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Clinical Sonography & Telecytology
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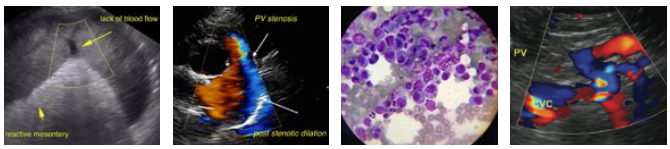

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Charlie Sunday Stern

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Neutered male

AGE

9 years

WEIGHT

89 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez , CVT

HOSPITAL NAME

Northvale Veterinary

REFERRING VET

Dr. Simon

INVOICE

43855

DATE

4/18/23

PRESENTING CLINICAL SIGNS

History: Patient presents for follow up due to chronically elevated liver enzymes, otherwise doing well. Will be in next week for 2 mass removals under general anesthesia. History of injury to right eye via hit from soccer ball, was on eye meds (Oflaxacin 0.3% 10 ml, Caprofen 75 mg chews, and Dexamethasone SP 0.1% 5mls): is currently on OcuGLO PB XL 3 caps SID.
Abnormal PE/Chem/CBC/UA Results: 6/10/19 : ALT=386, 7/13/19: ALP=610, 1/18/20: ALT=625, 4/28/20: ALP=1,073, 8/25/21: ALT=168, ALP=1,029, 4/8/22: 2,032.

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 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 right kidney measured 6.82 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 2.24 x 0.53 cm at the caudal pole and 1.07 cm at the cranial pole. The left adrenal gland measured 2.6 x 0.62 cm at the caudal pole and 0.67 cm at the cranial 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 was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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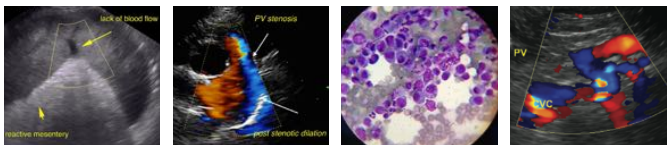

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Gastrointestinal

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.

Pancreas

The **pancreas** was hyperechoic with coarse architecture and remodeling.

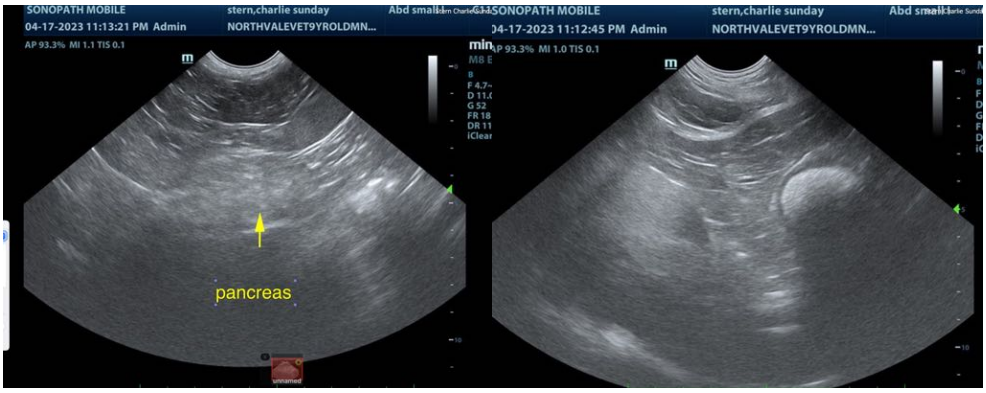
ULTRASONOGRAPHIC FINDINGS

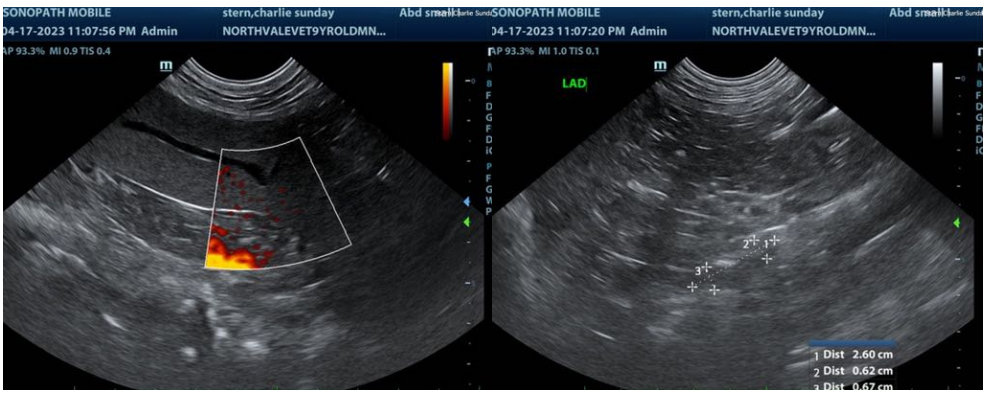
Non-specific inflammatory hepatopathy/reactive hepatopathy.

Mild pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no overt contraindication to anesthetic procedure in this patient. FNA of the liver can be considered at the time of sedation. The changes appear subjectively benign and stable. Past episodes of pancreatitis is likely in this patient's history.





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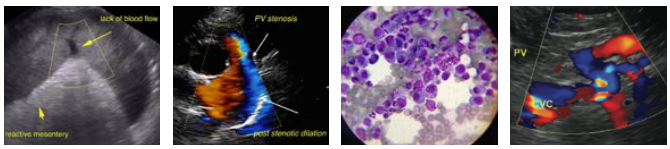

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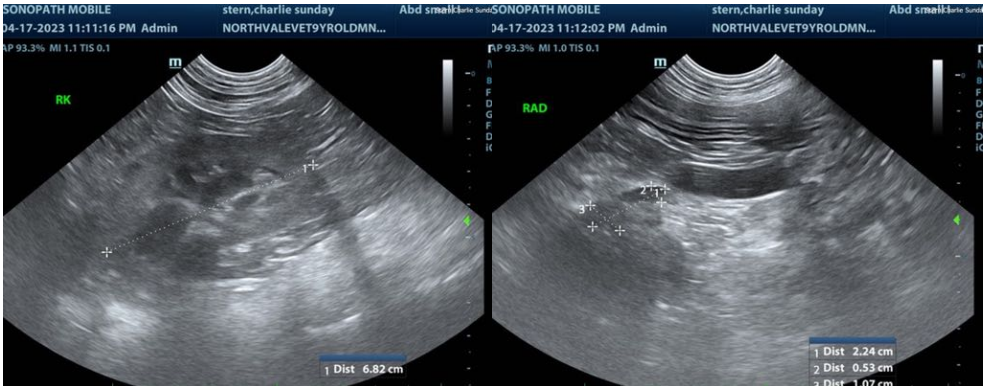

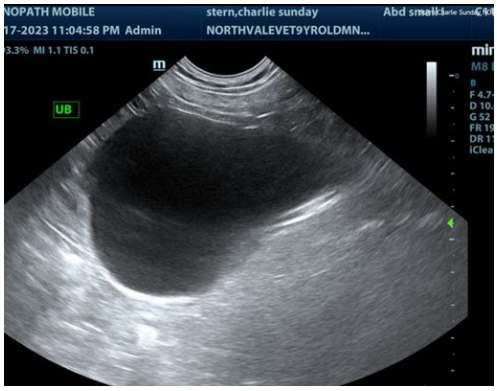

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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