



PATIENT

Ellie Dyer

SPECIES

Canine

BREED

Spaniel X

SEX

Spayed Female

AGE

11 Years

WEIGHT

45.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Kahn

INVOICE

26628

DATE

10/25/21

PRESENTING CLINICAL SIGNS

panting restlessness no V/D normal ALT previous U/S 8/24 showed hepatic nodular hyperplasia vascular hepatopathy

Abnormal PE/Chem/CBC/UA Results: ALT 165 ALP unable to read/ off chart Bili 13.7 no other abnormalities liver function values WNL

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. The right kidney measured 5.11 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 right adrenal gland measured 1.75 cm x 0.95 cm at the cranial pole and 0.71 cm at the caudal pole. The left adrenal gland measured 2.63 cm x 0.59 cm at the caudal pole and 0.72 cm at the cranial pole.

Spleen

The **spleen** presented multifocal hypoechoic, mildly disruptive nodular changes, some of which presented a target type appearance.

Liver

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy. Occasional nodular change noted. Liver size slightly subnormal. Potential for emerging round cell neoplasia.

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.



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ULTRASONOGRAPHIC FINDINGS

- Chronic inflammatory hepatopathy pattern with potential for round cell neoplasia.
- Nodular splenic changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver strongly recommended. Core biopsy may be necessary for definitive diagnosis. Leptospirosis titers warranted. Prognosis is guarded.

BREED

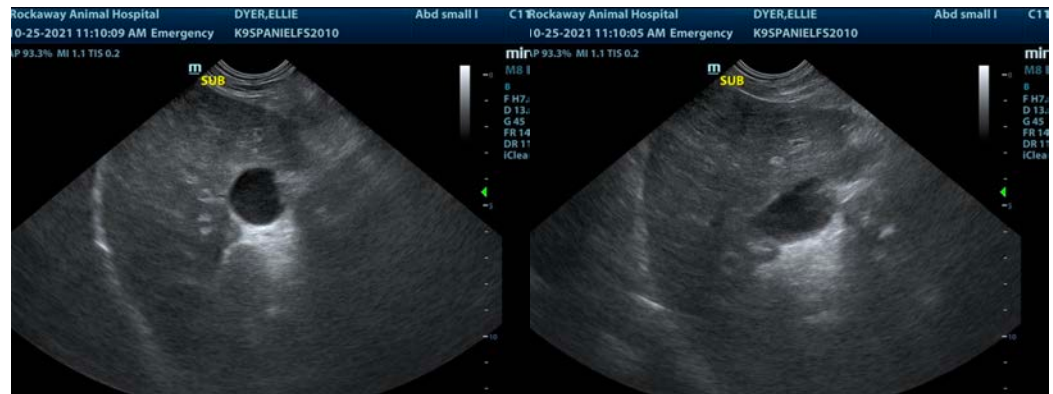
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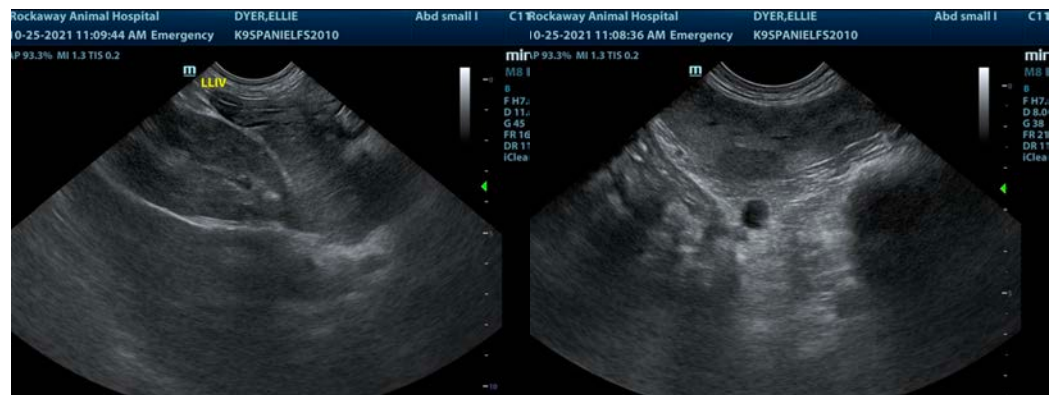
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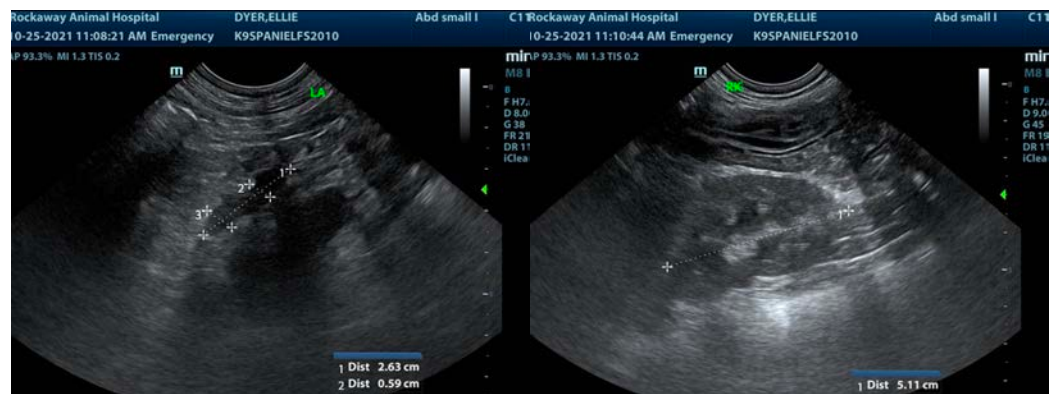
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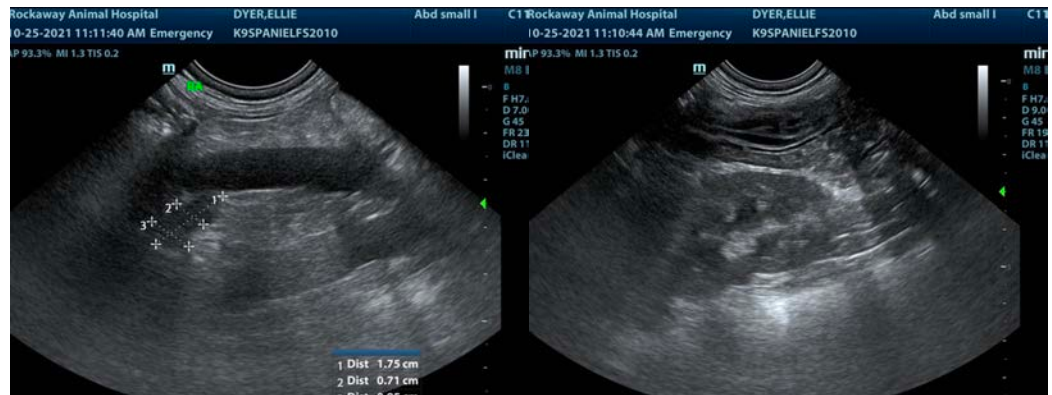
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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