



**PATIENT**

Ari Adrian

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

15 Years 11 Months

**WEIGHT**

12

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Cerf

**HOSPITAL NAME**

VC of Hardyston

**REFERRING VET**

Dr. Cerf

**INVOICE**

23672

**DATE**

7/28/23

**PRESENTING CLINICAL SIGNS**

History: Arthritis, E/D norm. No V/D. No Pu/Pd

Abnormal PE/Chem/CBC/UA Results: BW 5/16/23. ALT: 324 AST: 69

**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 mild 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. Slight pyelectasia was noted in the left kidney, measuring 0.26 cm. Left kidney measured 3.8 cm. Blood flow to the kidneys appeared to be adequate on color flow assessment. The right kidney revealed similar changes to the left. The right kidney measured 3.7 cm.

**Adrenal Glands**

The **left 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 left adrenal gland measured 1.95 cm x 0.6 cm.

The region of the **right adrenal gland** was imaged and revealed no evident pathology.

**Spleen**

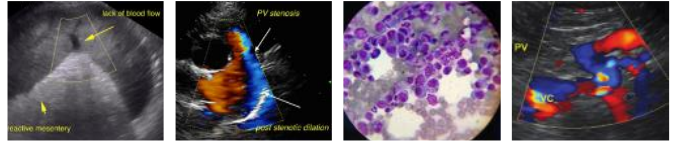
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or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

**Liver**

The **liver** was subnormal in size with increased portal markings and coarse architecture. The gallbladder revealed a minor amount of dependent and suspended debris. This change is consistent with fibrosing cholangiohepatopathy. FNA and bile acids are indicated.

**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**

Ari Adrian

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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Fibrosing cholangiohepatitis liver pattern
- Age-related renal changes with minor pyelectasia- assessment for UTI is indicated.

**BREED**

Mixed

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Leptospirosis titers is warranted to rule out underlying disease. Hepatic FNA is indicated. Bile acids are indicated. Hepatic oriented diet and nutraceuticals are indicated. Prognosis long term is guarded.

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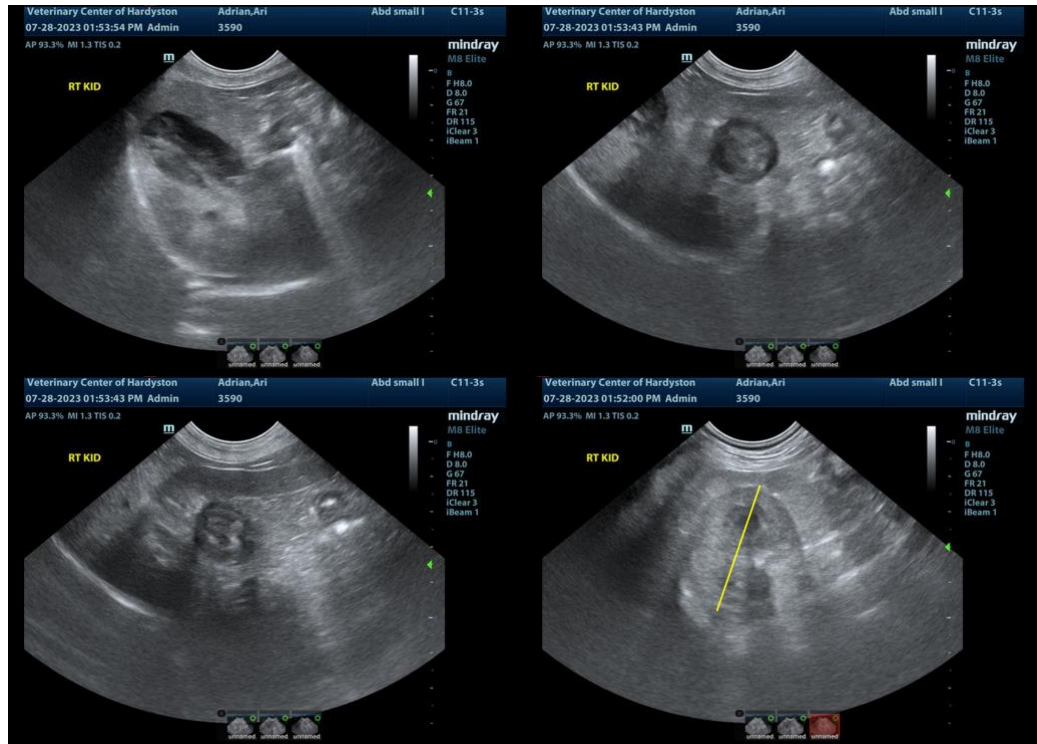
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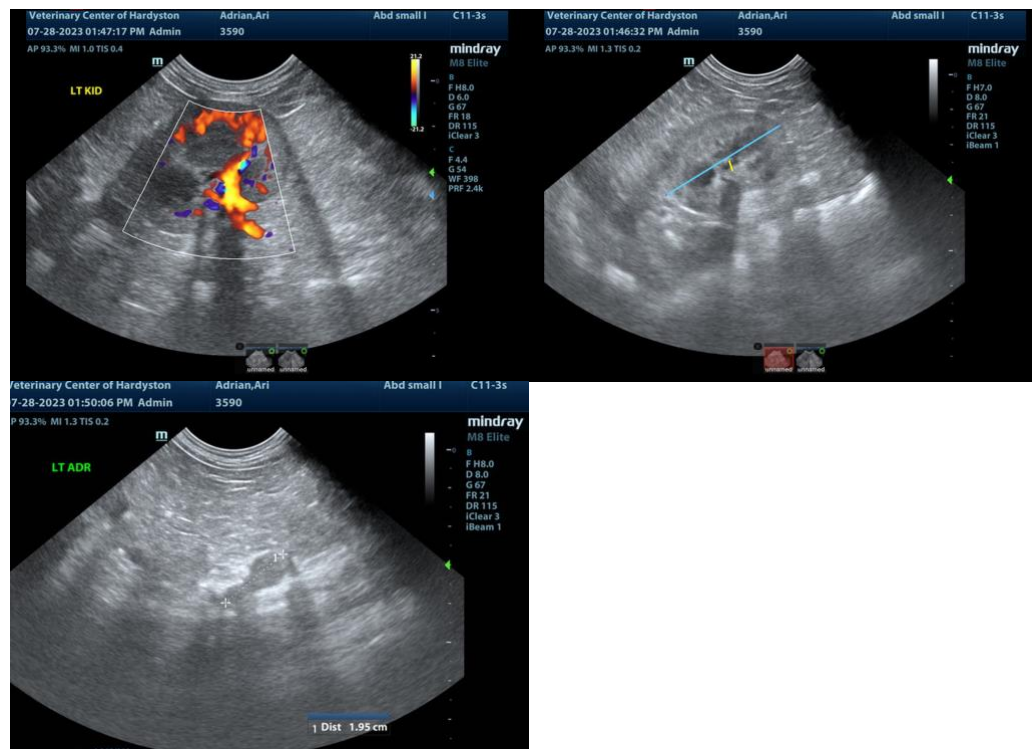
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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