



PATIENT

Curly Horn

SPECIES

Canine

BREED

Miniature Pinscher

SEX

Neutered male

AGE

9 years

WEIGHT

19 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

31818

DATE

7/20/22

PRESENTING CLINICAL SIGNS

History: R/O neoplasia, vs renal and hepatic dz vs other Current meds P Lyte Pepsis, Cerenia, Unasyn, Metro, aluminum hydroxide

Abnormal PE/Chem/CBC/UA Results: decreased Lymph Creat BUN Protein increased ALT ALP GGT increased Cpl abnormal U/A protein and blood present SG 1.014

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 cortical infarcts and remodeling. The right kidney measured 4.07 cm. The left kidney measured 4.28 cm with slight pyelectasia that measured 1.5 x 0.5 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 right adrenal gland measured 1.7 x 1.28 cm at the cranial pole and 0.76 cm at the caudal pole. The left adrenal gland measured 2.1 x 0.63 cm at the caudal pole and 0.69 cm at the cranial pole.

Spleen

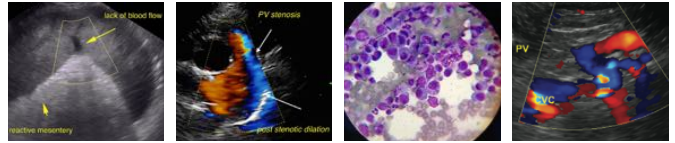
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder revealed an echogenic wall with a minor amount of sand and polypoid changes without mucocele formation.

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



PATIENT

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

Curly Horn

SPECIES

Pancreas

Canine

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.

BREED

Miniature Pinscher

ULTRASONOGRAPHIC FINDINGS

SEX

Non-specific chronic inflammatory hepatopathy.

Neutered male

Moderate degenerative renal changes with pyelectasia.

AGE

9 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA and/or core liver biopsy is ideal. Urinary work-up is warranted as well. There is no evidence of neoplasia. Leptospirosis titers are warranted to rule out underlying infection.

WEIGHT

19 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

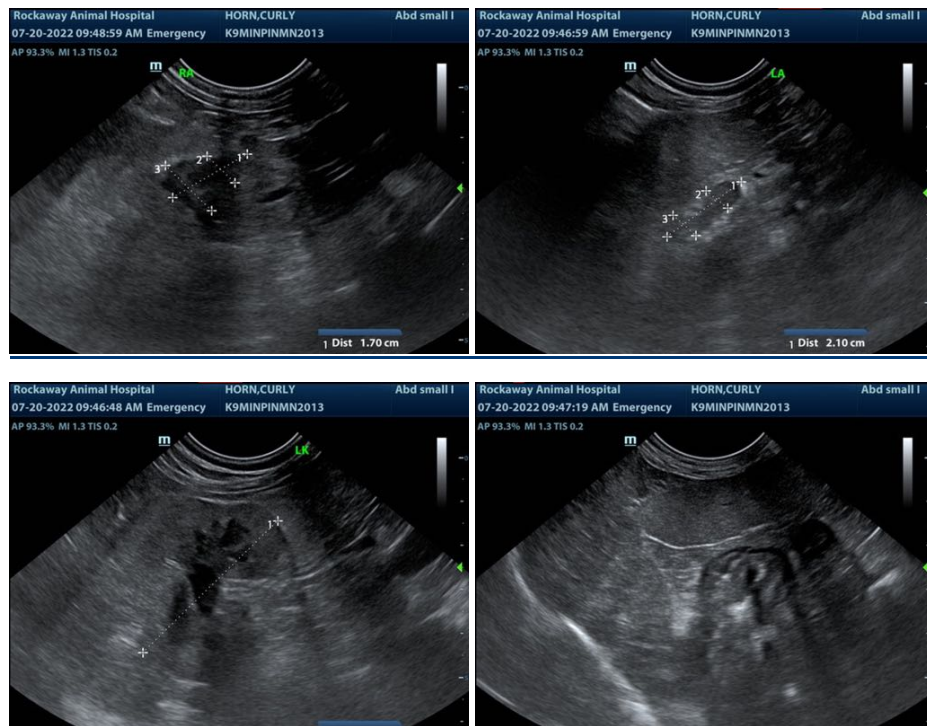
Dr. Maniar

INVOICE

31818

DATE

7/20/22





PATIENT

Curly Horn

SPECIES

Canine

BREED

Miniature Pinscher

SEX

Neutered male

AGE

9 years

WEIGHT

19 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

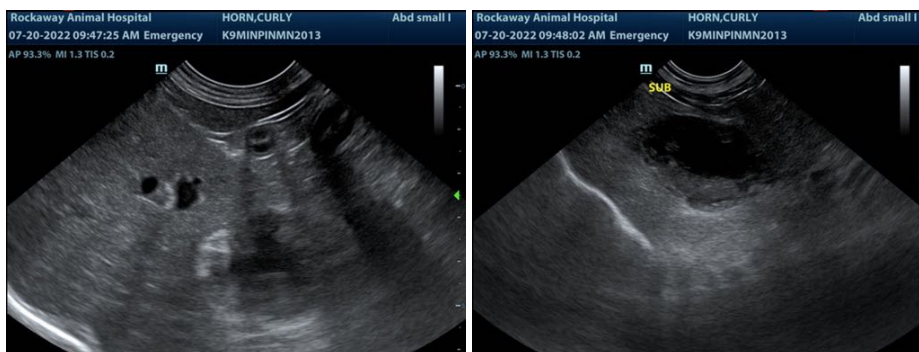
Dr. Maniar

INVOICE

31818

DATE

7/20/22



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
info@SonoPath.com