



PATIENT

Halo Genao

SPECIES

Canine

BREED

Husky X

SEX

Neutered Male

AGE

16 Years

WEIGHT

26.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

41417

DATE

9/16/22

PRESENTING CLINICAL SIGNS

elevated Liver enzymes anemia cancer hunt Lyme dz + cataracts arrhythmia hind end weakness cachexia BCS 2/9 Current meds Doxy Denamarin Milk thistle

Abnormal PE/Chem/CBC/UA Results: ALB 2.4 AST 78 ALT 558 ALKP 1383 GGT 33 HCT 32 RBCs 4.4 Hgb 10.6

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 4.57 cm. The left kidney measured 4.08 cm. Calculi noted in both kidneys, non-obstructive. Degenerative changes appear moderate.

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 1.8 cm x 0.60 cm at the caudal pole and 0.72 cm at the cranial pole. The right adrenal gland measured 1.98 cm x 0.66 cm at the caudal pole and 0.76 cm at the cranial pole.

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** 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. Minor gallbladder calculi noted and slight polypoid changes.

Gastrointestinal

Minor retention of ingesta noted in the **stomach**. The small intestine and colon were unremarkable.



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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

- Moderate degenerative renal changes, unremarkable geriatric abdomen otherwise

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis warranted to assess for protein losing nephropathy. The cause of the anemia is unclear. CBC path review warranted +/- bone marrow aspirate. Empirical GI protectant protocol could be considered in case of GI bleed, yet structurally the GI tract appeared unremarkable. FNA of the liver would be justified to assess inflammatory cell type.

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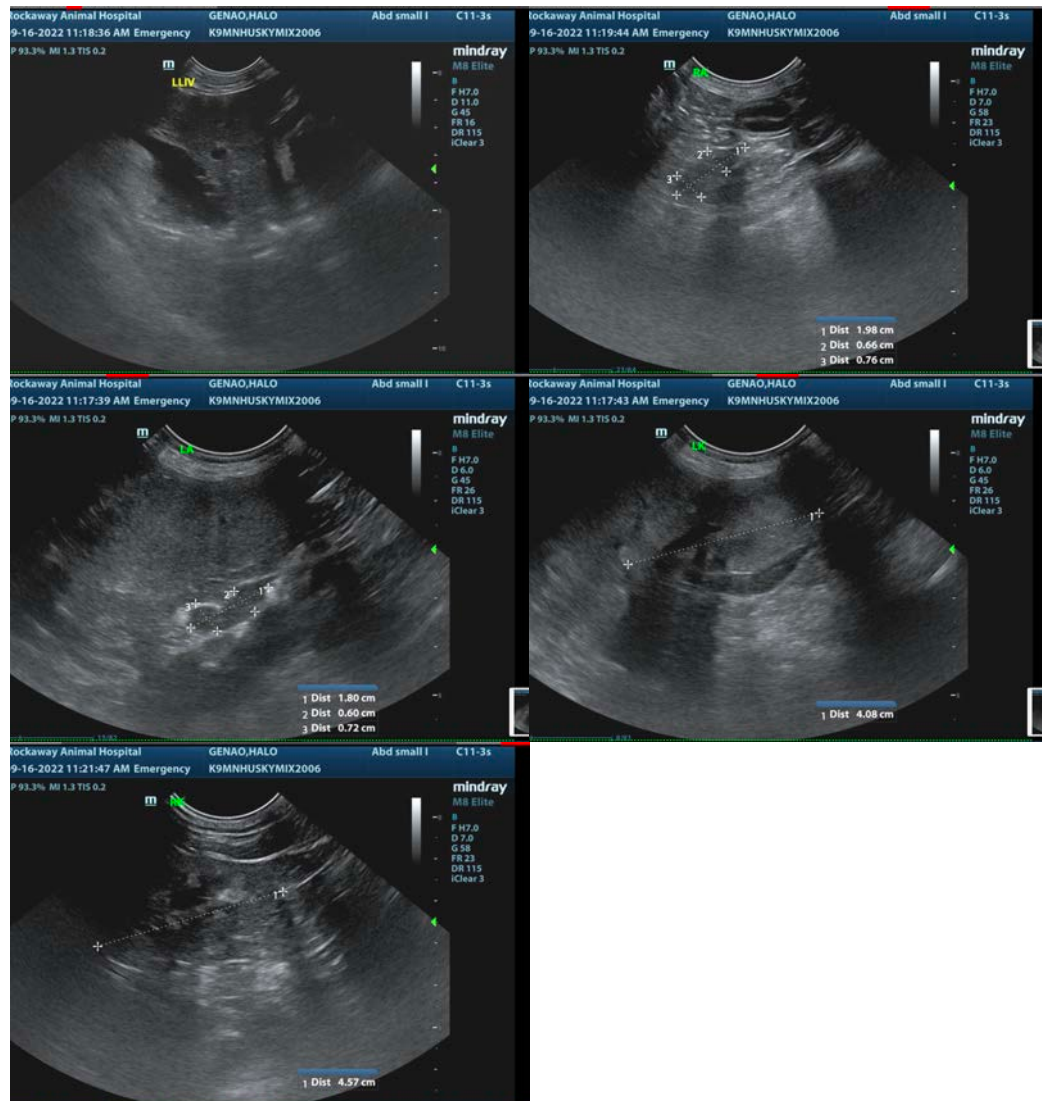
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com

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