



PATIENT

Cooper Yeager

PRESENTING CLINICAL SIGNS

Routine bloodwork in June indicated elevated ALP. Was on Denamarin. Overweight, PU/PD. Stopped denamarin

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: June ALP 310 Aug ALP 508 urinalysis pending

BREED

Beagle

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.

SEX

Neutered Male

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 left kidney measured 5.7 cm. The right kidney measured 6.04 cm.

AGE

5 Years

WEIGHT

42 Pounds

Adrenal Glands

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 1.78 cm x 0.47 cm at the caudal pole and 0.37 cm at the cranial pole. The right adrenal gland measured 2.0 cm x 0.50 cm.

INTERPRETED BY

Eric Lindquist, DMV

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.

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carter

HOSPITAL NAME

Willamette VH

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** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

REFERRING VET

Dr. Porter

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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.

DATE

8/18/22



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Pancreas

The **pancreas** presented hyperechoic coarse architecture, consistent with remodeling and past history of pancreatitis likely.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy
- Pancreatic remodeling
- Age related renal changes

BREED

Beagle

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Idiopathic ALP elevation or breed predisposition likely. Structurally normal adrenal glands. No evidence of masses or suspicion of neoplasia.

SEX

Neutered Male

AGE

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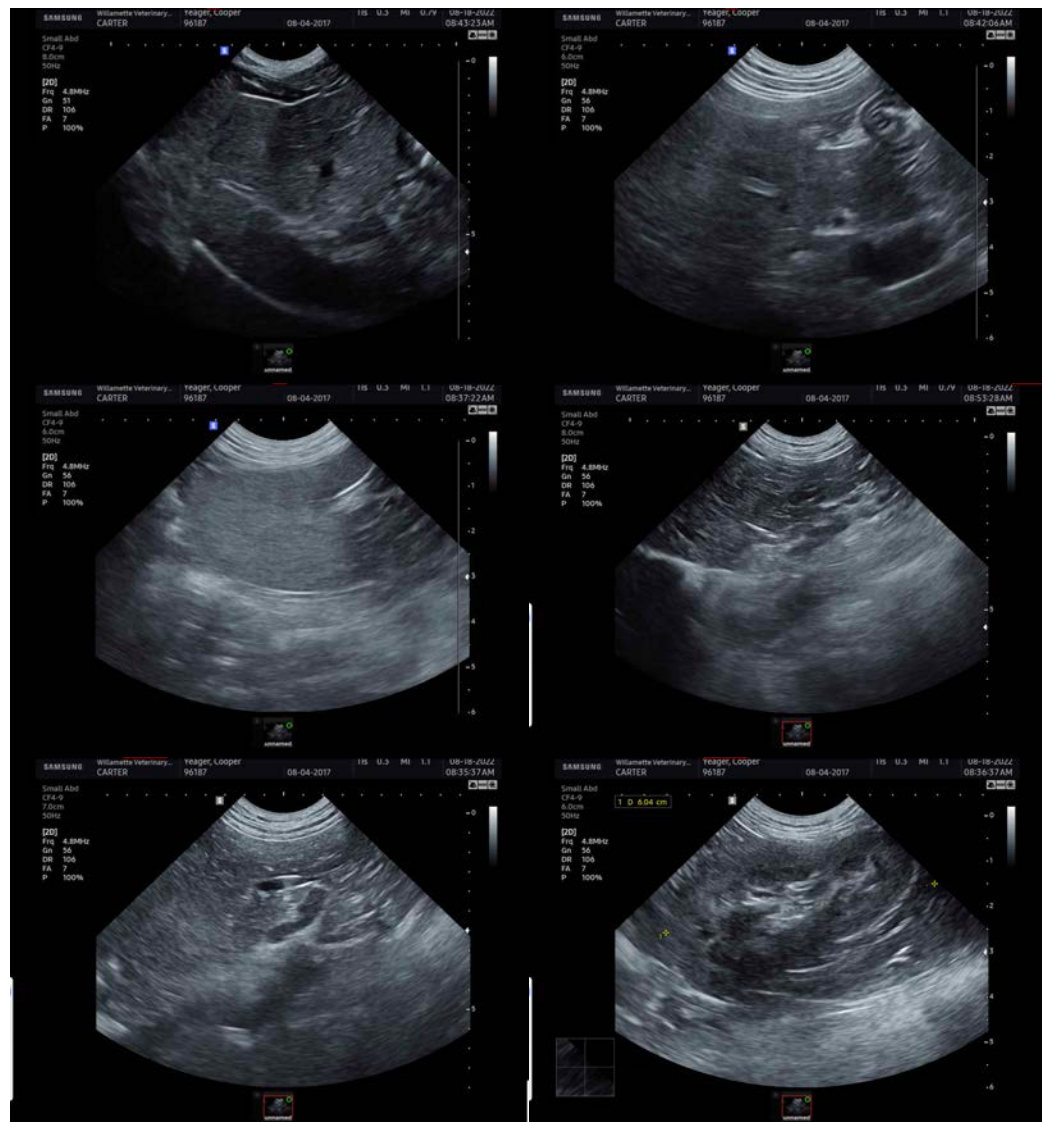
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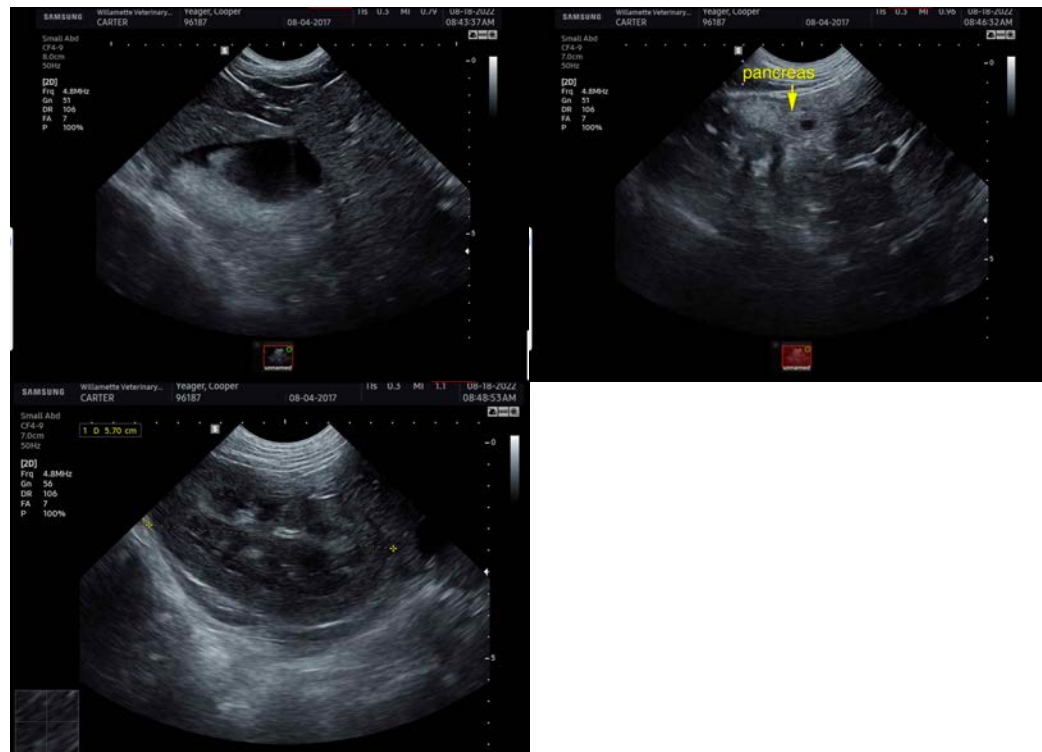
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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