



**PATIENT**

**PRESENTING CLINICAL SIGNS**

Ella Stanisci

Increased AST and ALT.

**SPECIES**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

**BREED**

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.

Portuguese Water Dog

**SEX**

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 left kidney measured 5.51 cm. The right kidney measured 5.4 cm.

Spayed Female

**AGE**

12 years

**INTERPRETED BY**

**Adrenal Glands**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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 1.78 x 0.4 cm. The right adrenal gland measured 2.28 x 1.08 cm at the cranial pole and 0.73 cm at the caudal pole.

**IMAGING PERFORMED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**HOSPITAL NAME**

**Spleen**

Companion AH

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.

**REFERRING VET**

Dr. Tsai

**INVOICE**

**Liver**

95321

The **liver** revealed mild uniform swelling and slight coarse architecture. Occasional hypoechoic, non-disruptive nodular change was noted. This is consistent with vacuolar hepatopathy. There is a minor amount of remodeling. There is no evidence of significant disease. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

**DATE**

1/4/22

**Gastrointestinal**



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Ella Stanisci

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.

**SPECIES**

Canine

**Pancreas**

**BREED**

Portuguese Water Dog

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**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

Reactive hepatopathy, vacuolar hepatopathy liver pattern.

**AGE**

12 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the liver is indicated if the liver enzymes continue to be elevated despite empirical protocol such as hydrolyzed diet, Amoxicillin and Metronidazole over a 10 day period and reassess.

**INTERPRETED BY**

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Companion AH

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**PATIENT**

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**SPECIES**

Canine

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Spayed Female

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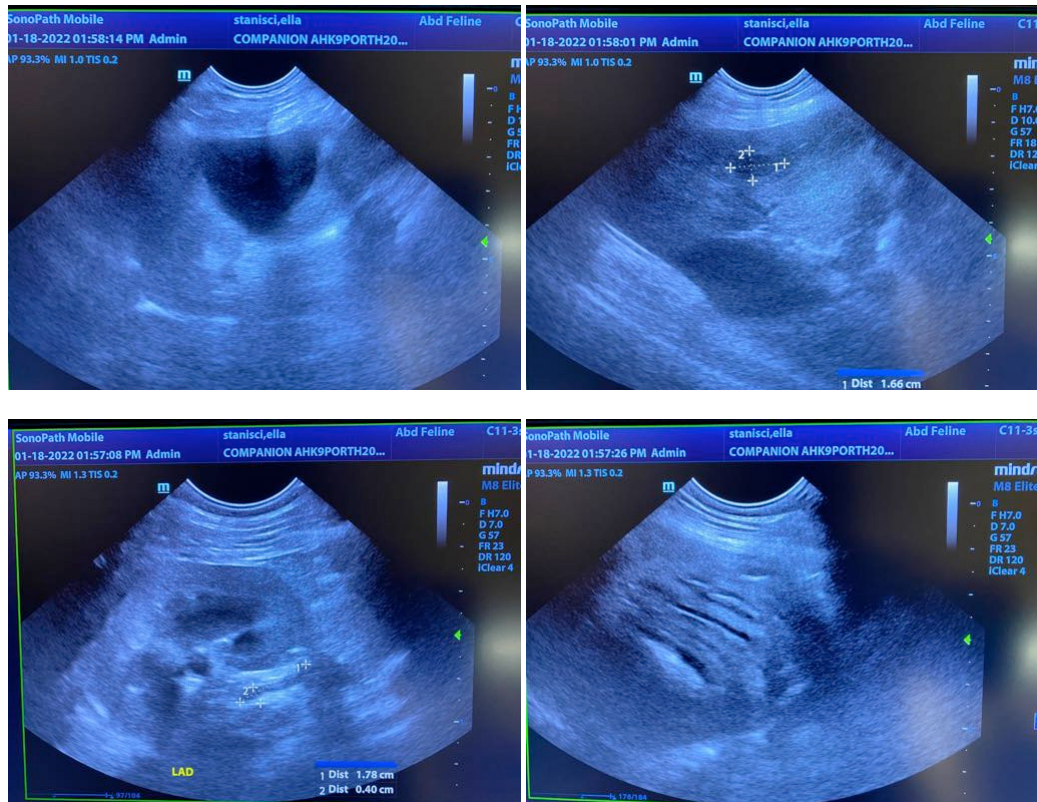
Dr. Tsai

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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