



**PATIENT**

Hunter Dilullo

**PRESENTING CLINICAL SIGNS**

History: Glucocorticoid-dependent Addisonian, patient is on on Pred. Elevated liver enzymes. Sparse, rough hair coat in spots.

**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. Sand accumulation was noted in the bladder and measured 1.3 cm. . Suspended debris was also noted in the bladder. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

**SEX**

Neutered male

The residual prostate measured 1.05 cm.

**AGE**

7 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 7.9 cm. The left kidney measured 8.3 cm with slight mineralization.

**WEIGHT**

87 lbs

**Adrenal Glands**

Both **adrenal glands** were flattened likely owing to Prednisone therapy. The left adrenal gland measured 2.46 x 0.37 cm at the caudal pole and 0.46 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS,  
CEO of SonoPath.com

**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.

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

New Bridge VP

**Liver**

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

**REFERRING VET**

Dr. Glennon

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32106

**DATE**

8/3/22



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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**

**AGE**

7 years

Bladder sand and debris.

Chronic UTI is suspected.

Flattened adrenal glands.

**WEIGHT**

87 lbs

Gallbladder sludge.

Benign hepatopathy.

Otherwise, age related abdominal changes.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Full urinary work-up and culture is indicated. 4-6 weeks of treatment is recommended based on urinalysis findings and a recheck sonogram is recommended at that time. Ursodiol therapy is recommended as a preventative in this patient; however, it is debatable on whether it is absolutely necessary.

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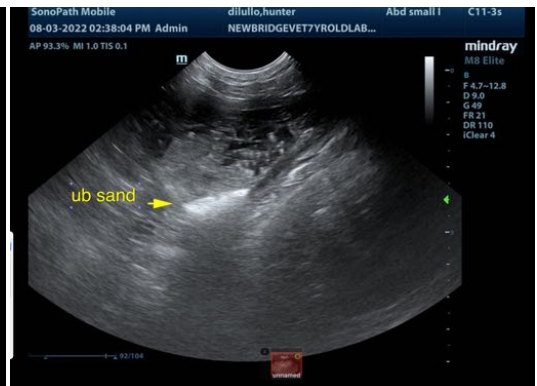
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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