



**PATIENT**

Kaz Plackowski

**SPECIES**

Canine

**BREED**

Red Heeler Mix

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

63.8

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Andrew Beachy

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Andrew Beachy

**INVOICE**

18839

**DATE**

11/26/22

**PRESENTING CLINICAL SIGNS**

History: Complete left lateral lobectomy and quadrate lobectomy preformed 2/18/22. LS Disease. Ataxic in the hind in. Histopath showed hepatocellular Carcinoma of the left. Nodular Hyperplasia of the quadrant lobe.

Abnormal PE/Chem/CBC/UA Results: Complete Blood Count NSF plt 550k Chemistry NSF ALT 205 (was 216 before liver sx) ALP 529 (was 895 before liver sx) Cholesterol 650 (92-324) Tri 390 (29-291) PSL 403

**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 1.0 cm beyond the cystourethral junction.

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 left kidney measured 6.0 cm. The right kidney measured 6.0 cm.

**Adrenal Glands**

The **adrenal glands** were not visualized.

**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 were noted.

**Liver**

Minimal left **liver** was visible in this patient, likely owing to lobectomy. The liver is subnormal in size owing to prior lobectomy. The right liver was unremarkable. Some portions of the liver were obscured by GI gas an artifact, however, there is no evidence of return of hepatic neoplasia. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. 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.

**Pancreas**



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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.

## SPECIES

Canine

## ULTRASONOGRAPHIC FINDINGS

- Partially full stomach
- No evidence of return of hepatic neoplasia. Liver subnormal in size owing to prior lobectomy.

## BREED

Red Heeler Mix

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of pathology in the liver or elsewhere.

## SEX

Neutered Male

## AGE

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## WEIGHT

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## REFERRING VET

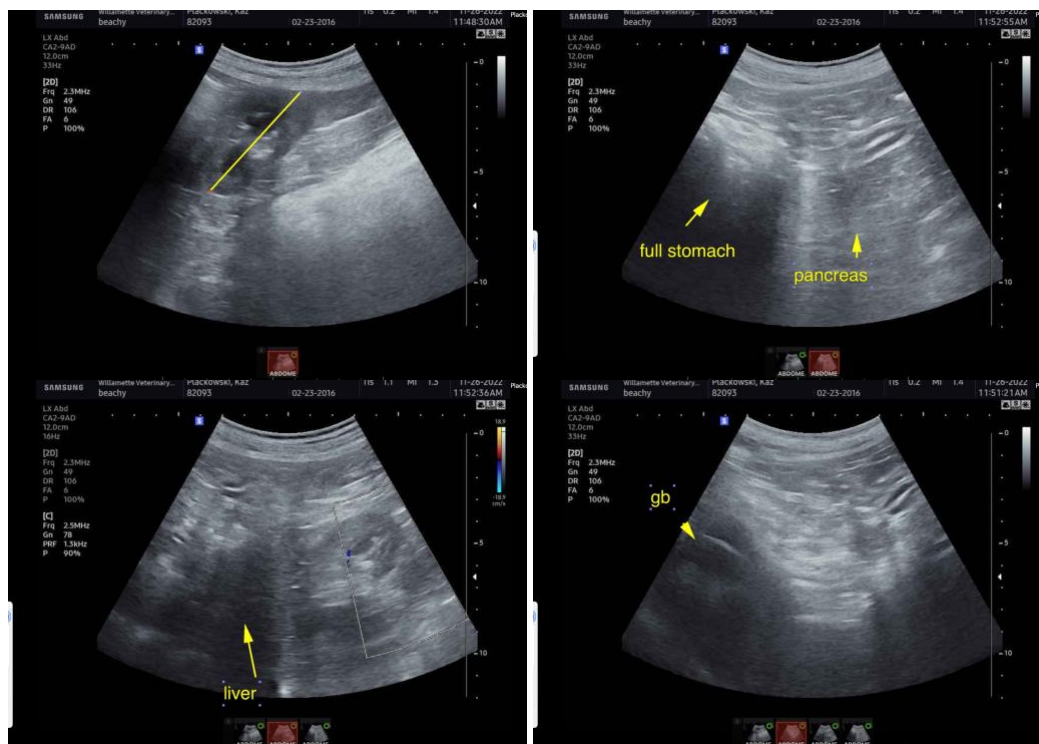
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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