



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Bo Bumgarner **PRESENTING CLINICAL SIGNS** P presented for elevated liver enzymes, distended abdomen, lethargy, not eating

SPECIES Abnormal PE/Chem/CBC/UA Results: 8/3/23 ALT 479 (18-121) AST 206 (16-55), ALKP 566 (5-160) Tbili0.6 (0-0.3) 4/13/22 ALT 1326 (18-121) mild elevations in AST, ALKP, GGT, Tbili

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Eskimo x Spitz

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.

SEX

Neutered Male

AGE

10 Years

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 6.02 cm. The left kidney measured 5.9 cm.

WEIGHT

32 Pounds

Adrenal Glands

INTERPRETED BY

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 left adrenal gland measured 2.41 cm x 0.78 cm at the caudal pole and 0.67 cm at the cranial pole. The right adrenal gland measured 2.56 cm x 0.85 cm at the caudal pole and 0.76 cm at the cranial pole.

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Byrnes

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. Hyperechoic lipid plaques noted, not pathological. 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.

HOSPITAL NAME

Monroe Road AH

REFERRING VET

Liver

Dr. Davis

The **liver** was significant subnormal in size with nodular irregular changes, consistent with hepatic cirrhosis. Secondary portal hypertension. The gallbladder was slightly echogenic yet collapsed.

INVOICE

44609

Gastrointestinal

DATE

8/11/23

Examination of the **gastrointestinal tract** per se was unremarkable, yet coalescing omentum was present.



PATIENT *Pancreas*

Bo Bumgarner

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

Free Abdomen

BREED

Eskimo x Spitz

Large amount of ascites present. Minor amount of suspended debris noted in the free fluid.

Enhanced mesentery noted throughout the mid abdomen owing to the ascites.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

- End stage hepatic cirrhosis pattern with secondary portal hypertension
- Ascites and enhanced mesentery
- Age related renal changes
- Hyperechoic lipid plaques in the spleen, not pathological

AGE

10 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

32 Pounds

Prognosis is poor.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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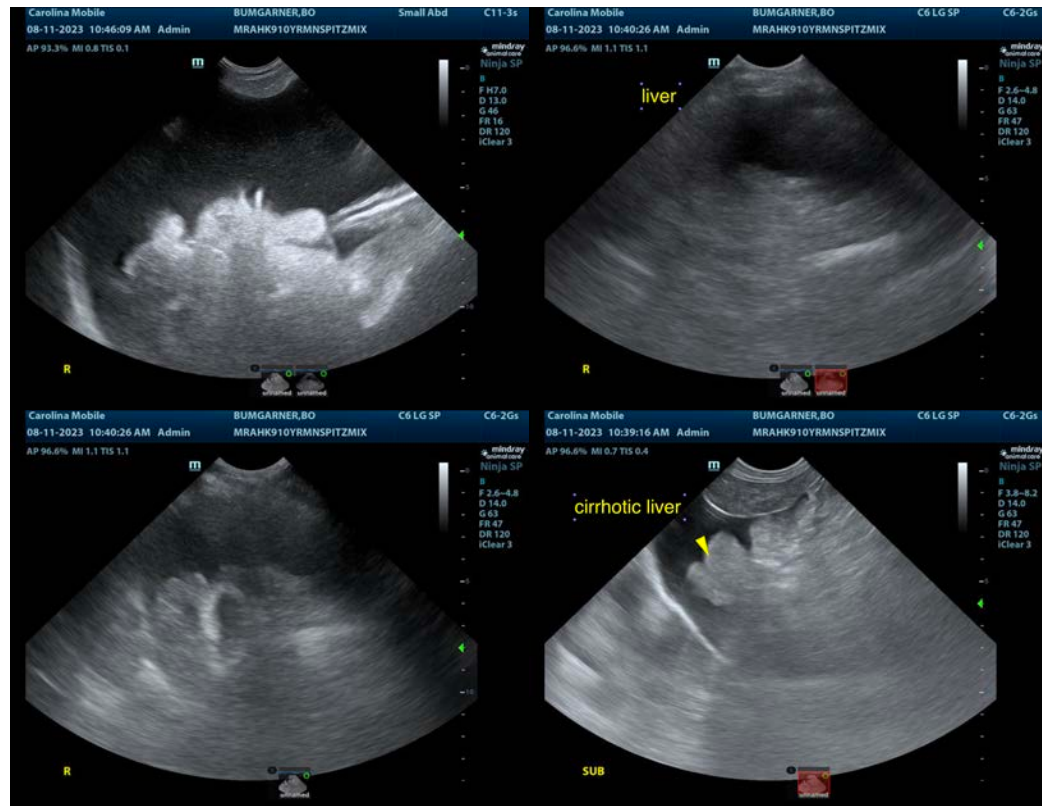
Dr. Davis

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PATIENT

Bo Bumgarner

SPECIES

Canine

BREED

Eskimo x Spitz

SEX

Neutered Male

AGE

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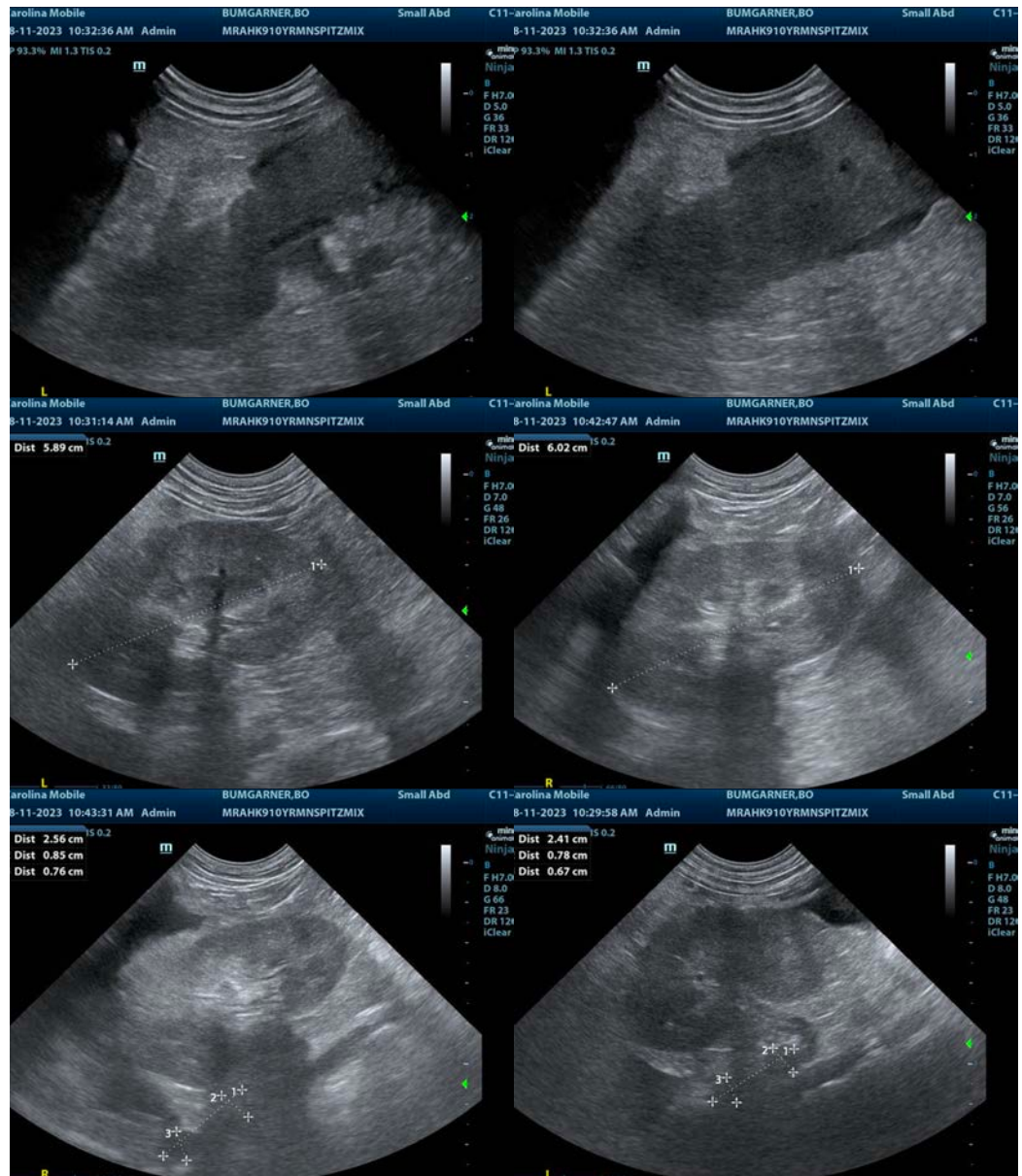
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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