

**PATIENT**

Jingle Bells Johnston

**SPECIES**

Canine

**BREED**

Miniature Poodle Mix

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

18.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden, RVT

**HOSPITAL NAME**

Heart and Paw Lake  
Hopatcong

**REFERRING VET**

Dr. Marmolein

**INVOICE**

46557

**DATE**

8/10/23

**PRESENTING CLINICAL SIGNS**

History: grade 4/6 murmur with history of progressive cough over the last few months. Hepatomegaly noted on rads. On theophylline 1 tab sid (currently tapering off).  
Abnormal PE/Chem/CBC/UA Results: ALKP 455

**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. The right kidney measured 4.64 cm. The left kidney measured 4.3 cm.

*Adrenal Glands*

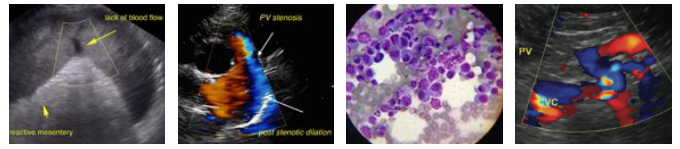
Minor, heterogenous parenchymal changes were noted at the cranial pole of the right adrenal gland. The right adrenal gland measured 1.87 x 0.94 cm at the cranial pole and 0.47 cm at the caudal pole. The left adrenal gland measured 1.86 x 0.57 cm at the caudal pole and 0.47 cm at the cranial pole.

*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** 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. 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.



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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**

Benign hepatopathy.

**AGE**

12 years

Minor heterogenous changes in the cranial pole of the right adrenal gland.

Otherwise, age related abdominal changes.

**WEIGHT**

18.5 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the liver can be considered for further definition; however, subjectively the changes appear benign and are largely expected for this age patient with possible underlying endocrinopathy.

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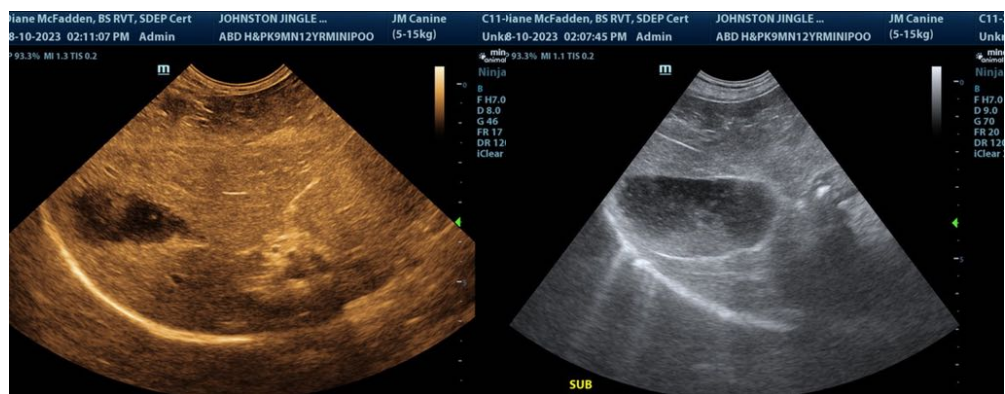
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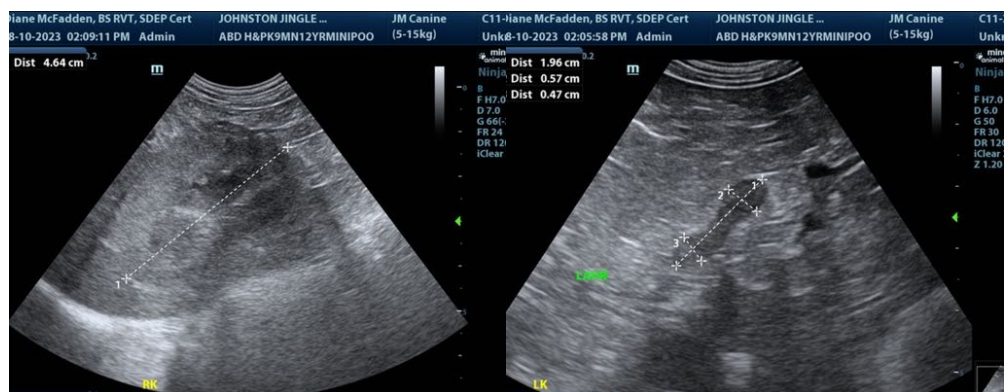
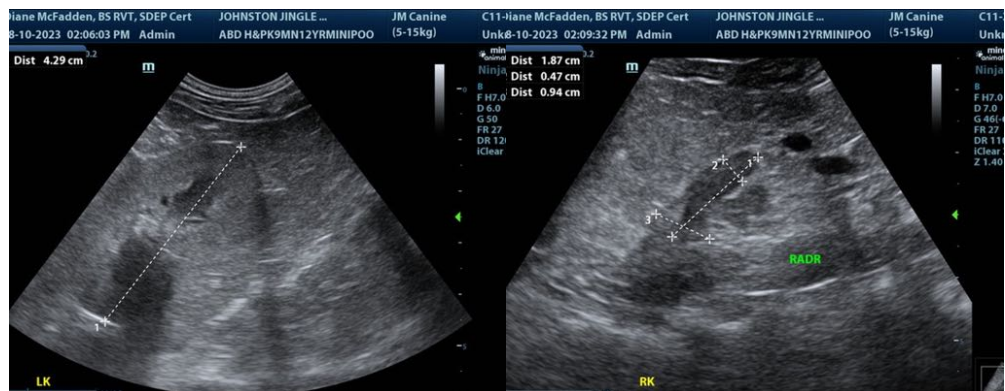
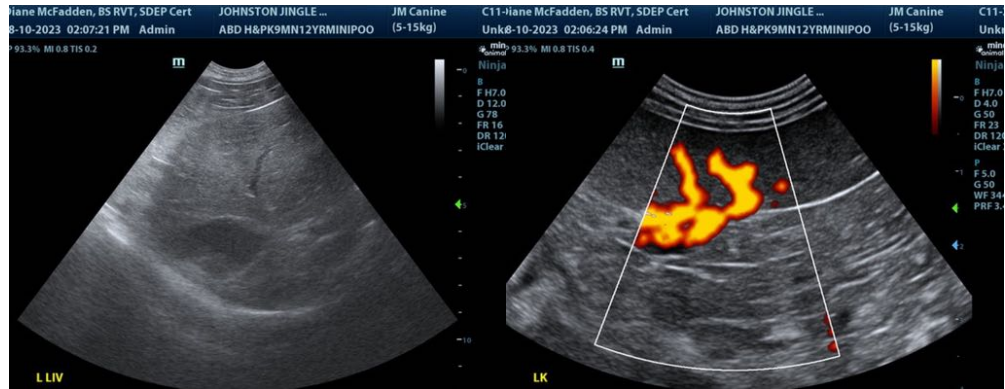
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
Info@SonoPath.com