



PATIENT

Oliver DelleBovi

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Neutered male

AGE

13 years

WEIGHT

65.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Allendale VH

REFERRING VET

Dr. Izar

INVOICE

42186

DATE

1/17/23

PRESENTING CLINICAL SIGNS

History: Patient presents for elevated liver values. Asymptomatic. Progressive elevation of liver values over the last few years. No PU/PD. No weight loss. Current meds: Fluoxetine HCL 1 cap SID, Clomipramine HCL 120mgs 1 cap BID, Galliprant 60 mgs 1 cap SID.
Abnormal PE/Chem/CBC/UA Results: CBC: WNL, AST 12/22 (145), 6/22 (22), 11/21 (154), ALT 12/22 176, 6/22 (146), 11/21 (139), Alk. Phos. 12/22 (416), 6/22 (455), 11/21 (355), GGT 12/22 (41), 6/22 (1), 11/21 (1). Creat. 0.4. U/A pending. USG: 1.009.

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.

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 6.58 cm. The left kidney measured 6.8 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 right adrenal gland measured 2.45 x 1.21 cm at the caudal pole and 0.8 cm at the cranial pole. The left adrenal gland measured 2.65 x 0.69 cm at the caudal pole and 0.78 cm at the cranial pole.

Spleen

The **spleen** revealed subtle, hypoechoic, micronodular changes as well as hyperechoic lipogranulomatous nodules. The spleen was folded upon itself cranially and caudally.

Liver

The **liver** revealed coarse architecture with hyperechoic lipogranulomatous type nodules that measured up to 1.5 cm at the right liver. Increased portal markings were noted in the liver. Minor gallbladder sand was noted. There was a minor amount of excessive debris, yet does not meet mucocele criteria. The cystic duct was dilated. The gallbladder length to width ratio was maintained. The common bile duct was not obstructed.



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Gastrointestinal

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There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

13 years

Hepatic remodeling.
Excessive gallbladder debris, yet not mucocele formation.

WEIGHT

65.8 lbs

Biliary mineralization.
Partially full stomach.
Age related renal changes.

INTERPRETED BY

Lipogranulomatous hepatic and splenic changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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I recommend Ursodiol therapy in this patient in an attempt to dissolve the excessive sand and small calculi. Liver oriented diet is warranted especially if bile acid elevations are an issue. The kidneys do not appear end stage. The cause of the isosthenuria should be further investigated. Assessment for UTI is warranted. FNA of the liver can be considered for further definition, yet this is most consistent with low-grade chronic inflammatory hepatopathy or reactive hepatopathy. Ursodiol is recommended over the next 6 weeks +/- liver oriented geriatric diet. Reassessment of the liver sonographically is recommended in 6-8 weeks.

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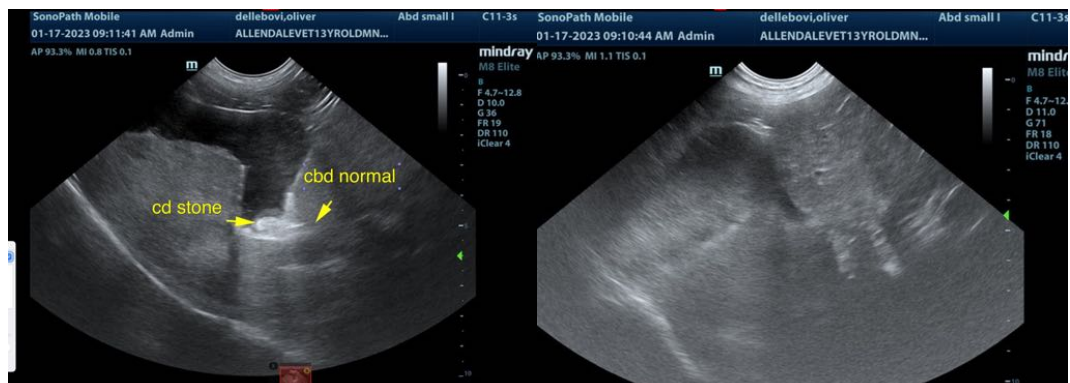
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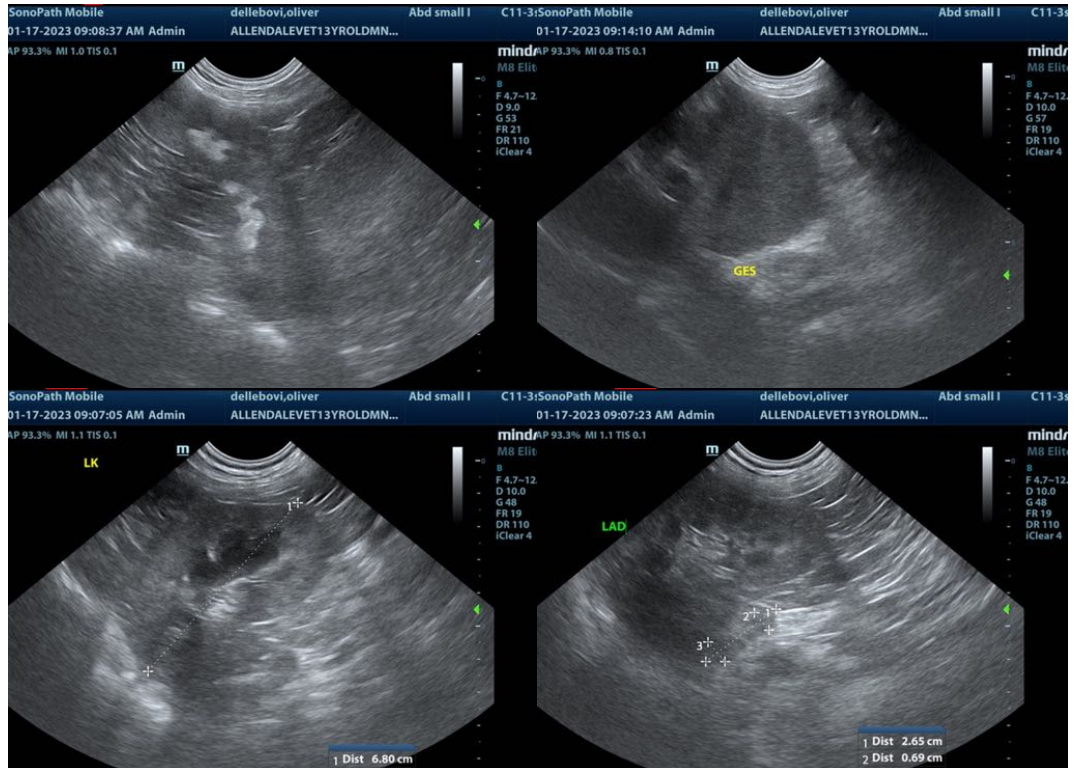
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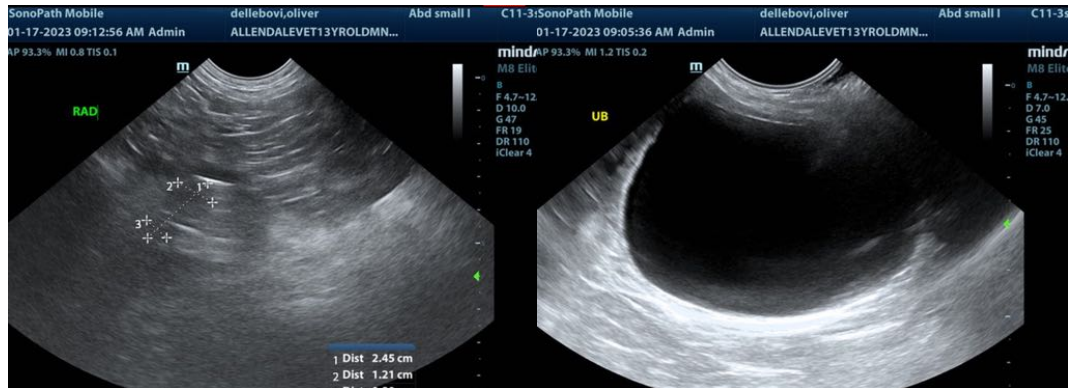
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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