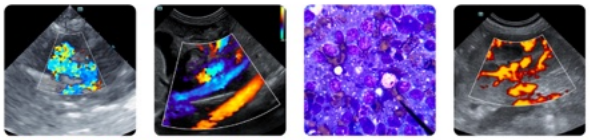

PATIENT

Valor Carpenter

SPECIES

Canine

BREED

Scottish Terrier

SEX

Neutered male

AGE

10 years

WEIGHT

20 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Dr. Hovis

INVOICE

69029

DATE

11/25/25

PRESENTING CLINICAL SIGNS

History: Has not had bowel movement in 24-48 hours Masticatory Muscle Atrophy Blood work in July 2025 alt 133 alkaline phosphatase 160 last radiographs 4-27-2021 and last ultrasound 7-22-2025 Most recent bloodwork: NuQ value 46 ALKP 154 T Bil 0.7 Calcium 11.5 Sodium 169 Chloride125 Triglycerides 310

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.1 cm. The right kidney measured 4.3 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 0.88 cm at the cranial pole and 0.65 cm at the caudal pole. The left adrenal gland measured 0.67 cm at the caudal pole and 0.72 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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Occasional, hyperechoic non-disruptive nodule was noted and measured up to 1.6 cm. This is most consistent with a lipid plaque or nodular hyperplasia. Vascular and

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biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder and common bile duct were unremarkable.

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. 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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable benign hepatopathy with mild, non-disruptive nodular changes.

Prominent pancreas, cannot rule out low-grade inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver can be considered for further definition given the patient's history. However, structurally the liver appears unremarkable, likely reactive hepatopathy. There was no evidence of neoplasia or significant disease.

Etiologies for the hepatopathy would be reactive hyperplasia, vacuolar, metabolic and chronic hepatitis with infiltrative neoplasia an unlikely differential diagnosis.

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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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com