



PATIENT

Toby Chamblings

SPECIES

Canine

BREED

Shih Poo

SEX

Neutered male

AGE

11 years

WEIGHT

18.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Animal Hospital of
Sussex County

REFERRING VET

Dr. Ackernecht

INVOICE

42190

DATE

1/17/23

PRESENTING CLINICAL SIGNS

History: Enlarged liver enzymes. Current meds: Clavamox, Neopoly Opth.
Abnormal PE/Chem/CBC/UA Results: ALT 146; ALP 1262; GGT 26; LIPASE 341; TRIG 193; CHL 101; CHOL 842

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 left kidney measured 4.65 cm. The right kidney measured 4.88 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 2.34 x 1.12 cm at the cranial pole and 0.74 cm at the caudal pole. The left adrenal gland measured 2.13 x 0.7 cm at the cranial pole and 0.66 cm at the caudal pole.

Spleen

The **spleen** revealed multi-focal, hyperechoic nodular changes that measured up to 1.5 cm. These are likely lipogranulomas. However, FNA is indicated.

Liver

The **liver** revealed multi-focal, hypoechoic nodular changes that measured up to 1.8 cm. Generalized hepatic swelling was present. The gallbladder and common bile duct were unremarkable.

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.



PATIENT

Pancreas

Toby Chammings

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.

SPECIES

Canine

Heart

BREED

Shih Poo

Rapid view of the heart revealed no evidence of pathology.

SEX

Neutered male

Splenic and hepatic nodules, likely lipogranulomas and hypoplasia.

Otherwise, age related abdominal changes.

AGE

11 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA, cytology and culture of the spleen and liver are indicated to rule out suppurative disease or potential round cell neoplasia or carcinoma.

WEIGHT

18.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Animal Hospital of
Sussex County

REFERRING VET

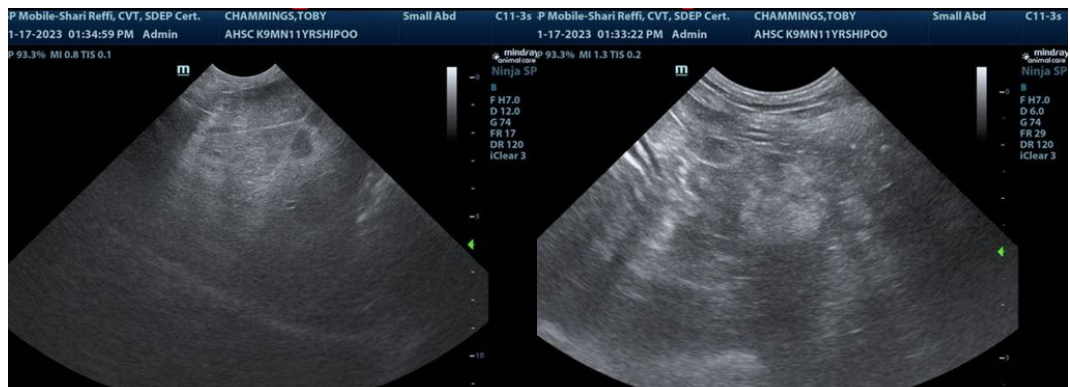
Dr. Ackernecht

INVOICE

42190

DATE

1/17/23





PATIENT

Toby Chammings

SPECIES

Canine

BREED

Shih Poo

SEX

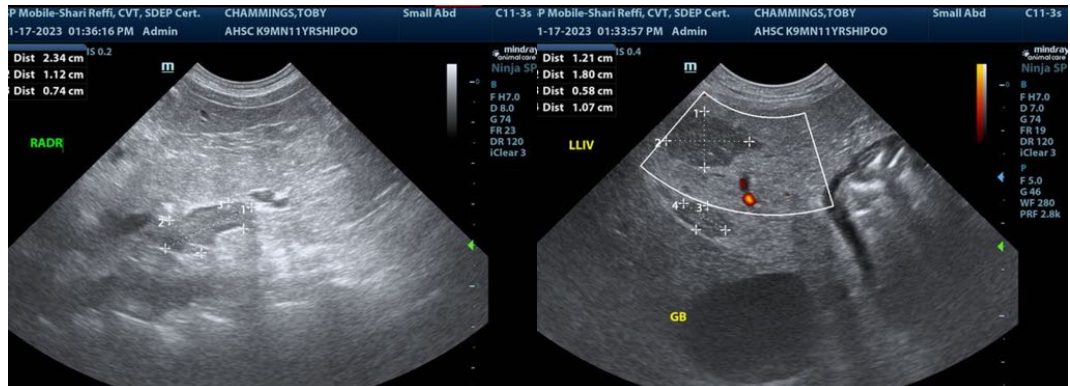
Neutered male

AGE

11 years

WEIGHT

18.5 lbs



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Animal Hospital of
Sussex County

REFERRING VET

Dr. Ackernecht

INVOICE

42190

DATE

1/17/23

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