



PATIENT

Jasper Janos

PRESENTING CLINICAL SIGNS

History: Syncopal episodes lately. History of chronic immune mediated polyarthropathy. Has been taking high doses of prednisone long term.

Abnormal PE/Chem/CBC/UA Results: Weakly regenerative anemia (retic = 127, HCT = 31.5).

SPECIES

Canine

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 was noted. Ureteral papillae were normal.

BREED

Boxer

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 measures 5.8 cm. The right kidney measured 7.9 cm.

SEX

Neutered male

AGE

7 years

WEIGHT

76 lbs

Adrenal Glands

The **adrenal glands** were not visualized.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Dr. Holmes

HOSPITAL NAME

West Newton AC

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Parenchymal mineralization was noted throughout the liver, likely owing to endocrinopathy. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Gallbladder polyps and sand were noted.

REFERRING VET

Dr. Holmes

Gastrointestinal

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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.

Free Abdomen

The iliac trifurcation was unremarkable.

ULTRASONOGRAPHIC FINDINGS

Subjectively benign hepatopathy.

Parenchymal mineralization of gallbladder sand.

Otherwise, age related abdominal changes were noted.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history I recommend blood pressure measurements and EKG/cardiac exam to assess for arrhythmogenic disease. If hypertension is an issue further imaging of the adrenal glands possibly under sedation would be appropriate. Given that the adrenal glands were not overtly visualized this is likely owing to Prednisone therapy making them isoechoic to the surrounding fat.

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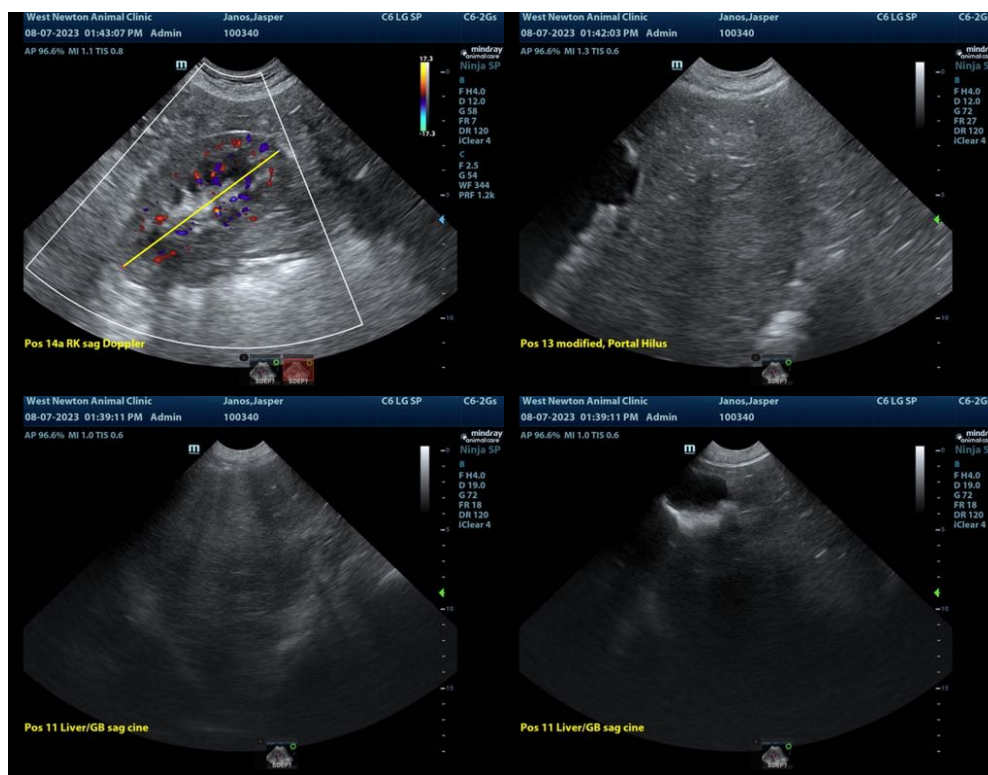
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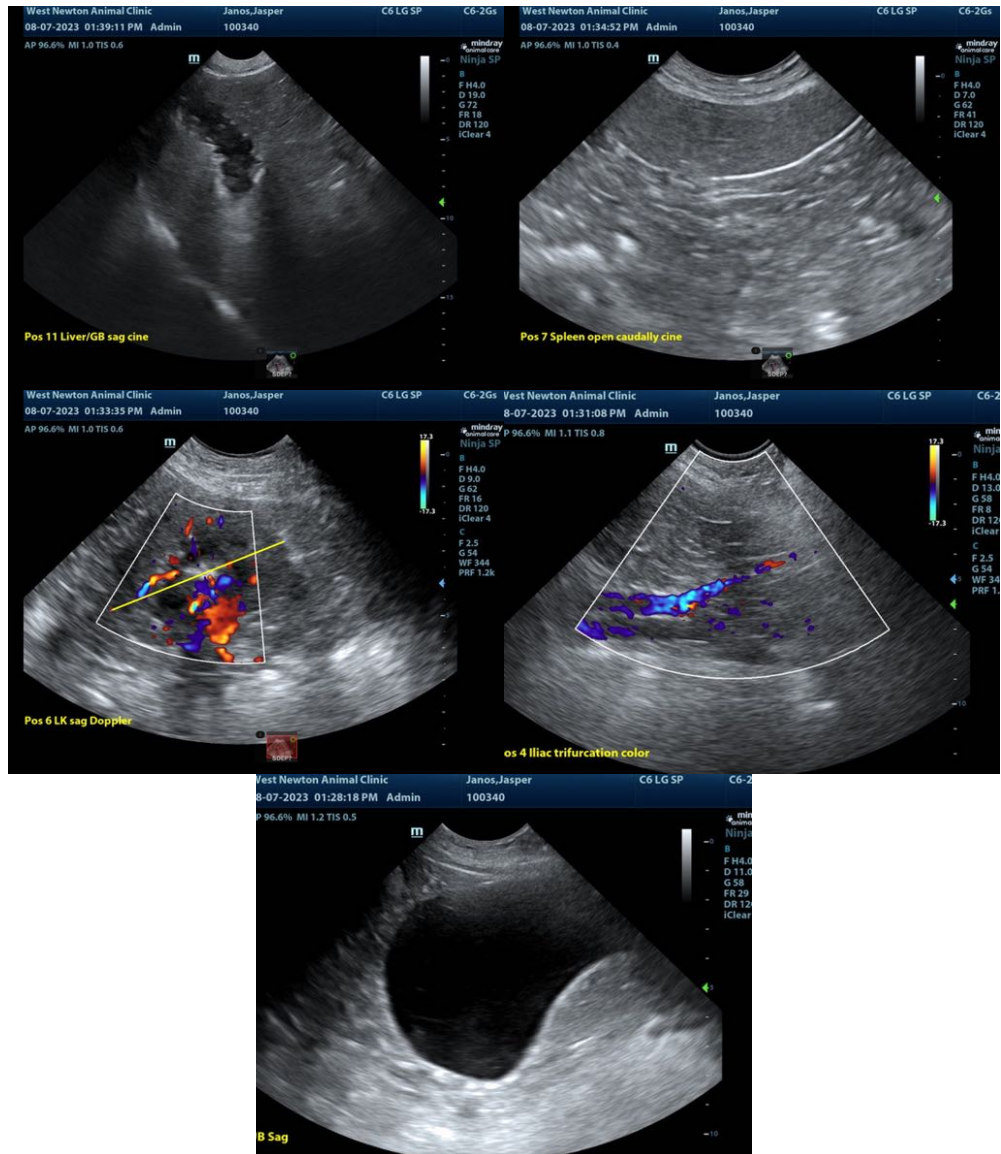
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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