



PATIENT

Joey Reddeman

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered male

AGE

10 years

WEIGHT

13.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Colborne

HOSPITAL NAME

Aberdeen VH

REFERRING VET

Dr. Campbell

INVOICE

30951

DATE

6/9/22

PRESENTING CLINICAL SIGNS

History: Pre-anes. blood work performed for dental procedure 6 months ago revealed significantly elevated ALk Phos values with mildly increased ALT. Proceeded with dental procedure requiring multiple extractions, changed diet from Raw to quality commercial formula and performed a bile acids test a few weeks later, non-diagnostic result. Appetite has improved and dog has gained 1 kg over the last few months. Rechecked blood work recently and liver values are worse. ultrasound performed today.

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 was noted. Ureteral papillae were normal.

The residual prostate measured 0.6 cm.

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. Both kidneys measured approximately 5.0 cm.

Adrenal Glands

Both **adrenal glands** were distinctly hypoechoic to the surrounding mesentery. They appeared mildly swollen and were at the upper limits of normal on measurement. The left adrenal gland measured 0.77 cm at the cranial and 0.47 cm at the caudal pole. The right adrenal gland measured 0.64 cm at the caudal pole and 0.9 cm at the cranial pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. Slightly increased portal markings were noted. Minor excessive GB debris was noted with the presence of gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.



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Gastrointestinal

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

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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

PRIMARY FINDINGS:

Benign hepatopathy with minor remodeling, likely reactive hepatopathy.

Swollen adrenal glands.

SECONDARY FINDINGS:

Age related pancreas.

Age related kidneys.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver could be considered for further definition. If the patient is Cushingoid and urine specific gravity is less than 1.020 then work-up for PDH is indicated.

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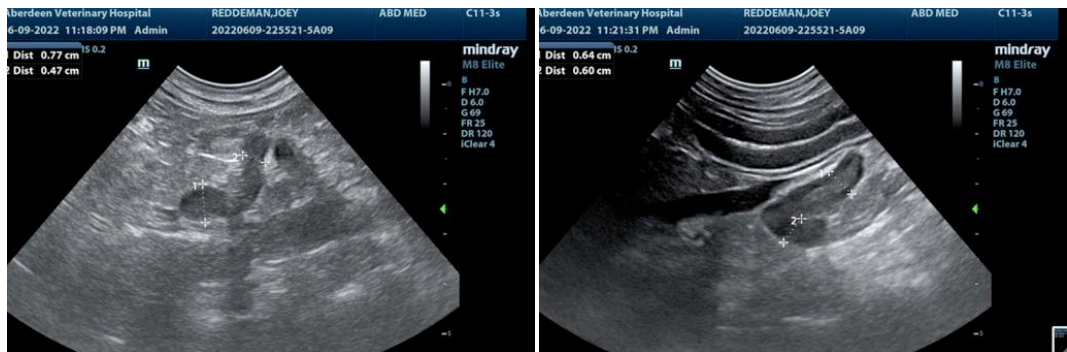
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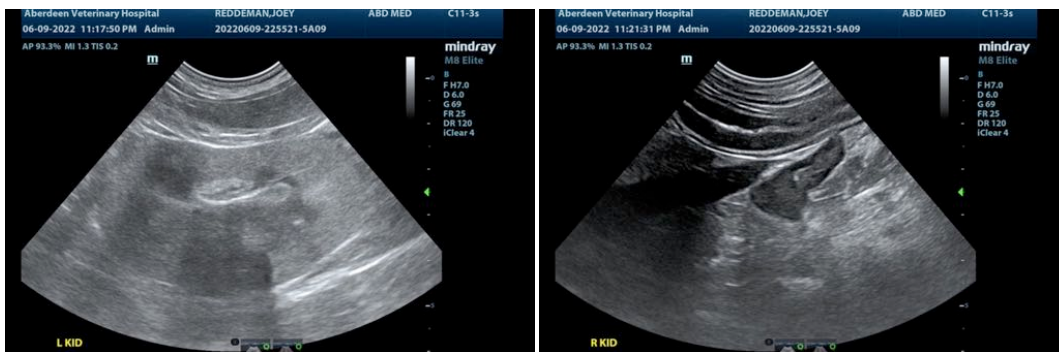
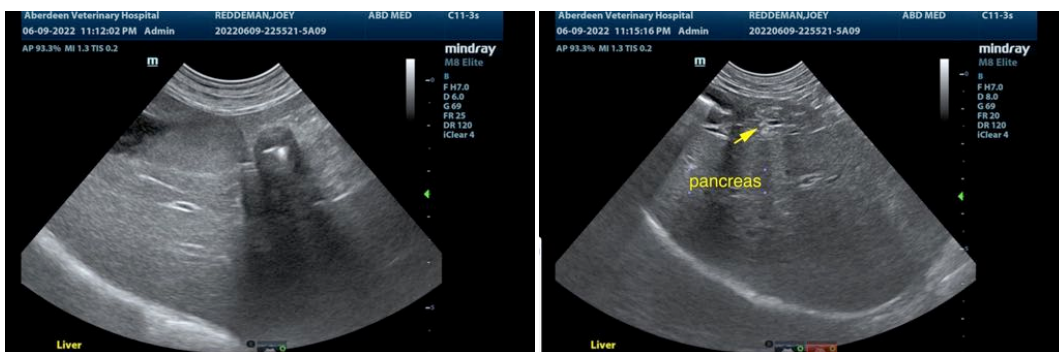
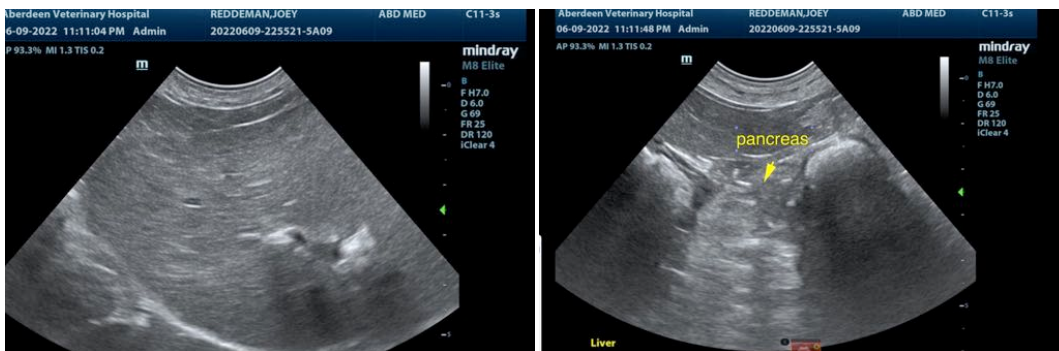
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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