



**PATIENT**

Bode Ritchie

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

75.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Miranda Fritz

**HOSPITAL NAME**

Waterbury VH

**REFERRING VET**

Dr. Farrell

**INVOICE**

76369

**DATE**

8/1/23

**PRESENTING CLINICAL SIGNS**

History: New patient 7/15/22, seen for annual, healthy other than arthritis. Had been managed with Adequan, Dasuquin, and Rimadyl 50mg PRN. Increased Rimadyl to 50mg SID. Senior bloodwork WNL other than ALKP 342. Recheck BW 8/18/22, ALKP 375. Discussed UCCR, LDDS, imaging vs. monitoring. Since not clinical, value stable and mobility improved on SID Rimadyl, owner elected to continue to monitor. Planned to recheck PE and BW in 6 months. Seen 6/30/23 for annual, still doing well. Senior bloodwork ALKP 600, all else WNL. Stopped Rimadyl and started Gabapentin. After 2 weeks, started Galliprant as painful on Gabapentin alone. Recheck BW 7/21/23, ALKP 639. 7/25/23 LDDS test WNL. Abdominal US done today.

Abnormal PE/Chem/CBC/UA Results: 7/15/22 Chem/CBC/T4/UA: ALKP 342, all else WNL 8/18/22 Chem/CBC: ALKP 375, all else WNL 6/30/23 Chem/CBC/T4/UA: ALKP 600, all else WNL 7/21/23: Chem/CBC: ALKP 639 7/25/23: LDDS test WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra 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 right kidney measured 7.66 cm. The left kidney measured 6.14 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having largely normal shape, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland was slightly enlarged at the cranial pole and measured 1.6 cm and the caudal pole measured 0.8 cm. The left adrenal gland was mildly enlarged and measured 0.85 cm at the cranial pole and 0.8 cm at the caudal pole.

**Spleen**

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



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**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**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.

**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.

**ULTRASONOGRAPHIC FINDINGS**

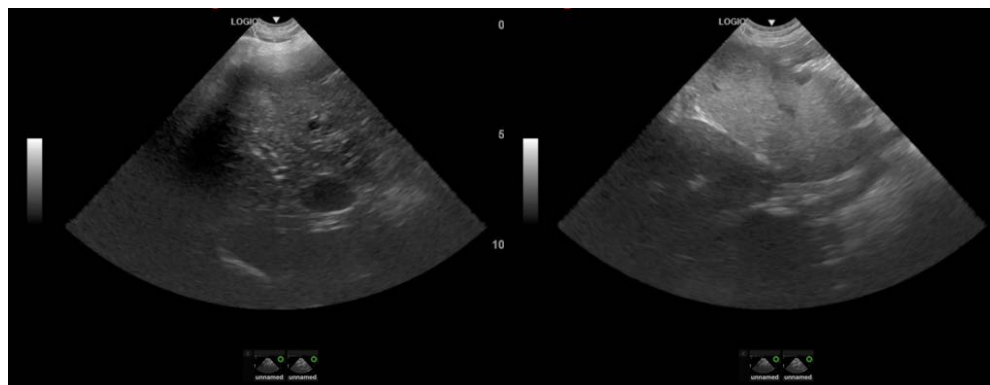
Mild bilateral adrenal enlargement.

Folded spleen.

Otherwise, unremarkable abdomen with age related renal and hepatic changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of significant disease.





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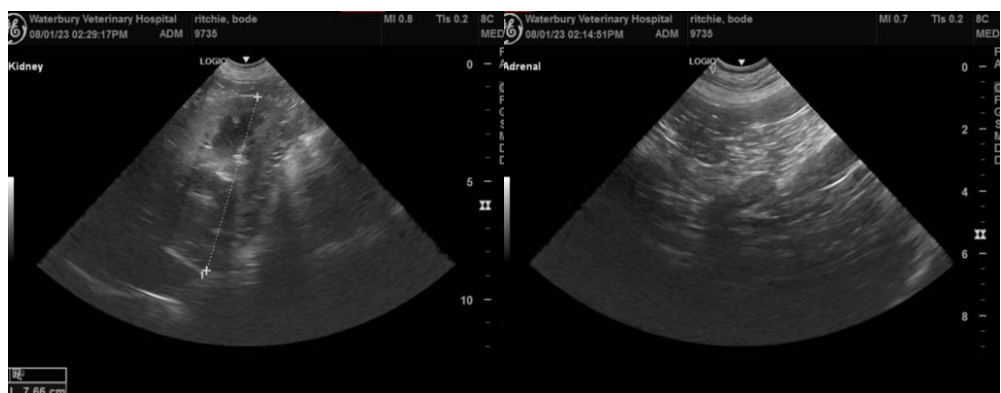
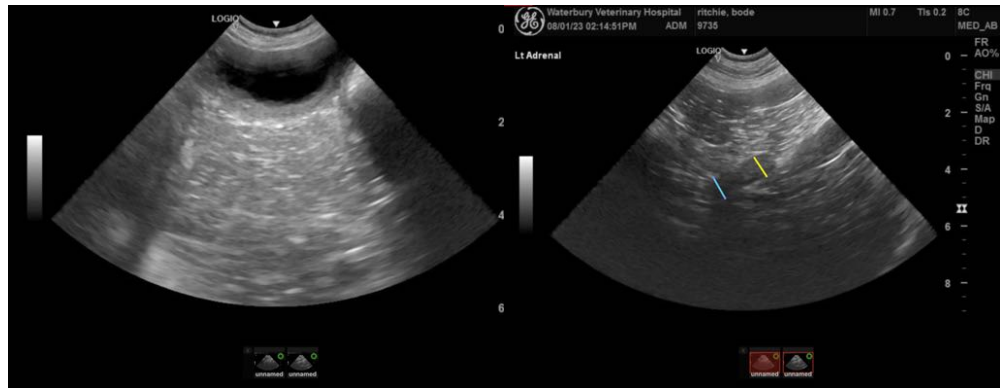
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com