



**PATIENT**

Patch Esposito

**PRESENTING CLINICAL SIGNS**

History: Elevated liver values. Current meds: Vetmedin 1.25mg bid, Denamarin sid, Gabapentin  
Abnormal PE/Chem/CBC/UA Results: ALKP 491 (131H); ALT 316 (118H)

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Pomeranian

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

The residual prostate was uniform and measured 0.6 cm.

**AGE**

16 years

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. Undulating capsular contour was noted. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Pyelectasia was noted in the kidneys. The right kidney measured 4.21 cm. The left kidney revealed an anechoic cyst that measured 1.76 x 1.65 cm. The left kidney measured 4.32 cm.

**WEIGHT**

10 lbs

**Adrenal Glands**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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 right adrenal gland measured 1.36 x 0.65 cm at the cranial pole and 0.57 cm at the caudal pole. The left adrenal gland measured 1.73 x 0.47 cm at the cranial pole and 0.62 cm at the caudal pole.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**Spleen**

**HOSPITAL NAME**

Tranquility VC

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

**REFERRING VET**

Dr. Blackman

**Liver**

**INVOICE**

31959

The **liver** was heterogenous and nodular with specific hypoechoic 0.93 cm nodule in the caudal aspect of the caudate process. The left cranial liver revealed multi-focal, echogenic nodular changes with disrupted architecture. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

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**Gastrointestinal**

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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.

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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.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Moderate degenerative renal changes with polycystic cortices.

**AGE**

16 years

Nodular liver. Pronounced nodular hyperplasia with potential for underlying neoplasia.

**WEIGHT**

10 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Bile acid profile is indicated along with hepatic FNA. The prognosis long term is guarded.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Tranquility VC

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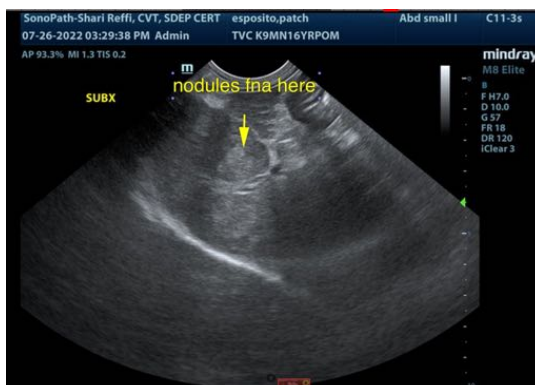
Dr. Blackman

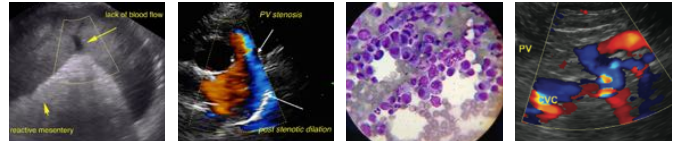
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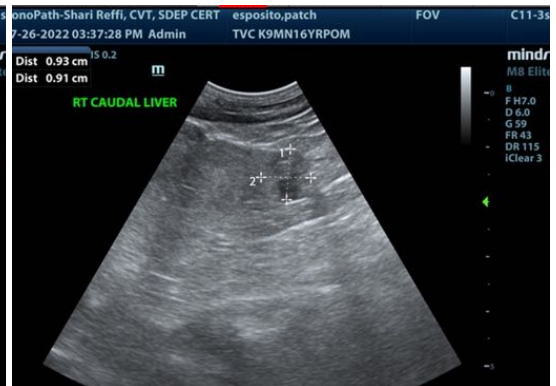
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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