

PATIENT PRESENTING CLINICAL SIGNS

Buddy Tavares

History: recheck from 5/9/23- previous scan showed potential gallbladder or mucocele rupture; inflamed GB, hepatopathy. on amoxi, metronidazole, denamarin
Abnormal PE/Chem/CBC/UA Results: ALT 232, ALKP 309

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

BREED

Labrador Retriever

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.

SEX

Neutered male

AGE

10 years

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 7.55 cm. The left kidney measured 6.23 cm.

WEIGHT

73 lbs

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 left adrenal gland measured 2.5 cm x 0.71 cm at the caudal pole and 0.5 cm at the cranial pole. The right adrenal gland measured 2.76 x 0.83 cm at the caudal pole and 1.5 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

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.

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Lovell

Liver

The **liver** in this patient presented diffuse remodeling with increased portal markings. The gallbladder is embedded with calculi and sand and had acoustic shadowing. Minor, inflammatory pattern was noted. I recommend cholecystectomy in this patient. The common bile duct does not appear to be an overt issue at this time.

INVOICE

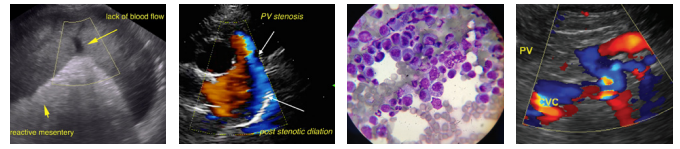
45014

DATE

6/28/23

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



PATIENT

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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.

SPECIES

Pancreas

Canine

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

Labrador Retriever

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered male

Gallbladder similar to worse compared to the prior sonogram.

AGE

10 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

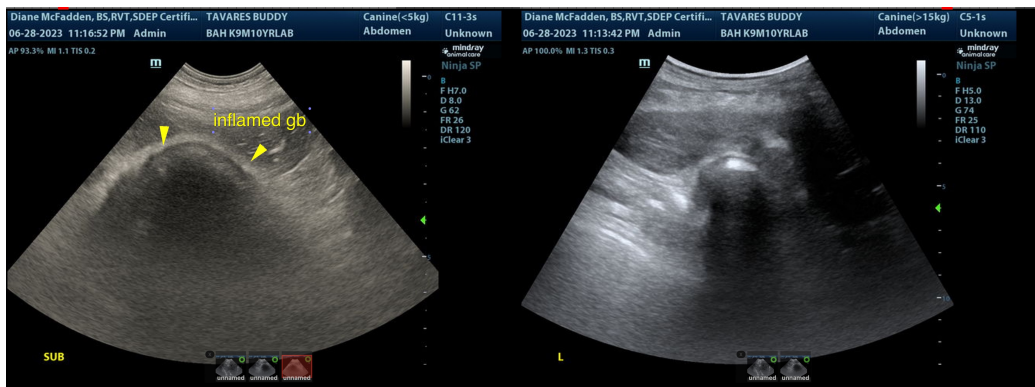
I recommend exploratory cholecystectomy and liver biopsy. It is possible that the his gallbladder has been leaking. However, diffuse hepatic changes were also noted. The concern is that the liver has progressed and is remodeling. I recommend cholecystectomy and liver biopsy. Lavage of the common bile duct is recommended.

WEIGHT

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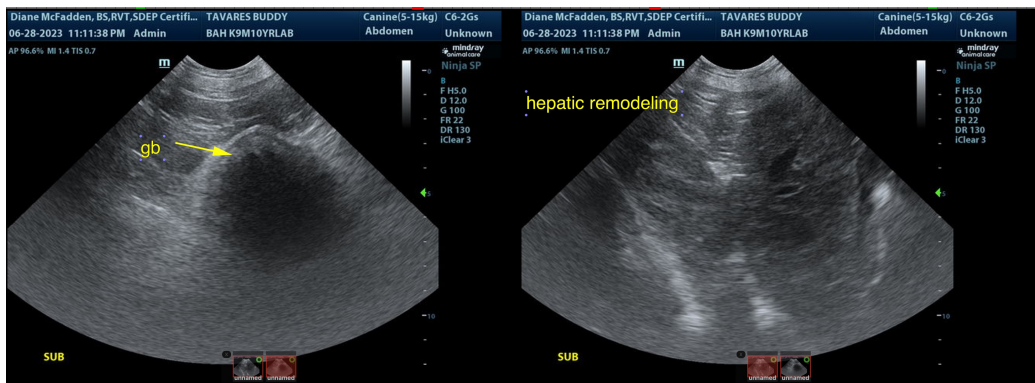
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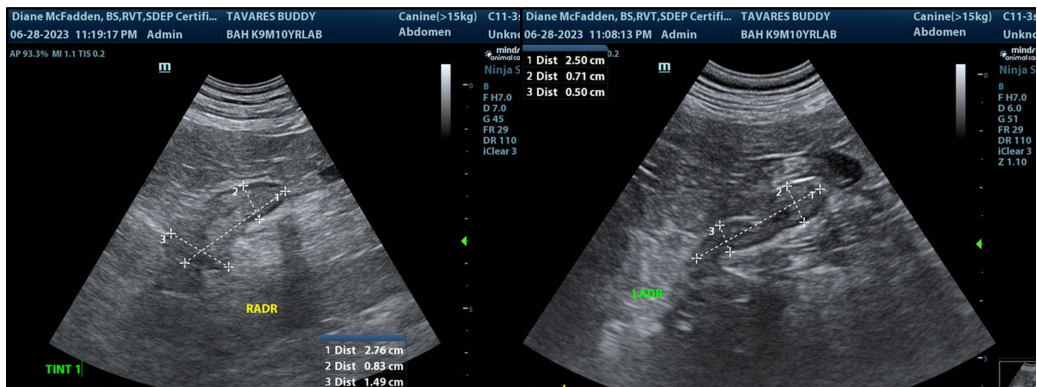
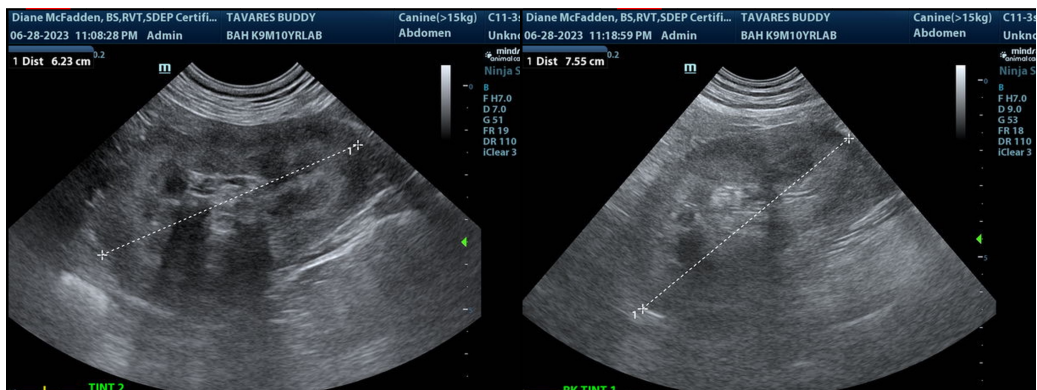
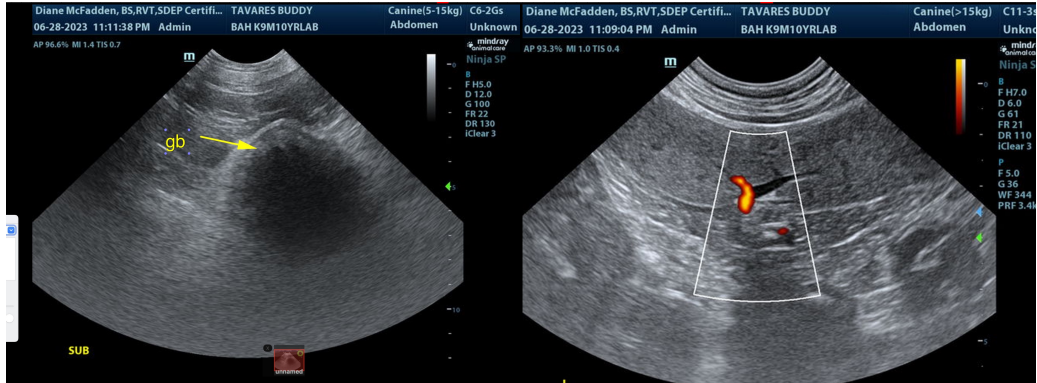
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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