

**DATE**

9/30/22

PRESENTING CLINICAL SIGNS

Dental disease. Elevated ALK, Hypocholesterolemia.

PATIENT

Casper Johnston

Current Medications: None.

Lab Results: Tot Prot 10.4 (5.3-8.4), Alb 3.9, glob 6.5 (2.1-4.9), ALT 41, ALK 479 (100-300), ggt 4.0, T bili 0.27, chol 424 (100-300), lip 96, amy 724, hct 61.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Pomeranian X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

Urinary SystemThe **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.**AGE**

7/1/12

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 4.23 cm. The left kidney measured 4.23 cm.**WEIGHT**

20 Pounds

Adrenal Glands**INTERPRETED BY**Eric Lindquist, DMV
DABVP, Cert. IVUSSBoth **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 right adrenal gland measured 1.97 cm x 0.6 cm at the caudal pole 0.82 cm at the cranial pole. The left adrenal gland measured 1.98 cm x 0.72 cm at the caudal pole and 0.71 cm at the cranial pole.**IMAGING PERFORMED BY**Stephanie Warga
RDCS, RVT**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.**HOSPITAL NAME**

Friendly Paws VC

LiverThe **liver** was diffusely hyperechoic to falciform fat with normal size and contour. Coarse architecture and increased portal markings were noted, consistent with remodeling. The gallbladder and common bile duct were unremarkable.**REFERRING VET**

Dr. Price

Gastrointestinal**INVOICE**

17514

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.

Pancreas

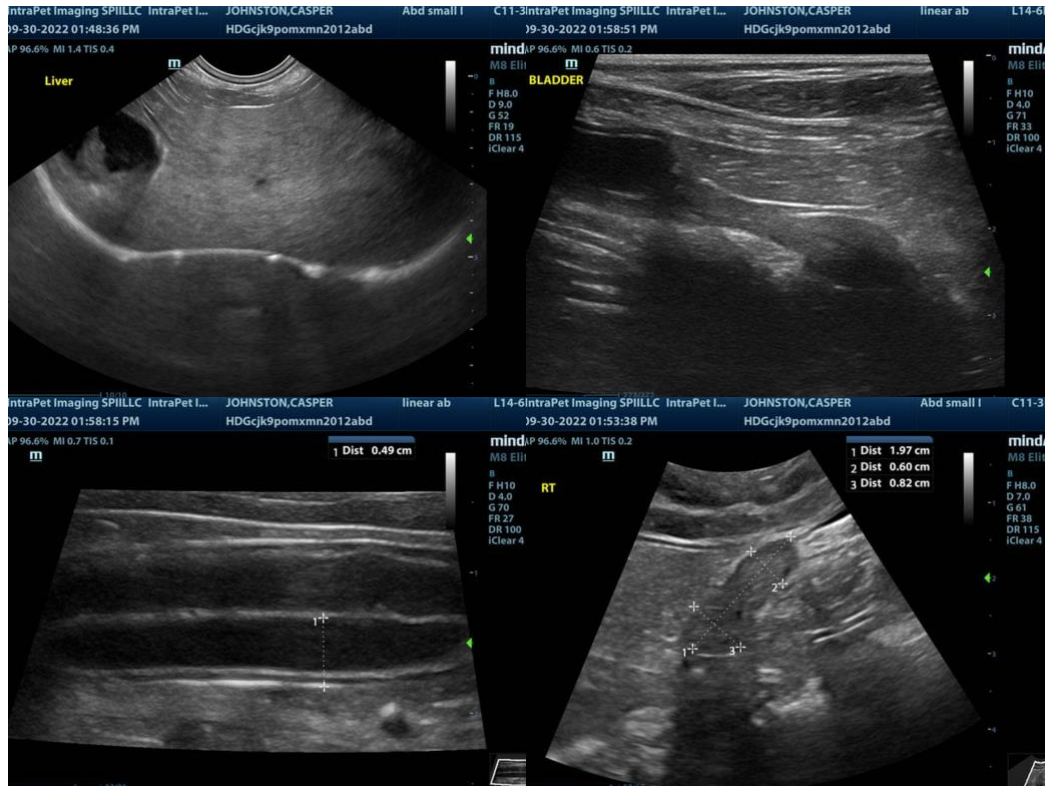
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

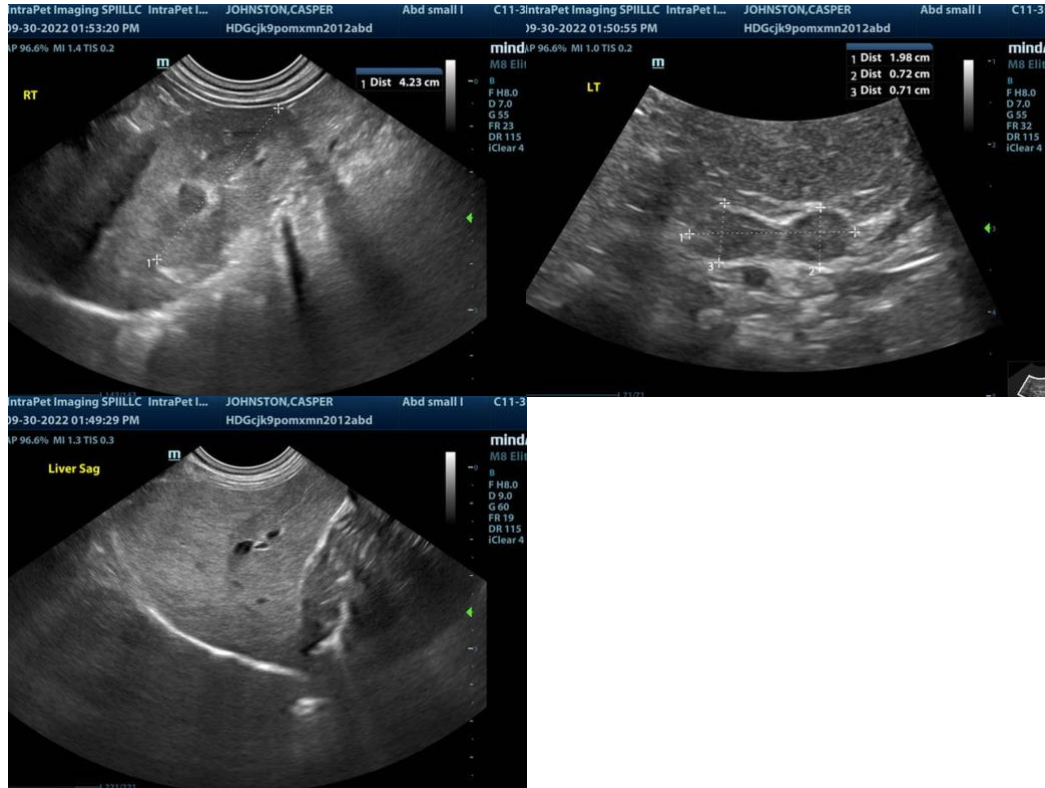
ULTRASONOGRAPHIC FINDINGS

- Hepatic remodeling
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile is warranted +/- FNA for further definition. Benign abdomen otherwise.





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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