



PATIENT

Benson Rossow

SPECIES

Canine

BREED

Poodle Mix

SEX

Neutered male

AGE

11 years

WEIGHT

7.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

M Kermendy CVT

HOSPITAL NAME

Wauwautosa VC

REFERRING VET

Dr. Binor

INVOICE

39674

DATE

9/28/22

PRESENTING CLINICAL SIGNS

History: History of elevated liver enzymes (ALT) since 7/2022. Treatment with Denamarin and ALT had increased. Imaging to check liver status and rule out structural disease such as neoplasia. Has moderate periodontal disease. Clinically dog is doing well at home. Needs a dental prophylaxis.
Abnormal PE/Chem/CBC/UA Results: ALT = 331 (10-125) was 245 in July 22 Rest of chemistry is WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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.

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. Non-obstructive mineralization was noted. The left kidney measured 3.2 cm. The right kidney measured 3.45 cm.

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.

Spleen

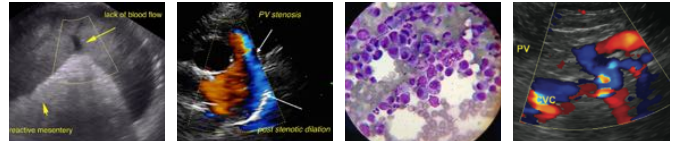
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed mildly increased portal markings. The liver was normal in size and contour. The gallbladder and common bile duct were unremarkable. The changes were minor.

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



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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.

BREED

Poodle Mix

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered male

Non-specific, minor inflammatory hepatopathy.

Age related renal changes with minor renal mineralization.

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11 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is indicated. This is likely reactive hepatopathy.

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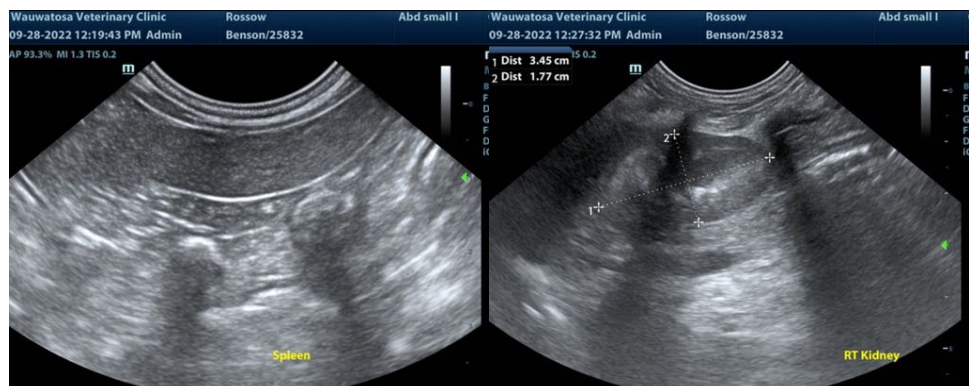
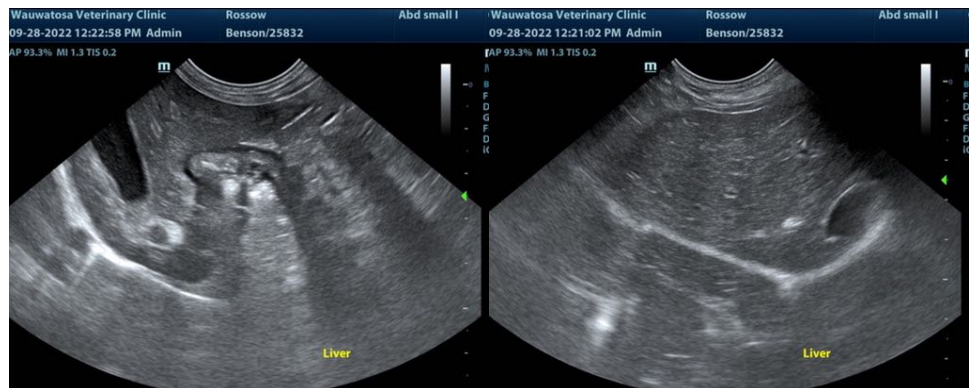
Dr. Binor

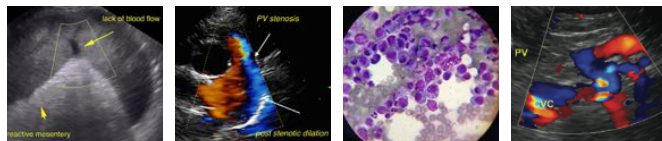
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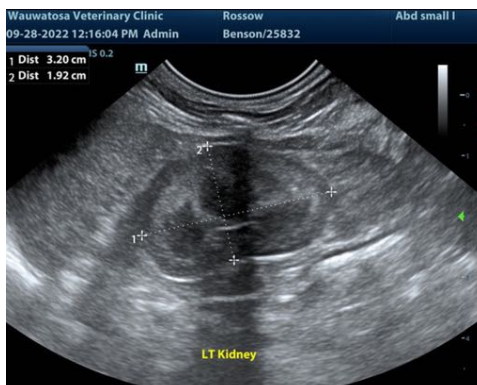
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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