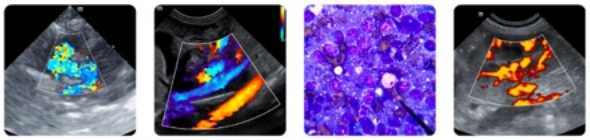

PATIENT

Jasmine Harriman

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Spayed female

AGE

10 years

WEIGHT

17 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Julie Deter

HOSPITAL NAME

Village VC California

REFERRING VET

Dr. Deter

INVOICE

69119

DATE

11/26/25

PRESENTING CLINICAL SIGNS

History: Right medial liver lobectomy performed May 2025 with narrow, clean margins. Follow up screening ultrasound. No clinical signs. Exam unremarkable other than chronic III/VI left systolic murmur.
Abnormal PE/Chem/CBC/UA Results: None- CBC/chem/T4/UA unremarkable 3 weeks ago.

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 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 4.35 cm. The right kidney measured 5.05 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 left adrenal gland measured 0.52 cm at the cranial pole and 0.56 cm at the caudal pole. The right adrenal gland measured 0.52 cm at the cranial pole and 0.46 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

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, non-disruptive, isoechoic to hypoechoic nodular change was noted throughout the liver. Slightly increased portal markings were noted. The right dorsal liver in this patient revealed a 1.3 x 2.8 cm mixed echogenic nodule impinging upon the vena cava. Depending on where the prior pathology was this may represent a recurrence or potential hyperplasia. This may be unrelated to the prior history. Vascular and biliary tracts were of normal volume and no evidence of

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congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes 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

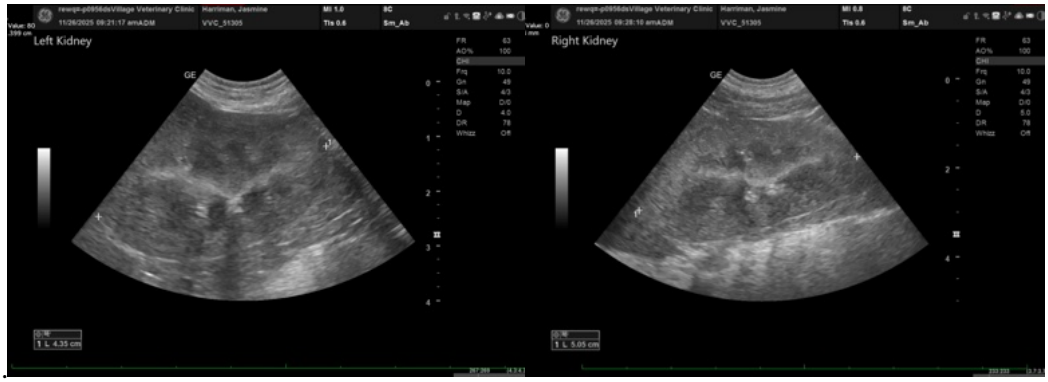
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain 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

Age related hepatic changes with macronodular changes in the region of the right dorsal liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

25-gauge FNA of the mixed echotextures of the hepatic nodule is recommended (see attached image). A recheck sonogram is recommended in 2-3 weeks if it is growing then surgical intervention is recommended for further removal. However, the remainder of the liver is most consistent with age related changes.



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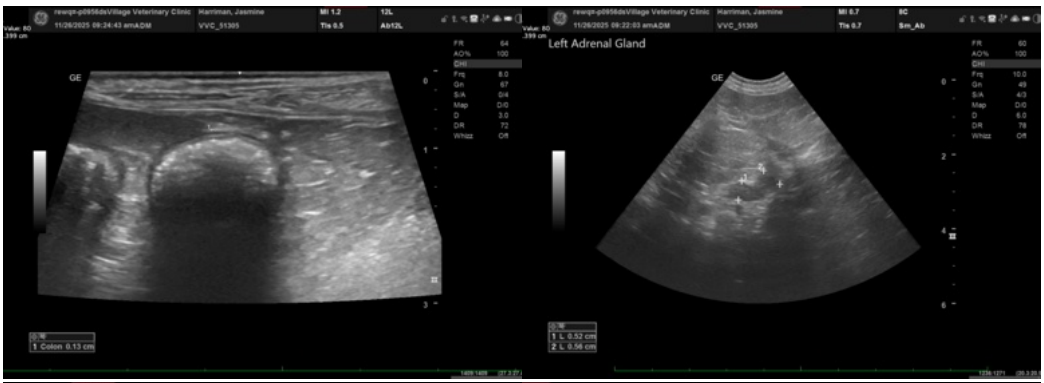

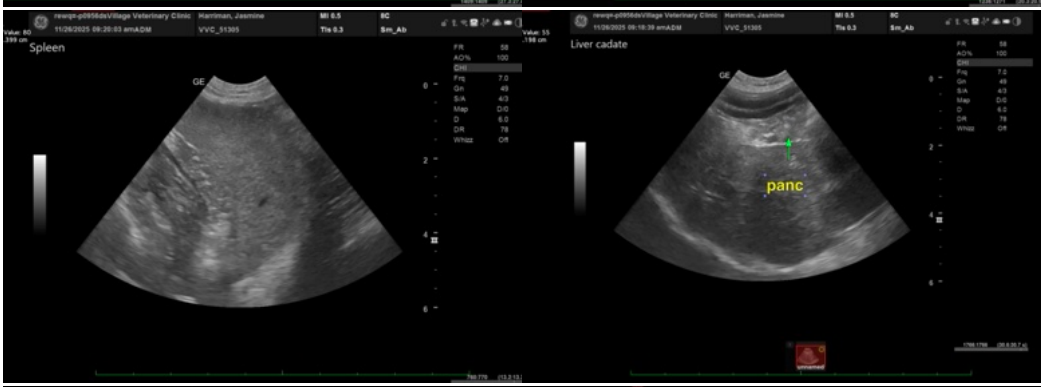

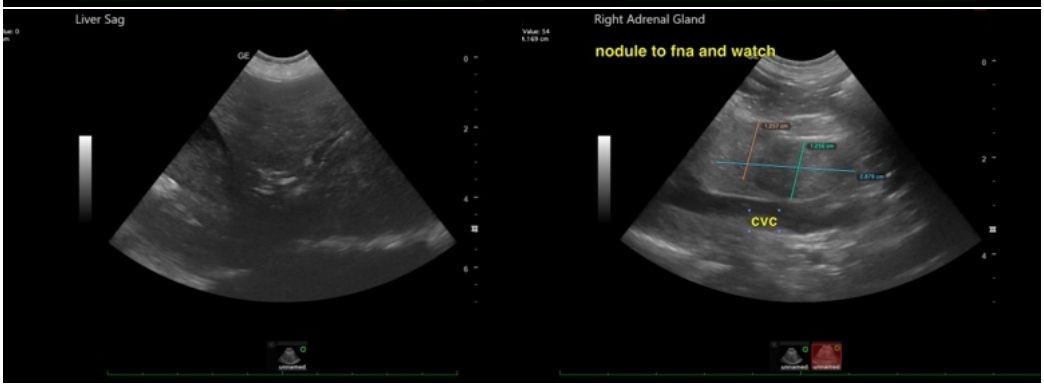

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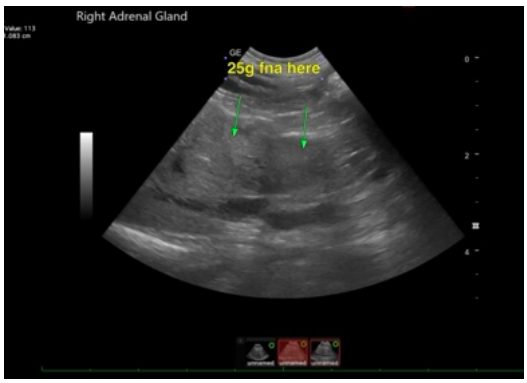

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com