



PATIENT

Sebastian Escobar

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

9 Years 8 Months

WEIGHT

5.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC Vet Hospital

REFERRING VET

Dr. Rivera

INVOICE

43689

DATE

7/2/23

PRESENTING CLINICAL SIGNS

Presented for not wanting to eat, being lethargic. bw was done at banfield and it indicated high liver values according to owner (no records at the moment) We called Banfield in Pembroke Pines for records but we did not have any by start of appointment. Owner was able to show me his labwork from 5/7/23 at Banfield where: ALKP was elevated at 731, ALT was elevated at 820. Normal bilirubin, normal Ht at 42%, normal Hb at 13.9, normal RBC at 6.52. No other significant findings. Owner reports they also did radiographs and reported to her NSF.

Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal)
Hydration: Appears normal. Mentation: QAR. Eyes/Ears/Nose/Throat: NAD to inner pinnae or external ear openings. NAD to eyes or surrounding structures. No nasal discharge. Oral Cavity: Pale oral mucosa. Severe tartar and moderate gingivitis (owner reports she had wanted to do a dental in him before but could not because of his health issues earlier). Lymph Nodes: NAD on peripheral lymphnodes. Skin: Full, slightly matted haircoat. Cardiovascular/Respiratory: Normal on auscultation. Abdomen/GI: Normal on palpation. Urogenital/Perineum: NAD. Musculoskeletal: BCS 4/9. Slightly poor muscle mass. Ambulatory on all four legs. Neurological: NAD on hands off exam. Diagnostic Testing Performed: In-house CBC/Chem/SNAP cPL/UA= RBC/Hb/Ht are severely low (Ht is 16.3%), MCV is ver mildly low, mild to moderate lymphopenia, severe eosinopenia, severe thrombocytopenia, PDW is not reading, rest of CBC WNL. Serum glucose is mildly elevated, Creatinine is low, calcium is mildly low, Na is mildly low, potassium is very mildly elevated, chloride is very mildly low, total protein is very mildly low, albumin is mildly low, ALT is moderately elevated at 406 U/L (10-125), ALKP is moderately elevated at 486 U/L (23-212), GGT is severely elevated at 40 (0-11), rest of chem is WNL. SNAP cPL is ABNORMAL.

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 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 3.2 cm. The right kidney measured 3.4 cm.

Adrenal Glands

The **right adrenal gland** was 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 right adrenal gland measured 0.67 cm at the cranial pole and 0.40 cm at the caudal pole. Slight pinpoint mineralizations noted.

The region of the **left adrenal gland** was unremarkable.



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Spleen

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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.

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Liver

The **liver** was mildly enlarged and swollen. Minor coarse architecture. The gallbladder was slightly echogenic and thickened yet not overdistended. No evidence of post-hepatic obstruction.

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Gastrointestinal

The **gastrointestinal tract** was structurally unremarkable. No loss of mural detail. However, it appeared enveloped by the omental changes noted.

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Pancreas

Heterogeneous changes noted in the area of the **pancreas**.

WEIGHT

5.5 Pounds

Free Abdomen

Free fluid noted.

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ULTRASONOGRAPHIC FINDINGS

- Free fluid without evidence of passive congestion
- Subjectively benign hepatomegaly
- Heterogeneous pancreas
- Age related renal changes

DABVP, Cert. IVUSS

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Concern for carcinomatosis, lymphomatosis, mastocytosis or similar. Abdominocentesis and cytopsin warranted to assess for exfoliating neoplasia. Minor potential for peritonitis. FNA of the liver also indicated.

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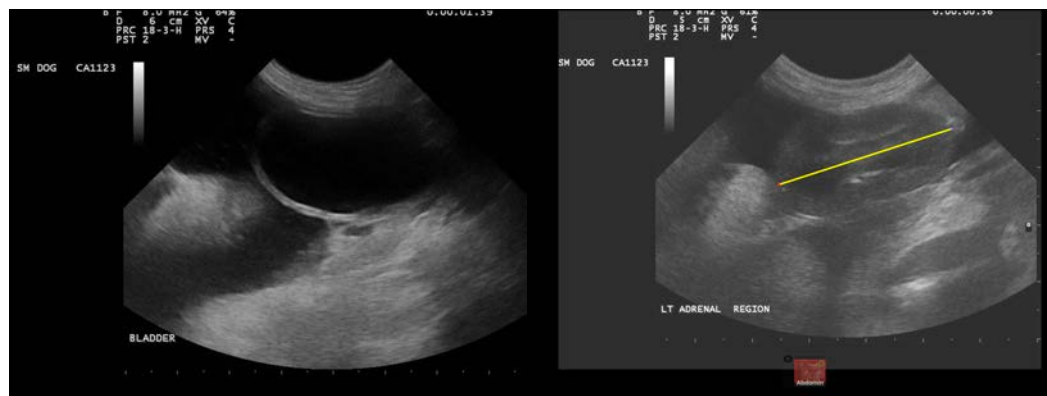
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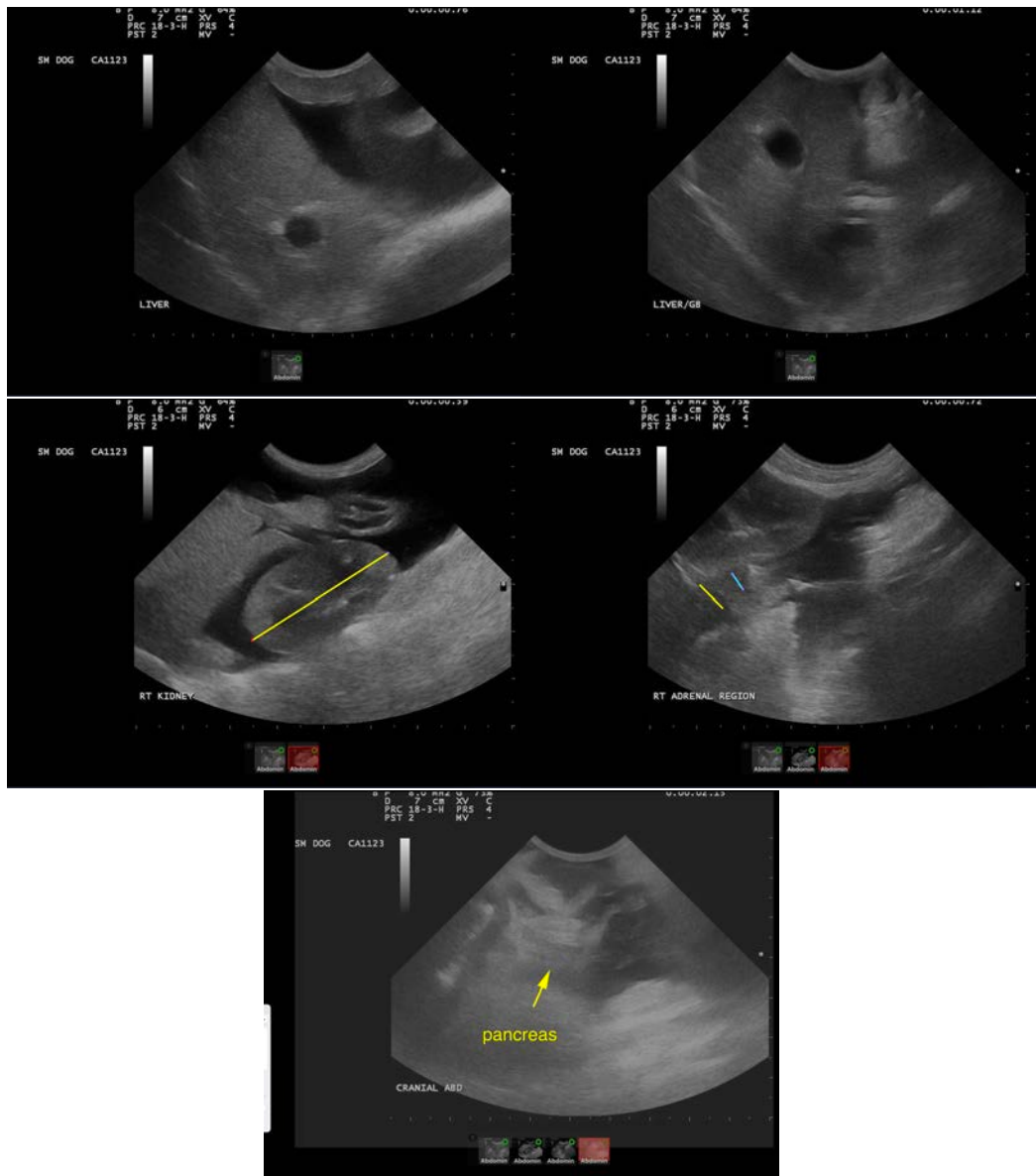
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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