



PATIENT

Zena Kronthal

PRESENTING CLINICAL SIGNS

Recheck nodular hyperplasia liver pattern. Current meds: Denamarin, Phenobarbital, Bromide
Abnormal PE/Chem/CBC/UA Results: Pending

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Miniature Pinscher

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.

SEX

Spayed Female

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.51 cm. The right kidney measured 4.67 cm.

AGE

8 years

WEIGHT

14 lbs

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 1.5 x 0.8 cm at the cranial pole and 0.45 cm at the caudal pole. The left adrenal gland measured 1.35 x 0.46 cm at the cranial pole and 0.4 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

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.

HOSPITAL NAME

Millburn

REFERRING VET

Dr. Turowsky

Liver

The **liver** nodules measured up to 3.0 cm. A left liver nodule measured 2.93 cm with mixed echogenic changes. This is similar to the prior sonogram. The remainder of the liver presented minor heterogenous changes. There was no significant progression from the prior sonogram. The gallbladder and common bile duct were unremarkable.

INVOICE

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DATE

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PATIENT

Gastrointestinal

Zena Kronthal

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

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Pronounced hepatic nodule and hepatic remodeling. Similar to the prior sonogram.

AGE

8 years

No progression.

Otherwise, stable abdomen.

WEIGHT

14 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based on the lack of progression nodular hyperplasia noted on cytology results is likely accurate. Recheck sonogram is recommended in 6 months or earlier if clinical signs develop or there is a rapid rise in liver values or weight loss. Eventual conversion to a neoplastic process is always a potential in these cases.

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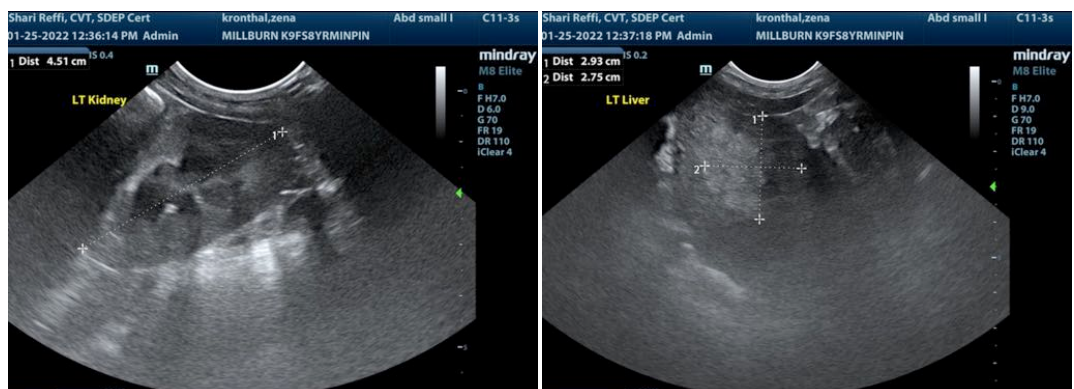
Dr. Turowsky

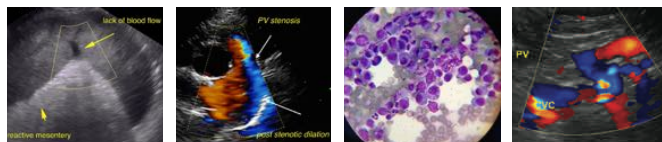
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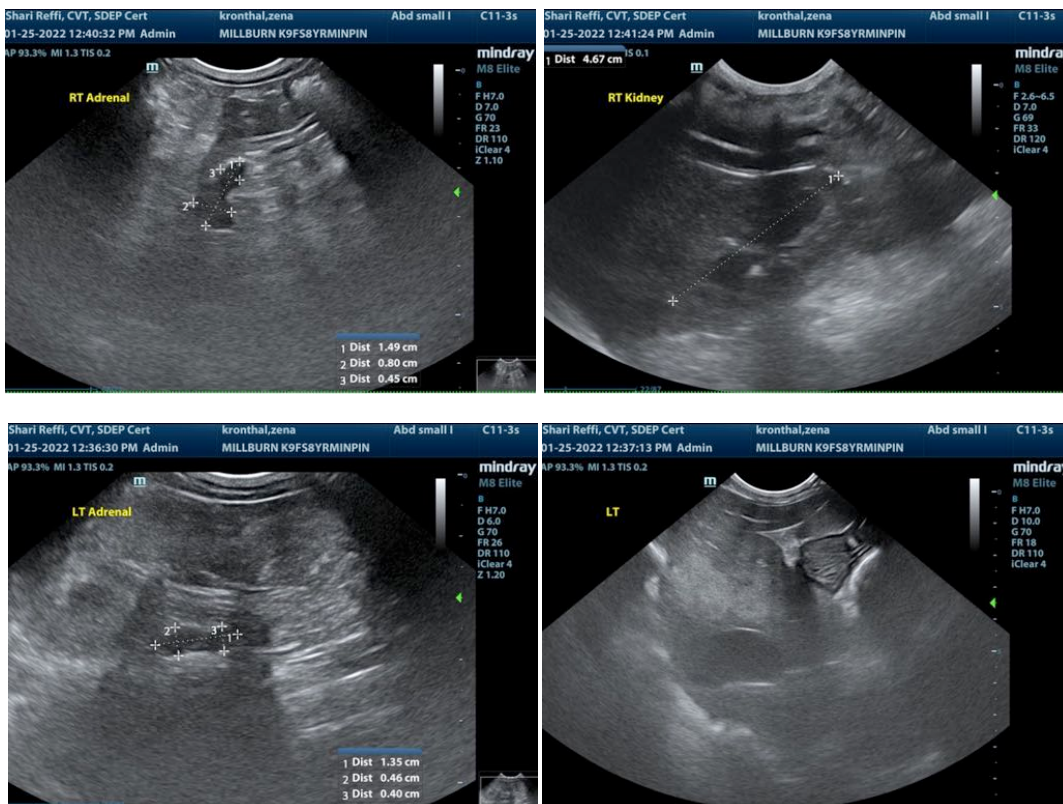
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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