



PATIENT PRESENTING CLINICAL SIGNS

Moose Gonsisko Elevated liver and renal values.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES
Urinary System

Canine

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 residual prostate measured 8.0 mm.

BREED

Yorkie

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. Slight mineralization noted in both kidneys. The kidneys measured 3.6 cm each with minor pyelectasia noted.

SEX

Neutered Male

AGE

13 Years

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 left adrenal gland measured 1.54 cm x 0.58 cm. The right adrenal gland measured 2.1 cm x 0.68 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

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Liver

The **liver** revealed a uniform hepatoma type mass or swelling occupying the left liver. The mass measured 8.15 cm x 4.0 cm. The gallbladder was overdistended with striating, independent bile, consistent with early mucocele formation. The gallbladder measured 5.0 cm x 4.0 cm in long axis.

HOSPITAL NAME

Franklin Lakes AH

REFERRING VET

Dr. Greenhut

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.

INVOICE

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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.

DATE

1/6/22

ULTRASONOGRAPHIC FINDINGS

- Gallbladder mucocele and hepatoma
- Non-specific inflammatory hepatopathy



PATIENT

- Geriatric abdomen otherwise

Moose Gonsisko

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

FNA of the liver could be considered of both the hepatoma and general liver as well as gallbladder motility study. Alternatively, empirical trial of Enrofloxacin/Metronidazole overt a 10-14 day period with 6 weeks Ursodiol could be considered. If the patient is stable, then recheck sonogram in 6 weeks prior to stopping Ursodiol therapy. Recheck liver enzymes at the end of the antibiotic trial. No overt evidence of neoplasia other than the benign appearing hepatoma type mass. Eventual left liver lobectomy and cholecystectomy could be considered in this patient depending upon gallbladder motility.

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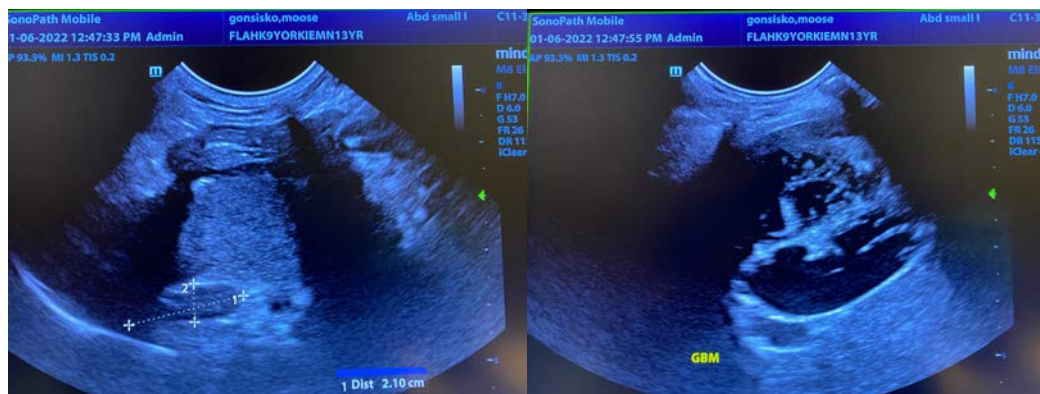
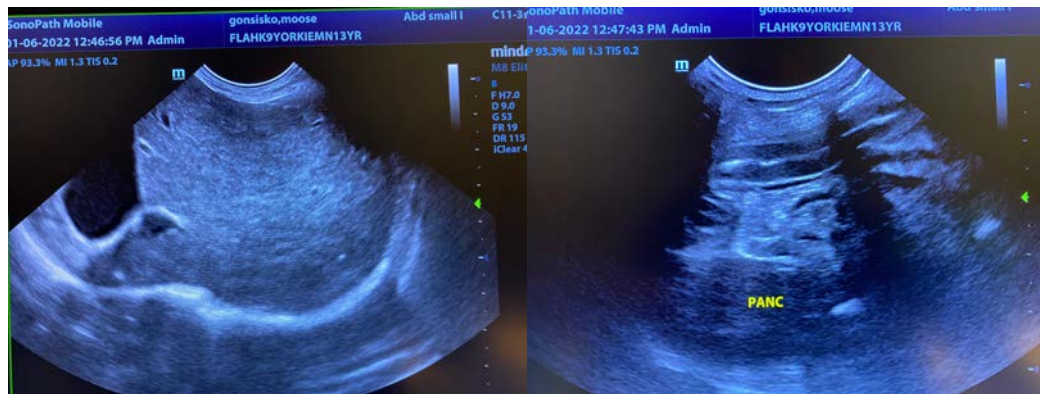
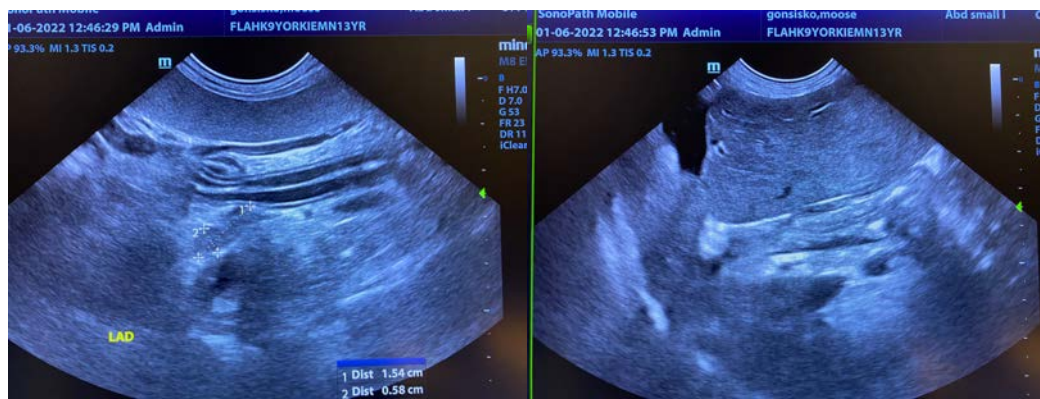
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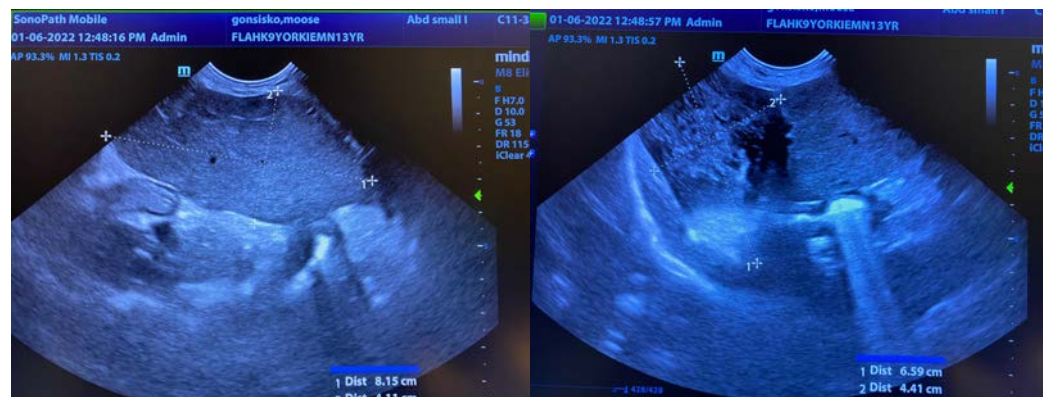
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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