



PATIENT

Chacco Abdallah

SPECIES

Canine

BREED

Beagle Mix

SEX

Spayed female

AGE

10 years

WEIGHT

37 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Chadbourne

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Ebersole

INVOICE

42114

DATE

1/13/23

PRESENTING CLINICAL SIGNS

History: ALP elevated and rising. No clinical signs. Not on any medications.
Abnormal PE/Chem/CBC/UA Results: PE: all WNL 12/6/2022: ALP 1,377, 6/2021: ALP 1,253.
5/19/2021: ALP 939.

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 5.9 cm. The left kidney measured 5.2 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 right adrenal gland measured 3.0 x 1.9 cm at the cranial pole and 0.72 cm at the caudal pole. The left adrenal gland measured 2.44 x 0.68 cm at the caudal pole and 0.49 cm at the cranial pole.

Spleen

The **spleen** revealed a focal, hypoechoic nodule in the midbody with non-disruptive architecture and measured 0.8 cm. This is likely hyperplasia, but should be monitored in a month. If growing and liver enzyme elevations continue then FNA of the splenic nodule and liver is indicated.

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. 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

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The **stomach** revealed a minor amount of retained ingesta. There was a 1.5-2.0 cm soft shadowing structure. This may be medications. The small intestines and colon were unremarkable.

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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.

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ULTRASONOGRAPHIC FINDINGS

Benign hepatopathy.

Minor retention of gastric material or medications.

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Otherwise, unremarkable.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes are expected for this age patient. FNA of the liver can be considered for further definition; however, subjectively appears benign.

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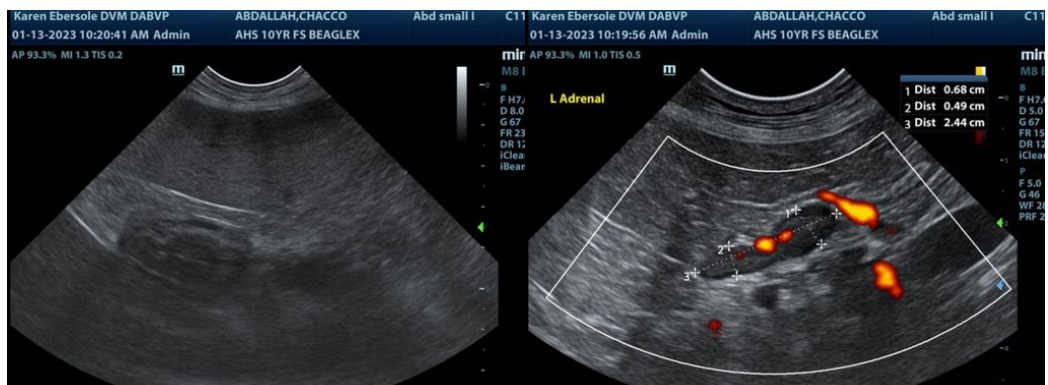
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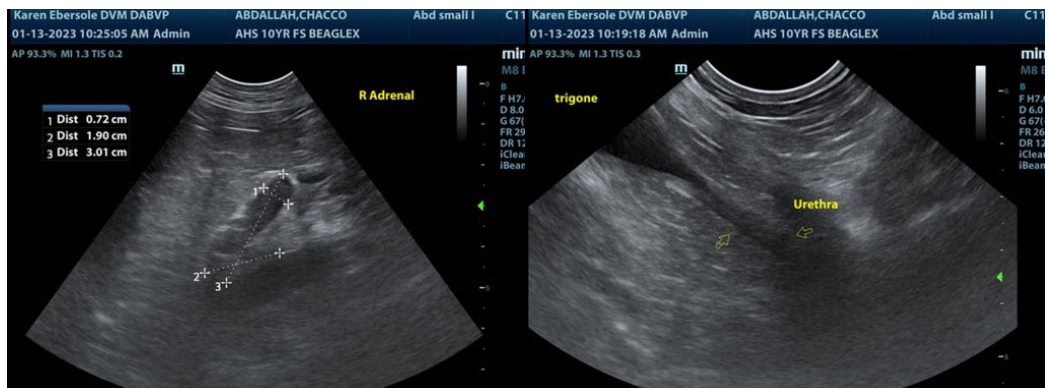
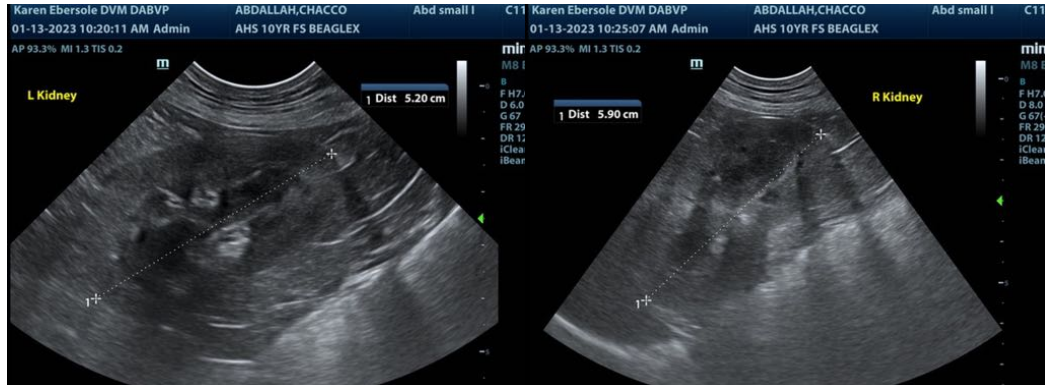
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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