



**PATIENT**

Hugo Bariso

**SPECIES**

Canine

**BREED**

Terrier X

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

16 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. John Ammeraal

**HOSPITAL NAME**

Sova Animal Hospital

**REFERRING VET**

Dr. John Ammeraal

**INVOICE**

41081

**DATE**

9/6/22

**PRESENTING CLINICAL SIGNS**

Appetite decreased again at visit last week. Now eating better. On Ursodiol 75 mg once daily.

Abnormal PE/Chem/CBC/UA Results: PDD2, ALKP 300 U/L, ALT 562 U/L, only limited chem panel no GGT or Tbili, o

**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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.24 cm. The right kidney measured 4.46 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. The left adrenal gland measured 1.51 cm x 0.49 cm at the caudal pole and 0.45 cm at the cranial pole. The right adrenal gland measured 1.72 cm x 0.54 cm at the cranial pole and 0.51 cm at the caudal 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** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. Excessive gallbladder debris present. This is consistent with chronic inflammatory hepatopathy.

**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.

**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.



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**ULTRASONOGRAPHIC FINDINGS**

- Hepatic remodeling, unremarkable abdomen otherwise

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Underlying Leptospirosis should be ruled out as a potential. Bile acid profile warranted. Ultrasound guided FNA of the liver recommended. Core biopsy may be appropriate for further definition of structural disease. No evidence or suspicion of neoplasia.

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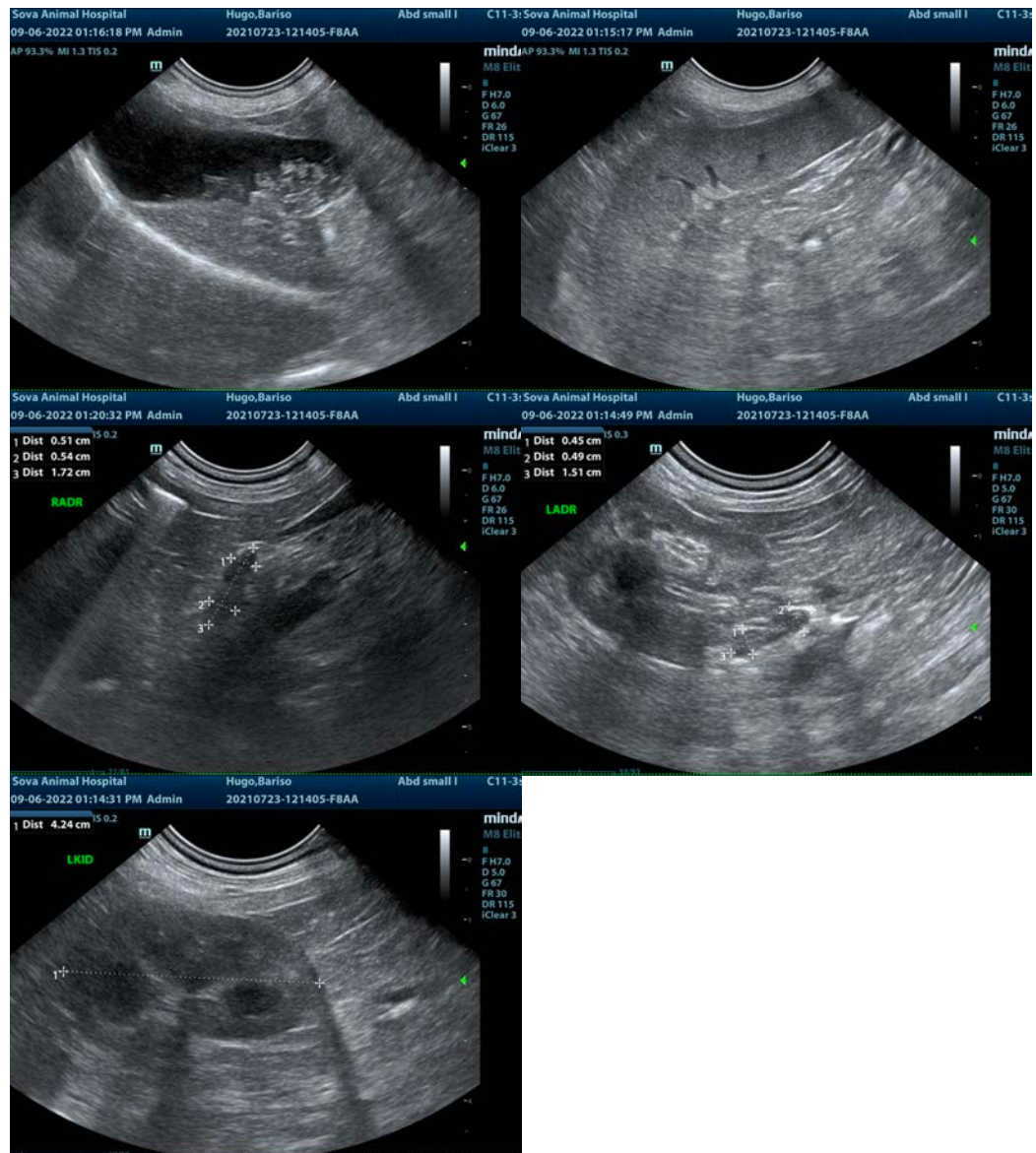
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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](mailto:info@SonoPath.com)

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