



PATIENT

Kenai Pearson

PRESENTING CLINICAL SIGNS

Dog has not been eating much for past 2 weeks, lost 7 pounds. Vomits after eating a lot

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Normal CBC, elevated ALT (817), ALP(>2000), GGT (15), T. bili (1.3), low BUN (6), ALB (2.6). PE unremarkable

BREED

Terrier X

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 3.0 cm beyond the cystourethral junction.

SEX

Neutered Male

The residual prostate measured 5.0 mm.

AGE

16.1 Years

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 left kidney measured 5.0 cm. The right kidney measured 5.0 cm.

WEIGHT

17 Pounds

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 0.50 cm. The right adrenal gland measured 0.80 cm at the cranial pole and 0.50 cm at the caudal pole.

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. Hyperechoic lipogranulomatous change noted periodically. 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

Dr. Reser

HOSPITAL NAME

Harvest Hills VH

Liver

The **liver** revealed increased portal markings. Minor excessive gallbladder debris noted, not to the level of mucocele formation. Slight free fluid noted adjacent to the liver lobes. An isoechoic mass was noted in the left cranial liver measuring 4.3 cm x 3.6 cm adjacent to the diaphragm. Other nodular changes noted throughout the liver.

REFERRING VET

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Gastrointestinal

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A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

DATE

10/31/22



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Pancreas

SPECIES

Canine

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

BREED

Terrier X

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Undefined nodular hepatic changes with an overt mass in the left cranial liver
- Emerging gallbladder mucocele
- Lipogranulomatous change in the spleen
- Pancreatic remodeling
- Gastric ingesta
- Age related renal changes

AGE

16.1 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

17 Pounds

Chronic inflammatory hepatopathy/cirrhosis suspected with potential for underlying neoplasia, given the mass effect. However, the mass effect may be secondary to hyperplastic changes associated with the degenerative hepatic process. Ultrasound guided FNA of the nodular mass in the left cranial liver as well as the general liver and/or core liver biopsy would be ideal. Gallbladder motility study would be indicated. The patient had a full stomach that would be consistent with post-prandial presentation. However, if NPO at the time of the sonogram, delayed outflow is likely. Some pancreatic remodeling was also noted. Prognosis is guarded. Sampling is necessary for further definition.

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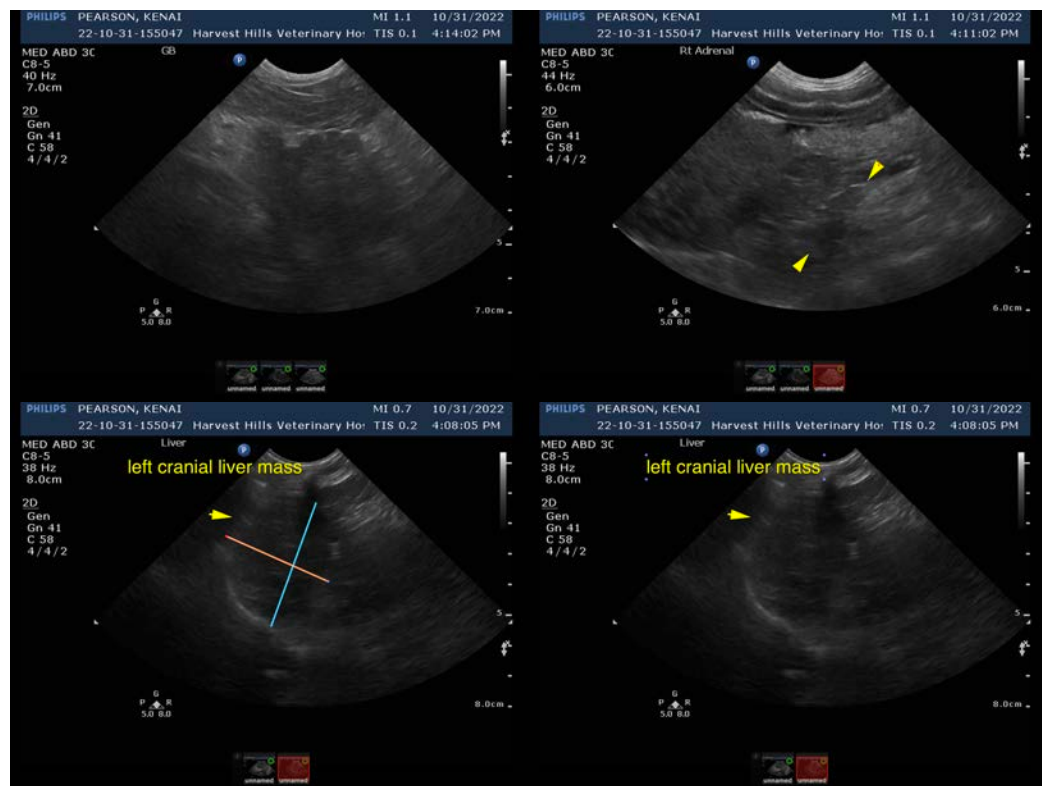
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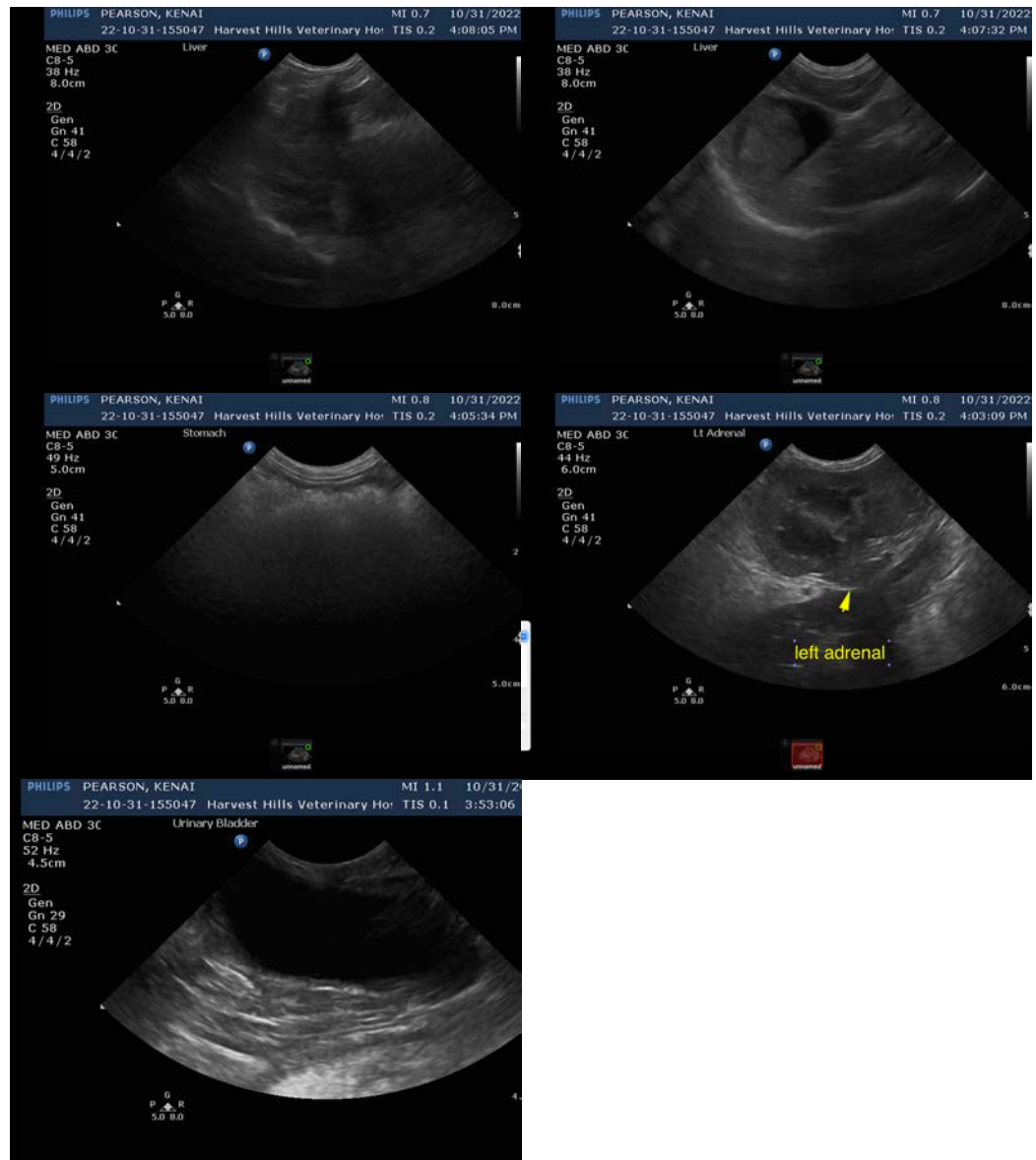
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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