



**PATIENT**

JinJin Gulli

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

15.4 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Heather

**HOSPITAL NAME**

ACC Flanders

**REFERRING VET**

Dr. Casulli

**INVOICE**

44613

**DATE**

1/30/23

**PRESENTING CLINICAL SIGNS**

u/a was +2 protein, upc higher than last time, if u/s normal then starting enalapril for suspected PLN pvps @ 6:30am takes movifles supplement daily

Abnormal PE/Chem/CBC/UA Results: ALT - 126(hi), Alk Phos - 2225(hi), BUN/Creat - 34(hi) , GLU - 48 (lo) , PrecisionPSL - 154(hi) u/a - ph - 5.0(lo)

**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 were noted. Ureteral papillae were normal.

The iliac trifurcation is unremarkable.

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.

**Adrenal Glands**

The region of the **right adrenal gland** was imaged, no evident pathology.

The **left adrenal gland** was not visualized.

**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 were noted.

**Liver**

The **liver** presented coarse architecture and increased portal markings. Lobar swelling of the caudate process noted in the right liver. Macronodular changes noted in both the left and right liver. A nodule in the left cranial liver measured 3.0 cm x 2.0 cm. The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

**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.



**PATIENT**

JinJin Gulli

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

15.4 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Heather

**HOSPITAL NAME**

ACC Flanders

**REFERRING VET**

Dr. Casulli

**INVOICE**

44613

**DATE**

1/30/23

**Pancreas**

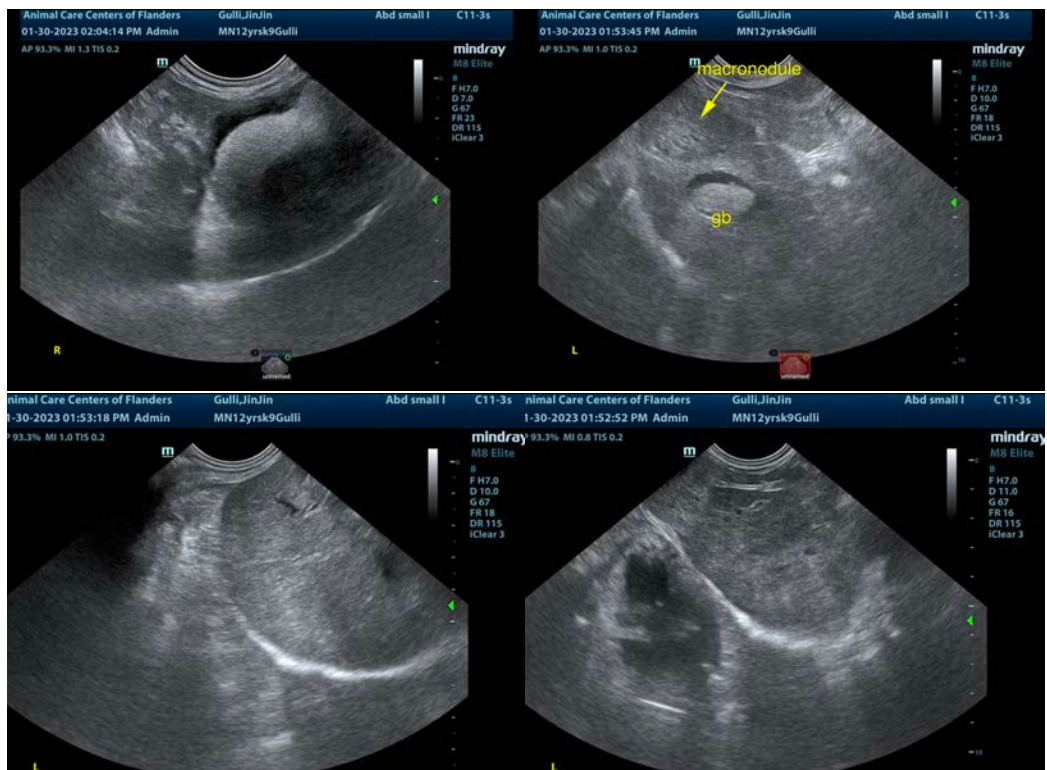
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Macronodular liver with remodeling – pronounced nodular hyperplasia likely, underlying neoplasia possible.
- Minor excessive gallbladder debris

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Bile acid profile and FNA of the liver warranted. Hepatic support protocol indicated. If adrenal disease is suspected, sedation and further imaging of the adrenal glands would be indicated. No evidence of visceral disease to be responsible for the tense abdomen.





**PATIENT**

JinJin Gulli

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

15.4 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Heather

**HOSPITAL NAME**

ACC Flanders

**REFERRING VET**

Dr. Casulli

**INVOICE**

44613

**DATE**

1/30/23



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](mailto:info@SonoPath.com)