



PATIENT

Chowder Anderson

SPECIES

Canine

BREED

Chow Chow X

SEX

Neutered Male

AGE

13 Years

WEIGHT

52.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

HOSPITAL NAME

Butler Vet Hospital

REFERRING VET

Dr. Garro

INVOICE

43570

DATE

6/29/23

PRESENTING CLINICAL SIGNS

Elevated ALT, ALP, GGT. Staging for mass removal.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 5.7 cm. The right kidney measured 5.36 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 2.12 cm x 0.64 cm. The right adrenal gland measured 2.5 cm x 0.92 cm at the cranial pole and 0.64 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 moderately disorganized parenchymal changes with increased portal markings and coalescing hypoechoic nodules. Minor gallbladder polyps and debris noted. Mild generalized hepatomegaly present, most consistent with nodular hyperplasia/moderate chronic inflammatory hepatopathy. No evidence or suspicion of neoplasia. No evidence of masses.

Gastrointestinal

Minor fluid filled **gastric** lumen noted. Assessment for history of vomiting indicated. The small intestine and colon were unremarkable.

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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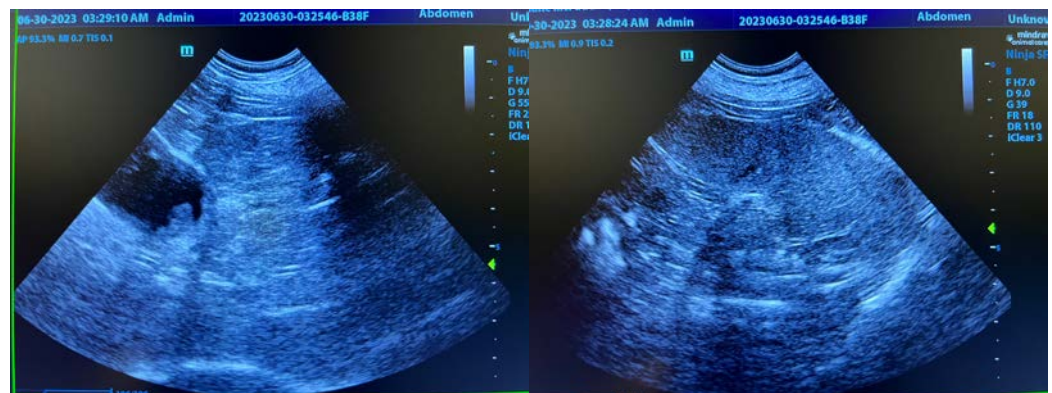
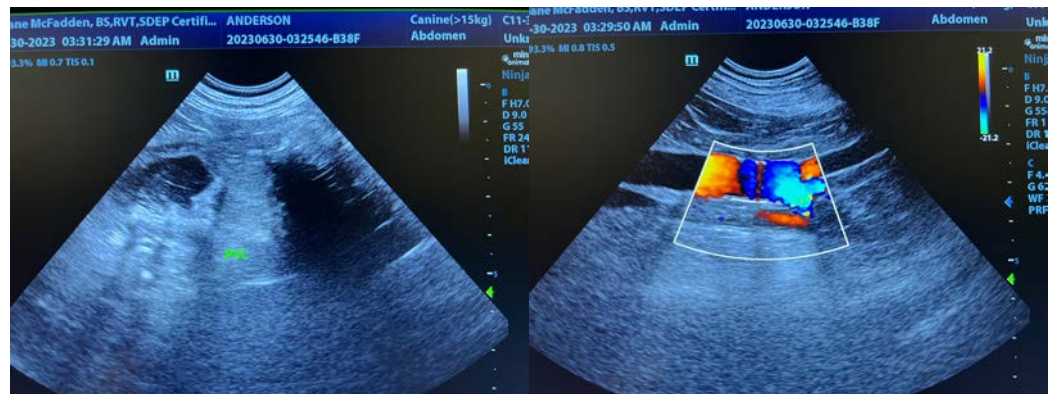
6/29/23

ULTRASONOGRAPHIC FINDINGS

- Hepatic remodeling – nodular hyperplasia/moderate chronic inflammatory hepatopathy pattern.
- Minor fluid filled gastric lumen – possible low-grade gastritis.
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mast cell disease. Bile acid profile indicated. If elevated, FNA or core biopsy would be indicated.





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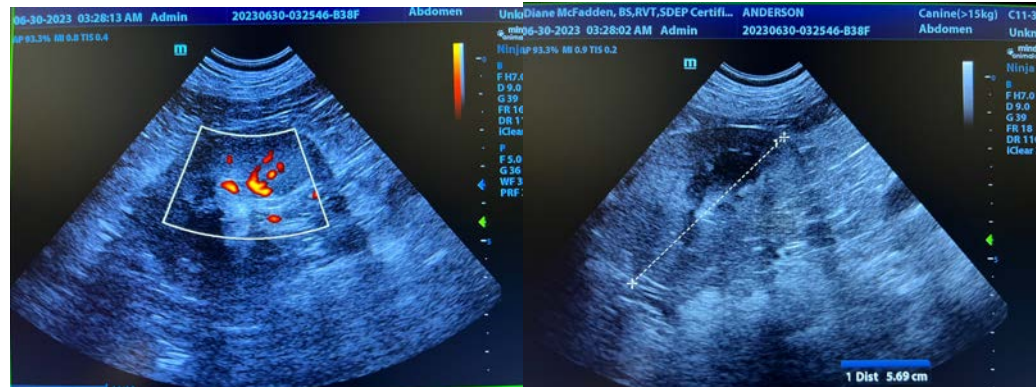
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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