



PATIENT

Cooper Duffy

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered male

AGE

12 years

WEIGHT

77.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Valeryia Shumskaya

HOSPITAL NAME

Pompton Lakes AH

REFERRING VET

Dr. McConnell

INVOICE

42221

DATE

1/18/23

PRESENTING CLINICAL SIGNS

Chronic hepatopathy.

ALT 286, ALP 324

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. Slight mineralization was noted in the kidneys. Occasional microcystic change was noted. The left kidney measured 7.16 cm. The right kidney measured 6.6 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 3.0 x 0.8 cm at the cranial pole and 0.73 cm at the caudal pole. The right adrenal gland was mildly heterogenous and measured 1.2 cm at the cranial pole.

Spleen

The **spleen** revealed an expansive, parenchymal 2.0 cm nodule at the caudal pole. Hyperechoic nodules were noted and measured 1.82 cm. Other nodular changes were noted in the spleen.

Liver

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. 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



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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.

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Labrador Retriever

Heart

SEX

Neutered male

Rapid view of the heart revealed no evidence of pathology.

ULTRASONOGRAPHIC FINDINGS

AGE

12 years

Multi-focal splenic nodules. May be benign.

WEIGHT

77.9 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The resolution was poor owing to tense abdomen. I recommend chest radiographs followed by splenectomy in this patient as well as liver biopsy to definitive inflammatory pattern. There was no evidence of metastatic disease.

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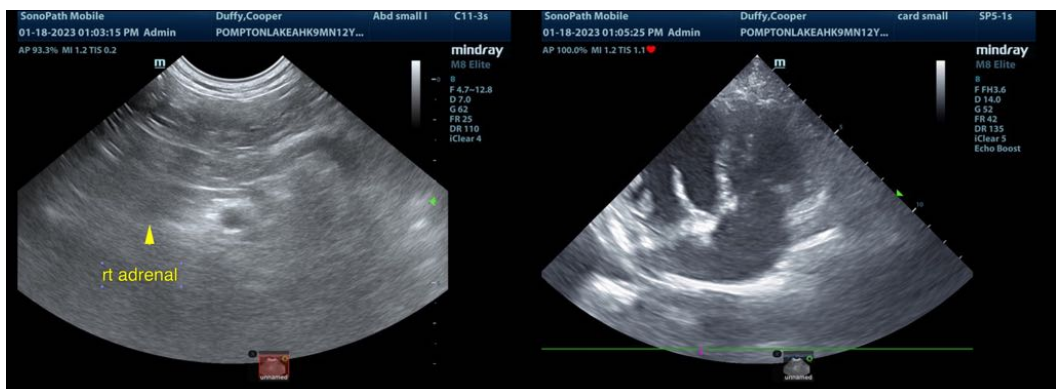
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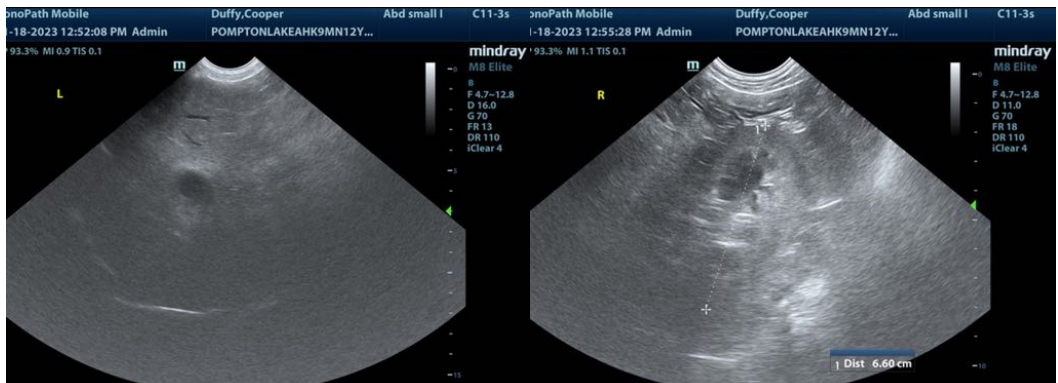
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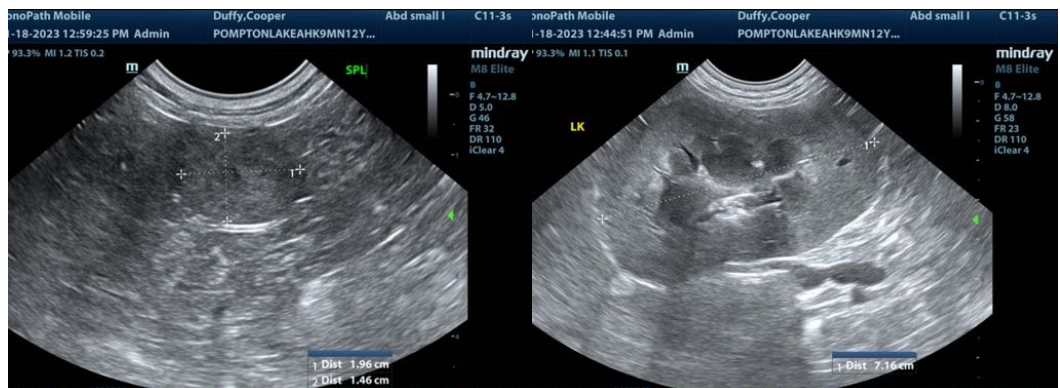
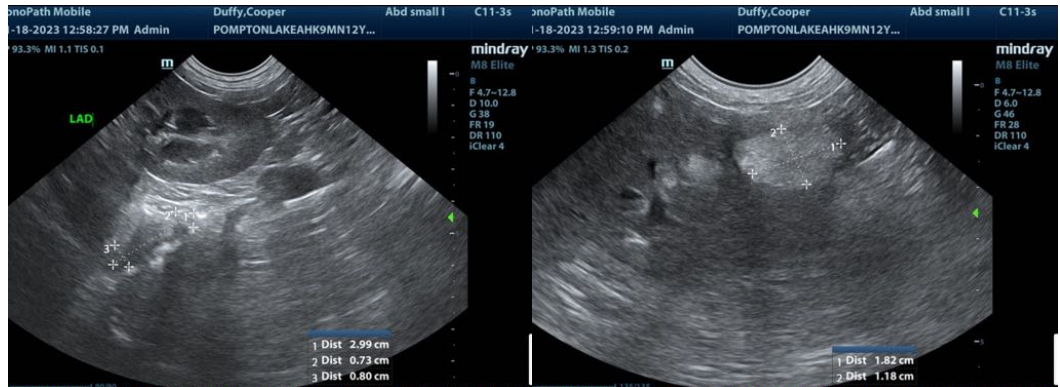
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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