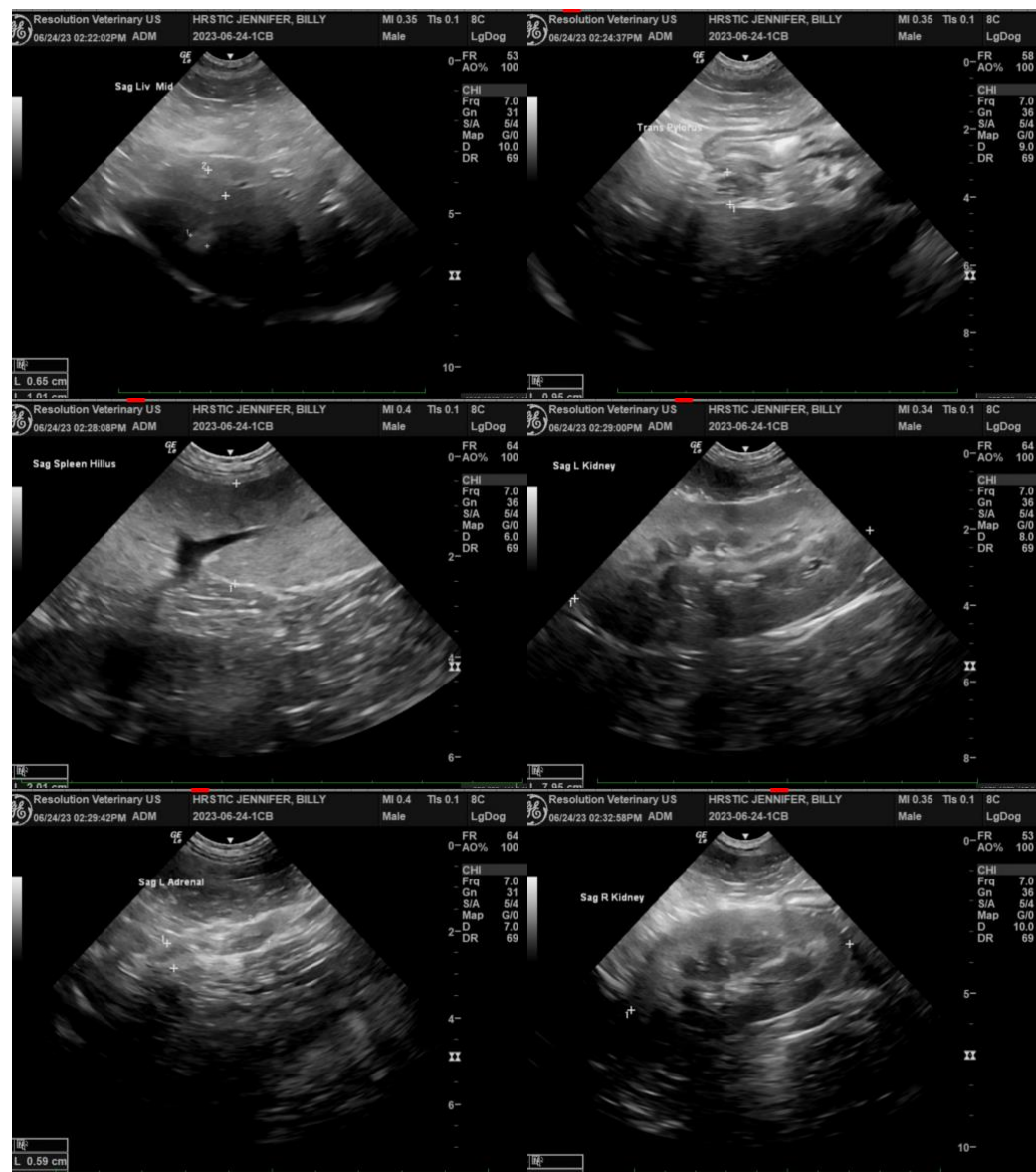
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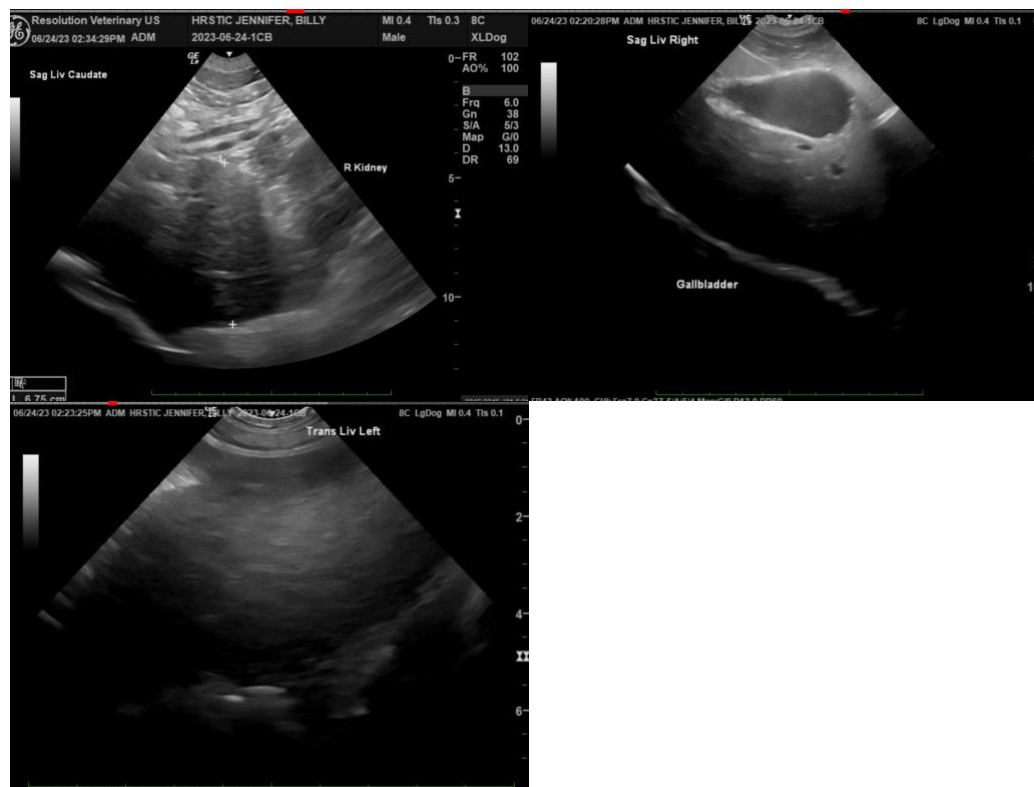
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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