



**PATIENT**

Rexy Hammond

**SPECIES**

Canine

**BREED**

Pit Mix

**SEX**

Spayed female

**AGE**

11 years

**WEIGHT**

56 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Caughman

**HOSPITAL NAME**

Dogwood AH

**REFERRING VET**

Dr. Caughman

**INVOICE**

40018

**DATE**

10/11/22

**PRESENTING CLINICAL SIGNS**

History: History of elevated liver enzymes, on Denamarin from other veterinarian.  
Abnormal PE/Chem/CBC/UA Results: ALT 217, ALP 600 Lipase 886, Cre Kinase 363 FNA of Liver obtained.

**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 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 right kidney measured 7.54 cm. The left kidney measured 6.91 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 left adrenal gland measured 1.13 x 0.47 cm at the cranial pole and 0.4 cm at the caudal pole. The right adrenal gland measured 1.77 x 0.84 cm at the cranial pole and 0.25 cm at the caudal pole.

**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.

**Liver**

The **liver** revealed increased portal markings with multi-focal, hypoechoic nodular changes. Micronodular and macronodular changes were noted. The gallbladder was unremarkable with a minor amount of non-obstructive biliary mineralization.



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**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.

**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.

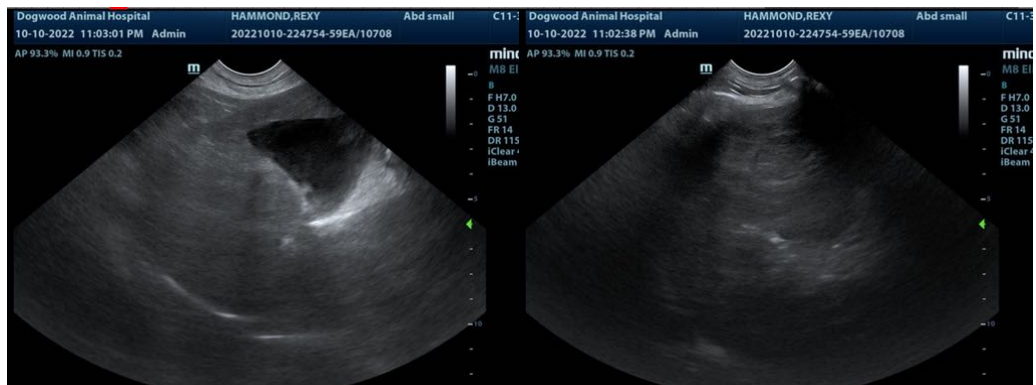
**ULTRASONOGRAPHIC FINDINGS**

Pronounced, nodular hyperplasia.

Chronic inflammatory hepatopathy liver pattern.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a minor potential for neoplasia. Bile acid profile and ultrasound-guided FNA or core biopsy is indicated. Otherwise, unremarkable abdomen.





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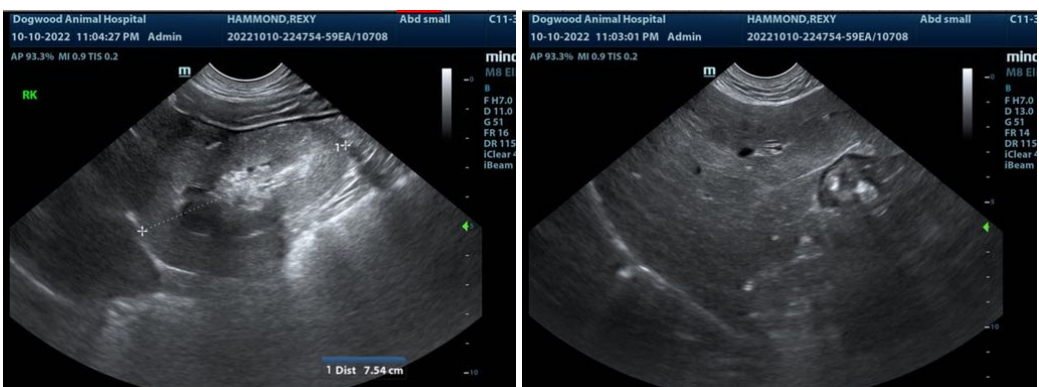
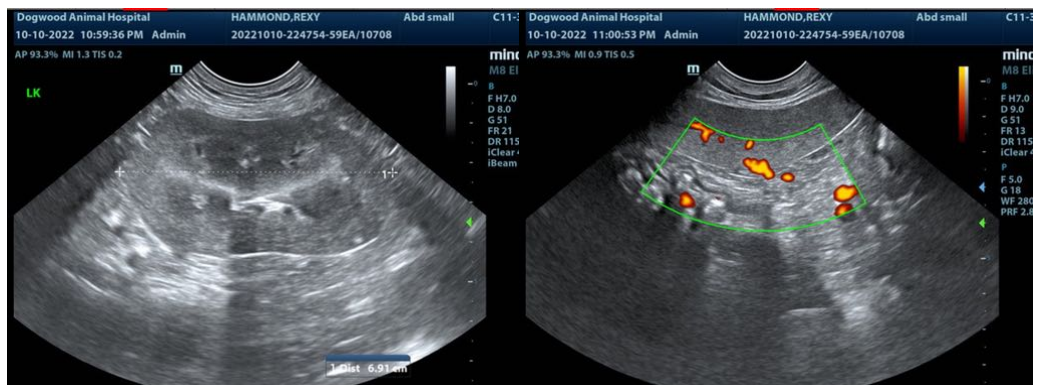
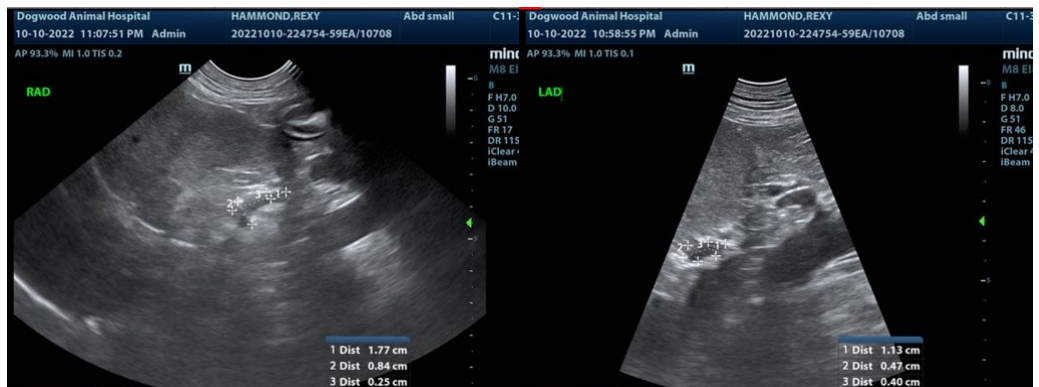
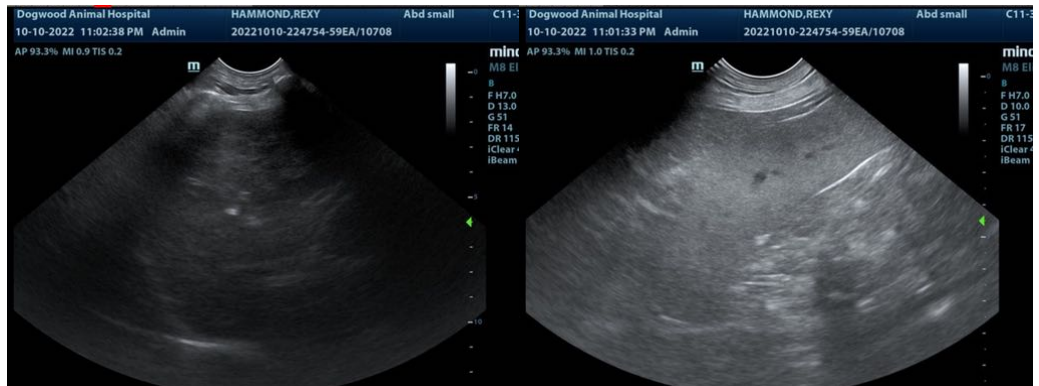
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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