



PATIENT

Jade Tanala

SPECIES

Canine

BREED

American Pit Bull
Terrier

SEX

Neutered Male

AGE

11 Years

WEIGHT

120 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Gabriel

HOSPITAL NAME

Central Jersey AH

REFERRING VET

Dr. Gabriel

INVOICE

40648

DATE

8/20/22

PRESENTING CLINICAL SIGNS

drinking and peeing excessively , panting he is been on prednisone for one week for possible ivdd also taking clavamox for possible uti and urate ammonium crystals

Abnormal PE/Chem/CBC/UA Results: cbc, wnl chem : high alp (691) u/a : 4 + protein , ammonium urate crystals (11--20)

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 **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. Mineralization noted in both kidneys, non-obstructive. Largest calculus in the right kidney measured 4.0 mm. The right kidney measured 6.0 cm. The left kidney measured approximately 6.0 cm.

Adrenal Glands

The **adrenal glands** were 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 were noted.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size, uniform lobar swelling, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

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

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

- Age related renal changes with non-obstructive nephrolithiasis
- Subjectively benign vacuolar hepatopathy with variable lobar swelling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease. Given the Prednisone history, assessment for iatrogenic Cushing's should be considered if clinically relevant. The adrenals may not be visible owing to suppression from the current cortisol therapy. Blood pressure measurements also indicated and assessment for orthopedic disease as cause of panting/pain related panting.

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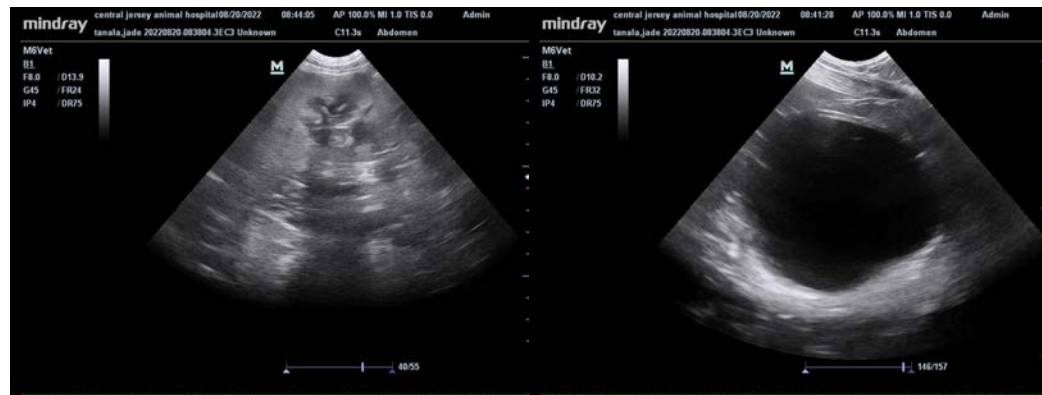
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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