



PATIENT

Croix Muzikar

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

10 Years 8 Months

WEIGHT

28.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Andover AH

REFERRING VET

Dr. Turner

INVOICE

24714

DATE

8/16/21

PRESENTING CLINICAL SIGNS

Liver enzyme elevations, elevated Ca+, CaOx crystalluria. Current meds: Flea/tick, hwp. Abnormal PE/Chem/CBC/UA Results: Globulins 4.9 (3.6 H), ALT 152, ALP 150, Ca++ 11.6, BUN 28, Crea 1.1. USG 1.045, Pro 1+, CaOx cryst. 11-20/HPF

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 residual prostate was uniform at 0.7 cm.

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 4.39 cm. The left kidney measured 5.1 cm.

Adrenal Glands

The **right 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 right adrenal gland measured 1.86 cm x 1.17 cm at the cranial pole and 0.51 cm at the caudal pole.

The **left adrenal gland** was slightly enlarged at the cranial pole measuring 0.79 cm at the cranial pole, 0.63 cm at the caudal pole and 2.03 cm in length.

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** presented mild increased portal markings, consistent with chronic inflammatory hepatopathy, non-specific presentation. The gallbladder and common bile duct were normal.

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 left **pancreatic** limb revealed a 2.16 cm x 0.88 cm anechoic cyst, subjectively appears benign. The remainder of the pancreas was unremarkable.



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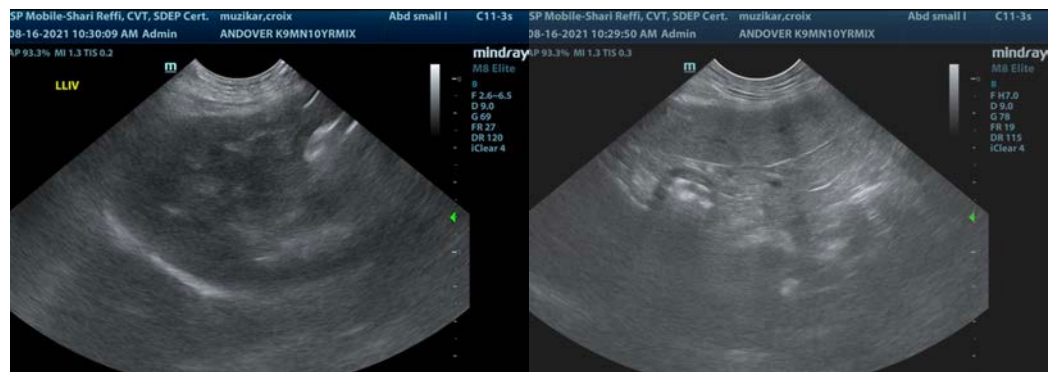
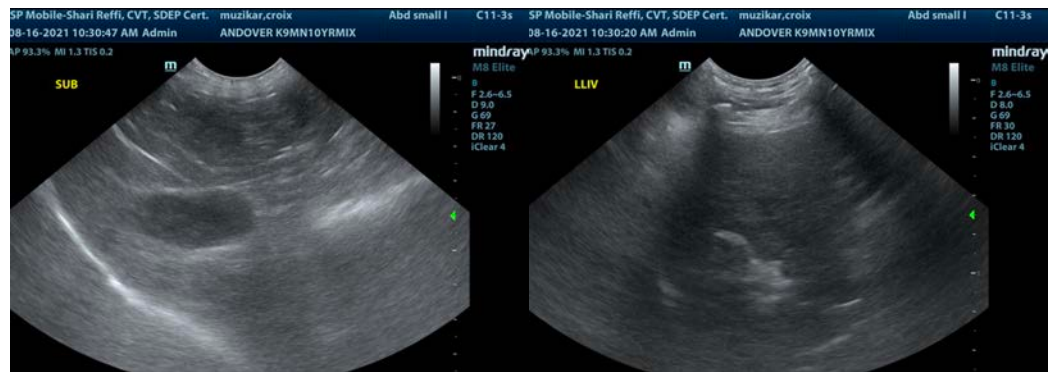
8/16/21

ULTRASONOGRAPHIC FINDINGS

- Non-specific chronic inflammatory hepatopathy
- Slightly enlarged cranial pole left adrenal gland
- Pancreatic cyst left limb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver warranted to assess inflammatory cell type. Coagulation panel and core liver biopsy would be warranted for further definition from a structural standpoint. No evidence of neoplasia. Bile acid profile would be appropriate.





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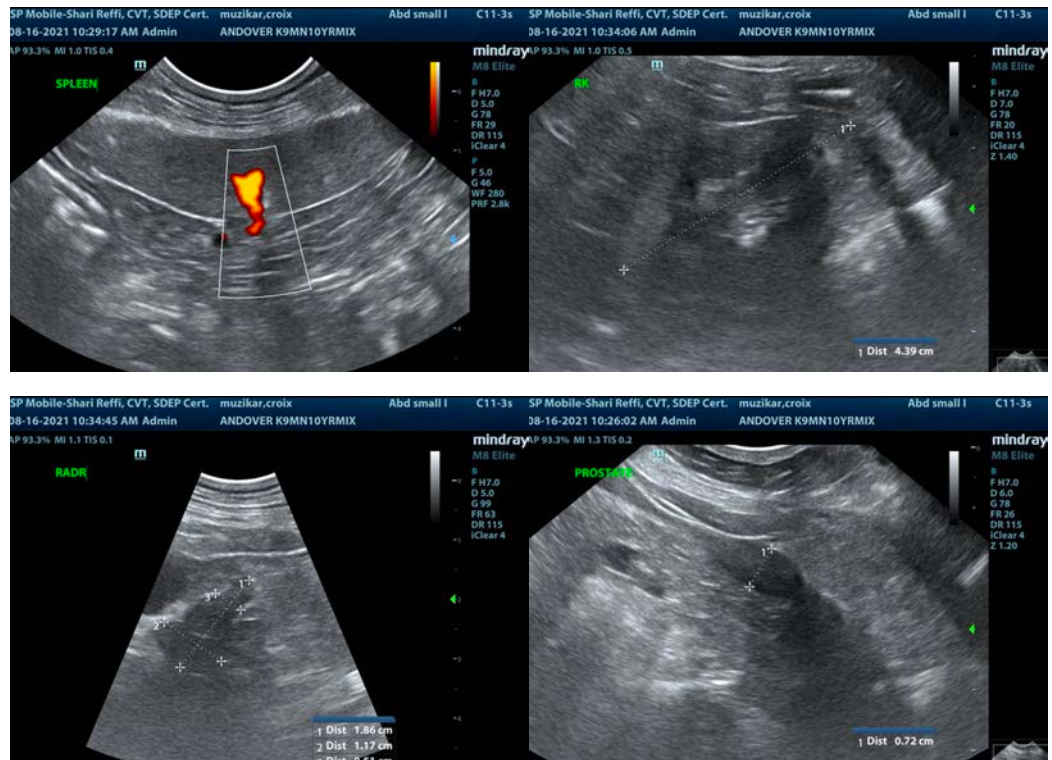
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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