



**PATIENT PRESENTING CLINICAL SIGNS**

Koby Gomes History: Recheck  
Abnormal PE/Chem/CBC/UA Results: GPT 235, Alk Phos 1342, GTP 21

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

**BREED** The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. The bladder revealed persistent debris similar to prior sonogram. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

Maltese

**SEX**

Neutered male

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. The capsules were acceptably uniform without significant irregularities. The right kidney revealed persistent polycystic changes with minor pyelectasia and multi-focal areas of non-obstructive, pinpoint nephrolithiasis. The right kidney measured 5.74 cm. The left kidney had a 2.28 cm, mildly echogenic cyst similar to the prior findings with pelvic calculus in the left renal pelvis. The left kidney measured 5.95 cm.

**AGE**

11 years

**WEIGHT**

**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 1.9 x 0.64 cm at the caudal pole and 0.75 cm at the cranial pole. The left adrenal gland measured 2.0 x 0.71 cm at the caudal pole and 0.63 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Miller, RDMS

**HOSPITAL NAME**

All Creatures Great  
and Small

**REFERRING VET**

Dr. Mitrovic

**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**

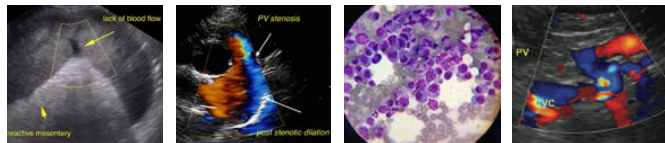
The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. Minor gallbladder polyps were noted. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. The common bile duct measured 0.25 cm.

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**PATIENT**

**Gastrointestinal**

Koby Gomes

The **gastric** wall was particularly thickened and measured up to 1.43 cm. The small intestines and colon were unremarkable.

**SPECIES**

Canine

**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.

**BREED**

Maltese

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Persistent polycystic renal changes with moderate degenerative patterns and pelvic nephrolithiasis in the left, corticomedullary in the right.

**AGE**

11 years

Minor gastric wall thickening.

Hepatic remodeling, similar to the prior sonogram.

Minor gallbladder calculus and minor gallbladder polyps.

**WEIGHT**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend management based on the clinical status, renal values, inflammatory sediment and blood pressure measurements. There was no evidence of neoplasia. The abdomen appears fairly stable. Assessment for any periods of hyporexia or upper GI signs is recommended given the minor gastric wall thickening.

**IMAGING PERFORMED BY**

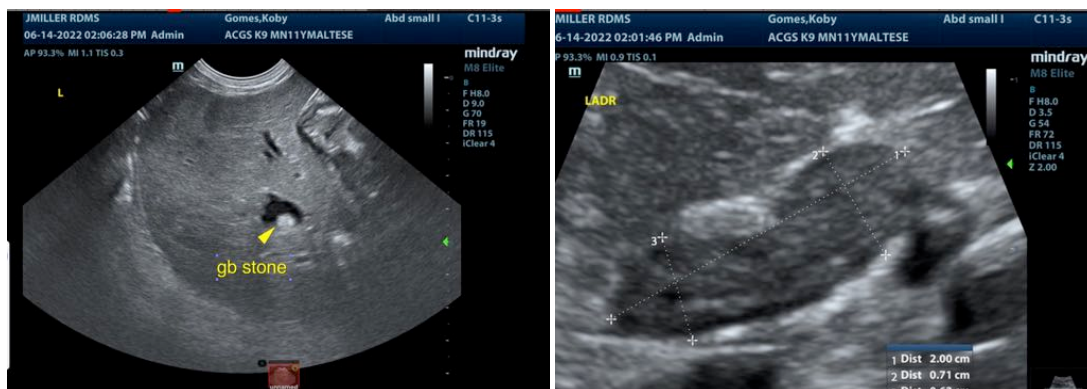
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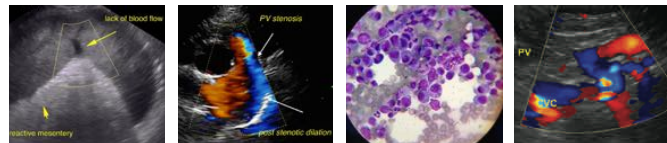


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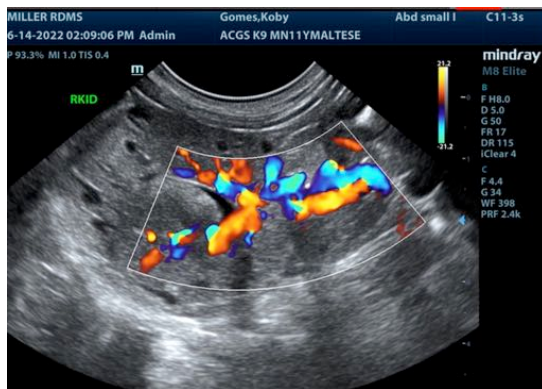
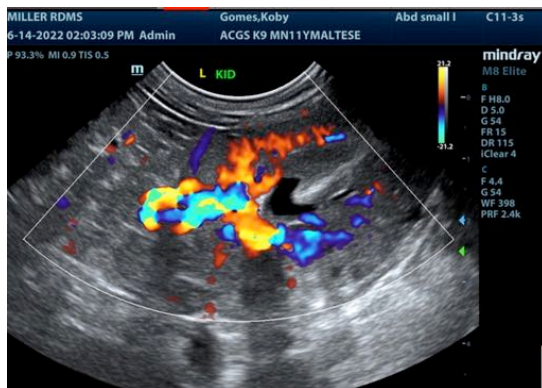
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**PATIENT**

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**SPECIES**

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**BREED**

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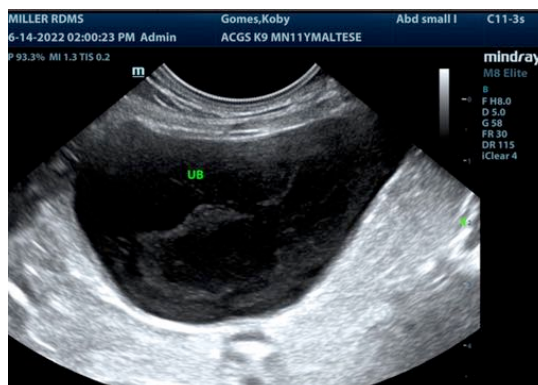
**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**



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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