



PATIENT

Copper Lauffer

SPECIES

Canine

BREED

Toy Poodle

SEX

Spayed Female

AGE

13 years

WEIGHT

11.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Moon

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dr. Moon

INVOICE

31419

DATE

6/30/22

PRESENTING CLINICAL SIGNS

Elevated ALP and ALT despite Denamarin treatment. Clinically, p is normal. Did have a double dose of Deramaxx before initial bloodwork
Abnormal PE/Chem/CBC/UA Results: ALT (SGPT) 140 IU/L (12-118) Alk Phosphatase 857 IU/L (5-131)

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 **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 each measured 4.0 cm.

Adrenal Glands

The left **adrenal gland** was slightly heterogenous and measured up to 0.6 cm. The right adrenal gland was normal and measured 1.9 x 0.4 cm.

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 was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. 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.



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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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

Geriatric abdomen, slightly heterogenous adrenal glands, yet measure within normal limits.

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Pancreatic and hepatic remodeling.

Age related renal changes with mineralization.

Non-specific, low-grade inflammatory hepatopathy.

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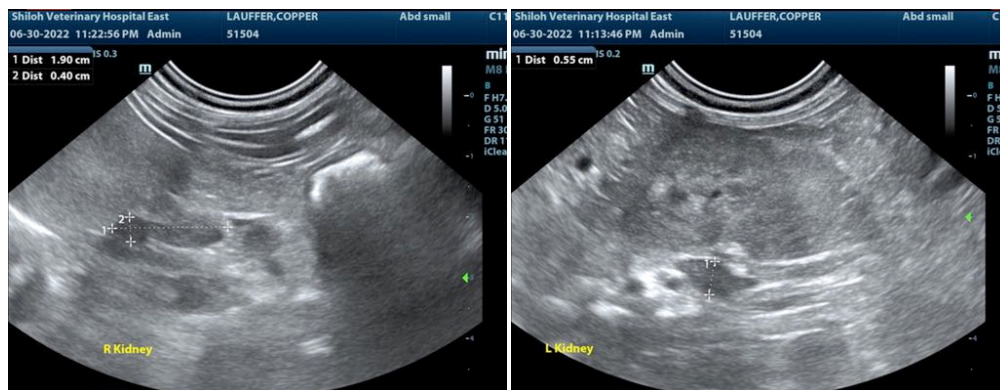
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes are largely expected for this age and breed. FNA of the liver can be considered for further definition, yet subjectively appears benign. Cushing's is unlikely but if urine specific gravity is < 1020 repeatedly then about 10% of PDH patients can have normal adrenals.

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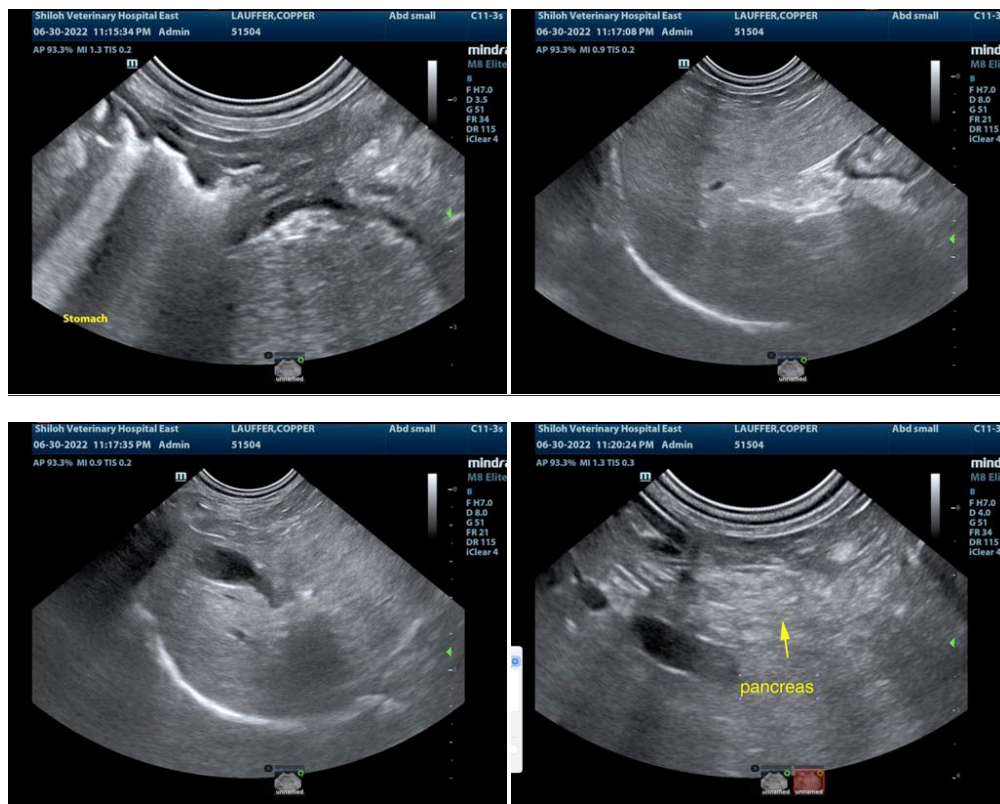
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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