



**PATIENT**

Barnie Reyes

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Neutered male

**AGE**

8 years

**WEIGHT**

60 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Striano-Kaplan

**HOSPITAL NAME**

Ramsey VH

**REFERRING VET**

Dr. Striano-Kaplan

**INVOICE**

46625

**DATE**

8/15/23

**PRESENTING CLINICAL SIGNS**

History: Came in for check growth. Pet has history of Atopy and MRSP treated with Chloramphenicol with the Dermatologist. BW prior to Chloramphenicol had elevation in ALP 390, no other abnormalities

Abnormal PE/Chem/CBC/UA Results: ALT 1854 AST 218 ALP 3353 GGT 49 Chol 665 PT 14, PTT >300 BAs - pre 24.6, post 4.9 USG 1.023

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.53 cm. The right kidney measured 6.14 cm.

**Adrenal Glands**

The left **adrenal gland** was slightly enlarged and measured 1.3 cm at the cranial pole and 1.0 cm at the caudal pole. There was capsular expansion without capsular escape. The right adrenal gland was not visualized.

**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** 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,



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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.

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**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**

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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.

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**ULTRASONOGRAPHIC FINDINGS**

Structurally unremarkable abdomen.

**WEIGHT**

60 lbs

Minor degenerative hepatic changes. Acute insult is suspected.

Non-specific, acute to subacute inflammatory event based on liver enzyme elevation.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Leptospirosis titers are warranted. Vitamin K support and liver support is indicated. When the coagulation panel has normalized then FNA of the liver is indicated for further definition. No evidence of chronic changes, only minor parenchymal remodeling was noted.

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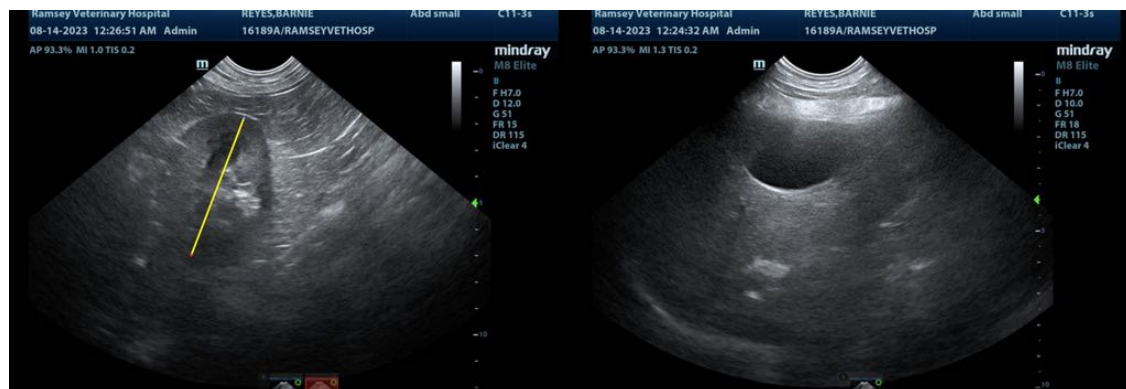
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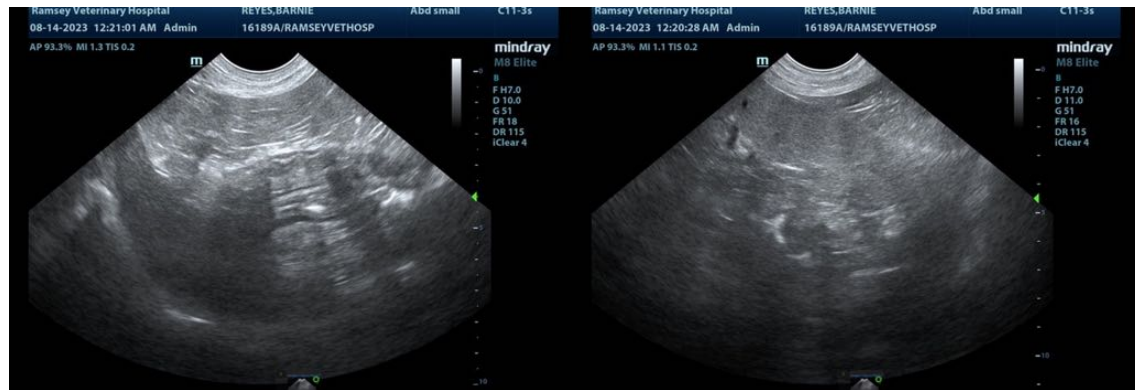
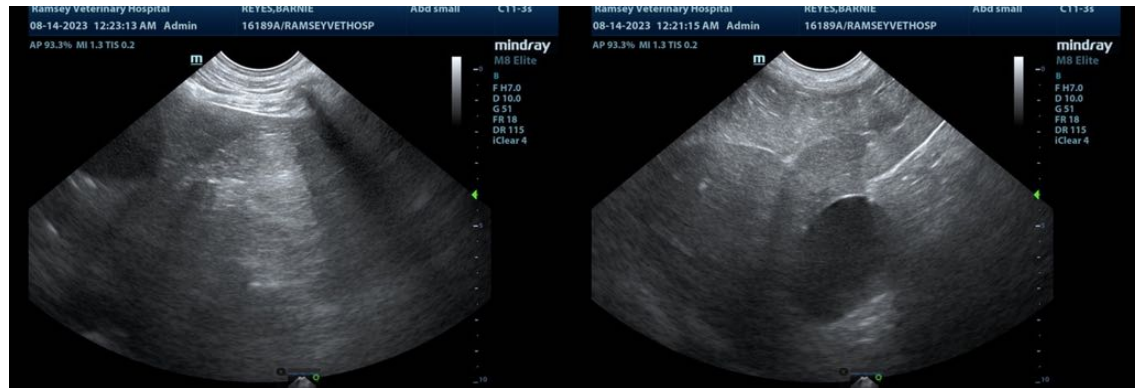
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Labrador Retriever

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)

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