

PATIENT

Trigger Kozlowsky

SPECIES

Canine

BREED

German Shorthair
Pointer

SEX

Neutered male

AGE

11 years

WEIGHT

71.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

Balirstown AH

REFERRING VET

Dr. Clegg

INVOICE

46646

DATE

8/16/23

PRESENTING CLINICAL SIGNS

History: Recent seizures and elevated hepatic values.
Abnormal PE/Chem/CBC/UA Results: Currently on Phenobarbital 64.8 mg. bid. Alt = 168, AlkPhos = 681, GGTP = 19. Blood glucose = 40 UA shows microalbuminuria = 3.9. SpGravity = 1.006

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. 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 6.91 cm. The left kidney measured 7.28 cm.

Adrenal Glands

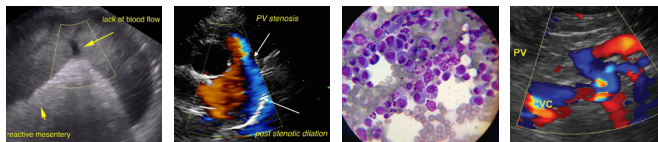
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.91 x 0.8 cm. The right adrenal gland 2.0 x 0.8 cm at the cranial and 0.5 cm at the caudal pole.

Spleen

The **spleen** revealed a hyperechoic lipogranulomatous type nodule that measured approximately 1.0 cm.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. There are multi-focal, hyperechoic nodular changes. This is consistent with lipogranulomas. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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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 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 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.

Free Abdomen

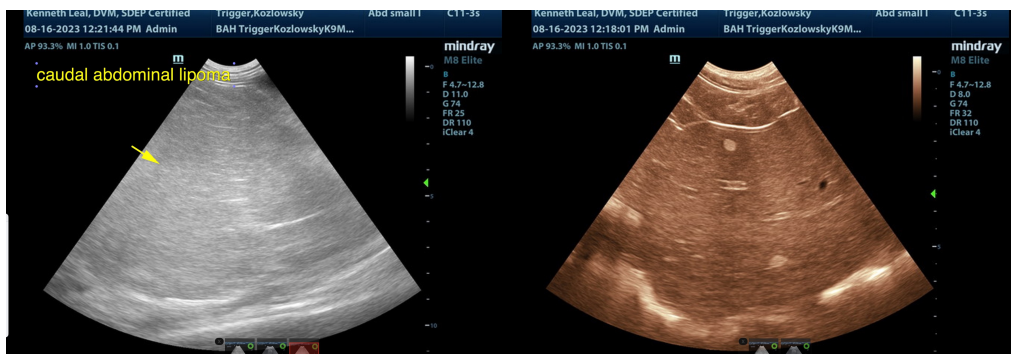
The caudal abdomen revealed a 7.0 cm mildly, echogenic, uniform lipoma.

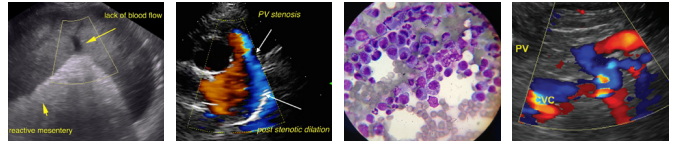
ULTRASONOGRAPHIC FINDINGS

Caudal abdominal lipoma.
Lipid nodules in the spleen and liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of significant pathology in the abdomen related to the clinical signs. Given the seizure activity skull CT with contrast is recommended for further definition. The hepatic nodules are likely benign; however, there is a minor potential for underlying neoplasia especially given the ALT elevations. Baseline FNA is indicated. The cause of isosthenuria is unclear. Recheck of the blood glucose is warranted to assess for artifact. There was no evidence of insulinoma noted.





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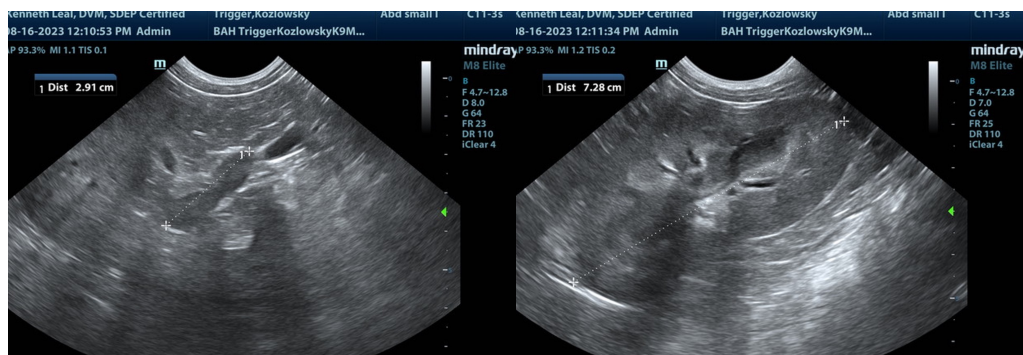
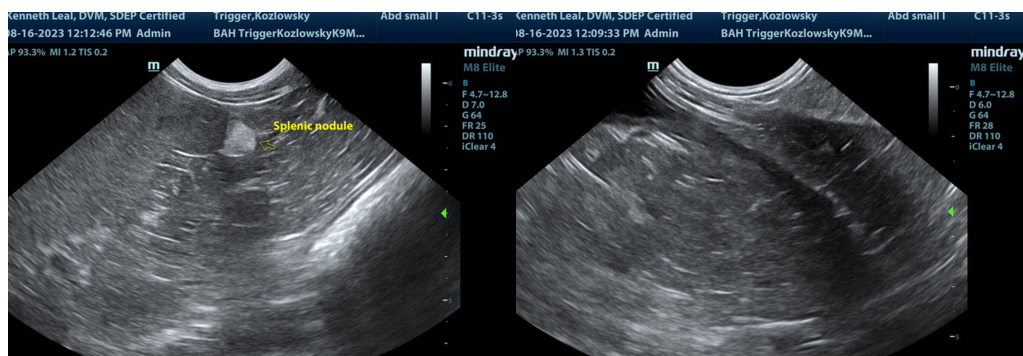
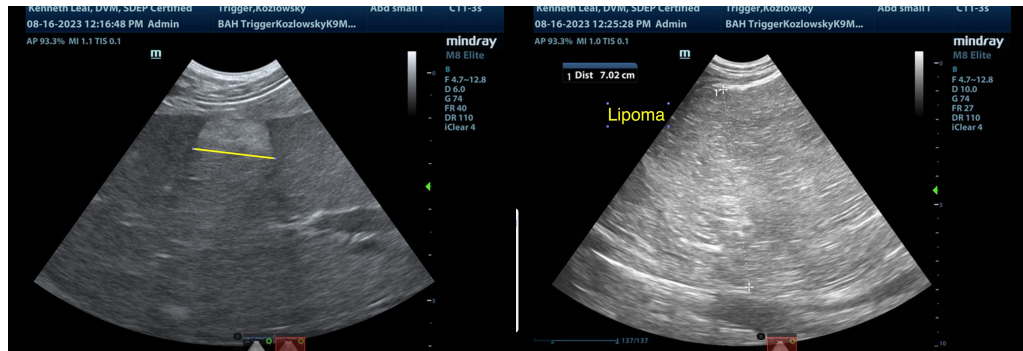
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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