



PATIENT

Gracie Slader

SPECIES

Canine

BREED

Boxer Mix

SEX

Spayed Female

AGE

4 years

WEIGHT

49 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Abdul Chani

HOSPITAL NAME

Byram AH

REFERRING VET

Dr. Abdul Chani

INVOICE

92785

DATE

11/2/21

PRESENTING CLINICAL SIGNS

History: Elevated Liver values otherwise no clinical signs. Current Meds: None
Abnormal PE/Chem/CBC/UA Results: CBC = Normal Chem : ALP = 247 U/L ; ALT = 408 U/L ; BUN = 5 mg/dl ; Rest is 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 was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.52 cm. The left kidney measured 6.77 cm. Pinpoint mineralization was noted.

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 2.48 x 0.6 cm at the cranial pole and 0.61 cm at the caudal pole. The right adrenal gland measured 3.05 x 0.71 cm at the caudal pole and 0.42 cm at the cranial 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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Increased portal markings were noted. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder in long axis measured 8.6 x 4.7 cm.



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Gastrointestinal

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

Non-specific inflammatory hepatopathy with emerging gallbladder mucocele.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

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Gallbladder motility study would be ideal in this patient and/or empirical trial of Ursodiol over the next 6-8 weeks with a recheck sonogram. There was no evidence of inflammation directly associated with the gallbladder. Ultrasound-guided FNA of the liver would be ideal to define inflammatory cell type.

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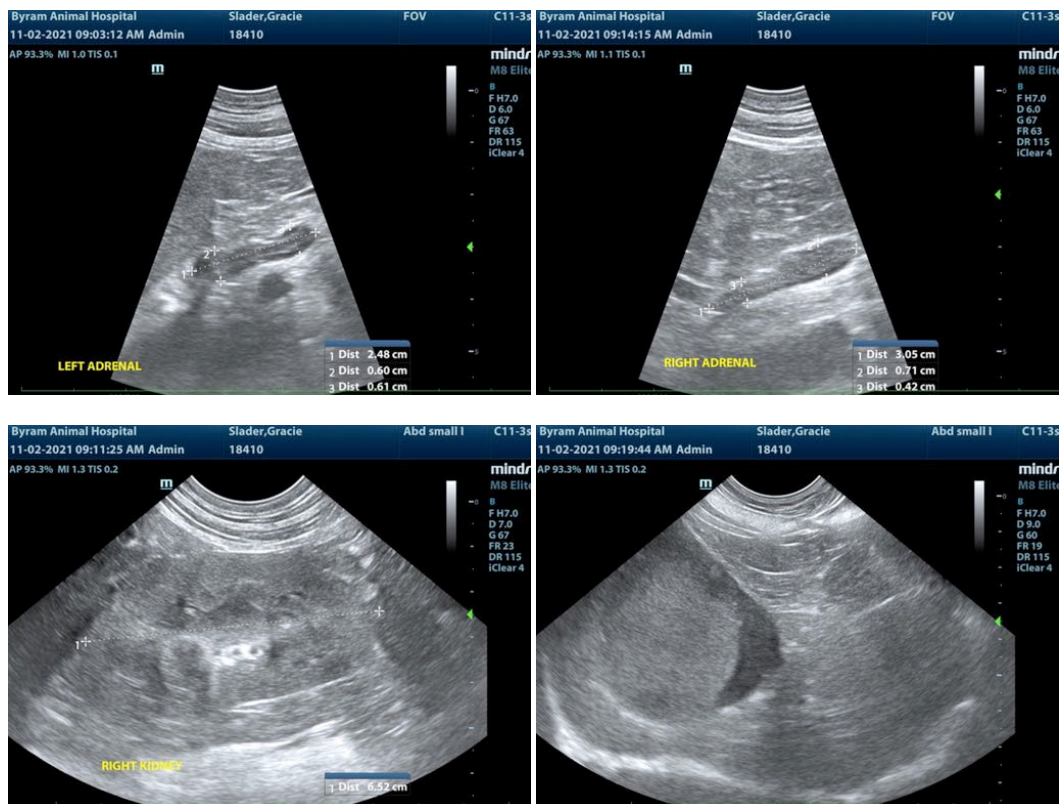
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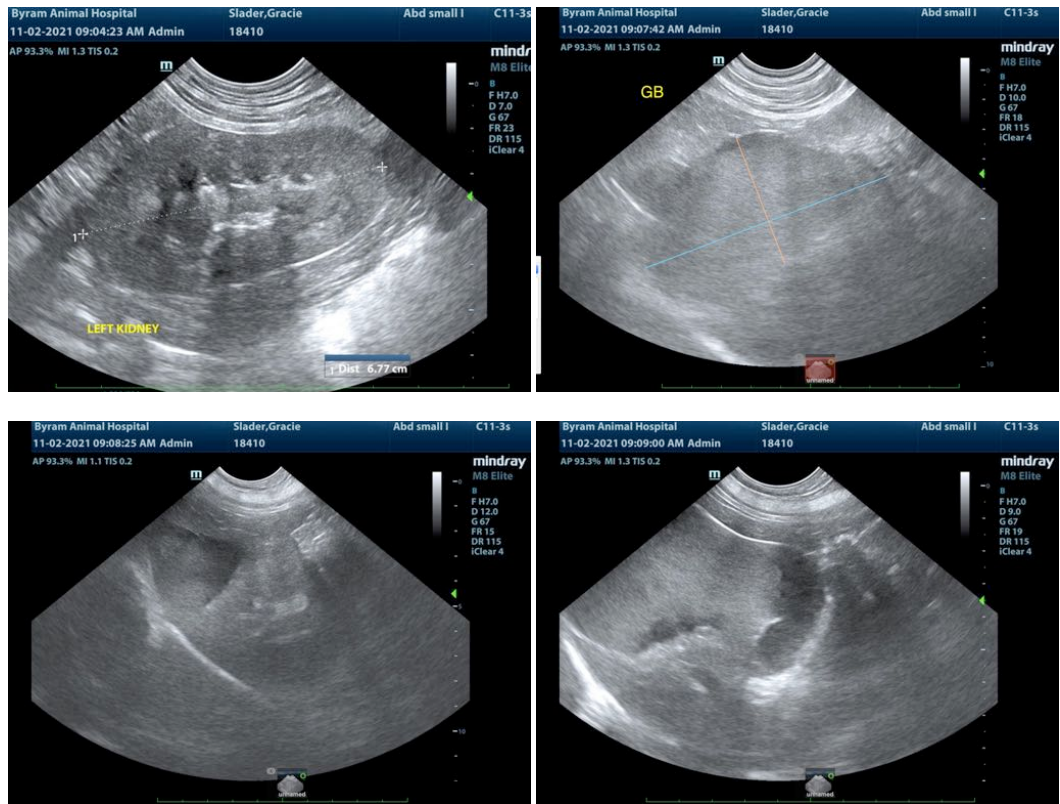
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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