



PATIENT PRESENTING CLINICAL SIGNS

Kenny Bishop

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Neutered male

AGE

9 years

WEIGHT

137 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Krell

HOSPITAL NAME

Paws and Prairie AC

REFERRING VET

Dr. Lukken

INVOICE

92934

DATE

11/9/21

History: Kenny has been seen at pDVM for routine care and diagnostics, blood work recently completed on 11/1/2021 and noted large increase ALKP from previous blood work. History of dermatological conditions (appears consistent with allergies) and has seen a dermatologist. Currently on Cytopoint, Heartgard and Nexgard. No strong signs of symptoms outside of allergies.

Abnormal PE/Chem/CBC/UA Results: 11/8/2021 PE: BAR, MM pink, slightly hyperemic. Temp 102.8F. BW 134 lbs. HR and Lungs auscult wnl. Coags are wnl. FNA completed of the liver nodules. Sent to University of Illinois. 11/1/2021 Chemistry ALB = 3.9 g/dL 2.2 - 3.9 ALKP = 1951 U/L H 23 - 212 ALT = 166 U/L H 10 - 125 AMYL = 902 U/L 500 - 1500 BUN/UREA = 21 mg/dL 7 - 27 Ca = 11.7 mg/dL 7.9 - 12.0 Chloride = 114 mmol/L 109 - 122 CHOL = 309 mg/dL 110 - 320 CREA = 1.5 mg/dL 0.5 - 1.8 GGT = 0 U/L 0 - 11 GLU = 102 mg/dL 70 - 143 LIPA = 1234 U/L 200 - 1800 PHOS = 3.5 mg/dL 2.5 - 6.8 Potassium = 4.3 mmol/L 3.5 - 5.8 Sodium = 155 mmol/L 144 - 160 TBIL = 0.5 mg/dL 0.0 - 0.9 TP = 8.1 g/dL 5.2 - 8.2 GLOB = 4.2 g/dL 2.5 - 4.5 ALB/GLOB = 0.9 BUN/CREA = 14 Na/K = 36 OSM calc = 309 mmol/kg CBC HCT = 51.5 % 37.3 - 61.7 HGB = 17.4 g/dL 13.1 - 20.5 MCHC = 33.8 g/dL 32.0 - 37.9 WBC = 12.27 K/uL 5.05 - 16.76 NEUT = 9.36 K/uL 2.95 - 11.64 %NEUT = 76.3 % EOS = 0.65 K/uL 0.06 - 1.23 %EOS = 5.3 % PLT = 247 K/uL 148 - 484 Retics = 30.6 K/uL 10.0 - 110.0 %Retics = 0.3 % RBC = 9.00 M/uL H 5.65 - 8.87 MCV = 57.2 fL 61.6 - 73.5 MCH = 19.3 pg L 21.2 - 25.9 RDW = 21.5 % 13.6 - 21.7 MPV = 13.4 fL H 8.7 - 13.2 PDW = 14.2 fL 9.1 - 19.4 PCT = 0.33 % 0.14 - 0.46 LYMPHS = 1.76 K/uL 1.05 - 5.10 %LYMPHS = 14.3 % MONOS = 0.48 K/uL 0.16 - 1.12 %MONOS = 3.9 % BASO = 0.02 K/uL 0.00 - 0.10 %BASO = 0.2 % RETIC-HGB = 21.1 pg L 22.3 - 29.6 Low RETIC-HGB - Decreased iron availability (consider inflammation, iron deficiency, PSS, breed-related microcytosis). 4DX negative all.

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. Slight mineralization was noted at the corticomedullary junction of the cranial pole of the right kidney. The right kidney measured 7.3 cm. The left kidney measured 7.72 cm.

Adrenal Glands

The left **adrenal gland** was mildly enlarged at the cranial pole and measured 1.3 cm at the cranial pole and 0.88 cm at the caudal pole and 4.0 cm in length. The right adrenal gland was normal in size and contour measuring 3.29 x 0.91 cm at the cranial pole and 0.6 cm at the caudal pole.



PATIENT

Spleen

Kenny Bishop

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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Liver

The **liver** revealed a hypoechoic, target type nodule in the left cranial liver measuring 1.29 cm. The majority of the liver revealed significant remodeling and irregular contour. Increased portal markings and coalescing nodular changes were noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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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.

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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

Hepatic nodule and hepatic remodeling.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the general liver parenchyma and nodular changes may allow for some cursory information. However, structural disease is suspected. Bile acids and biopsy could also be considered. Mild to minimal potential for neoplasia.

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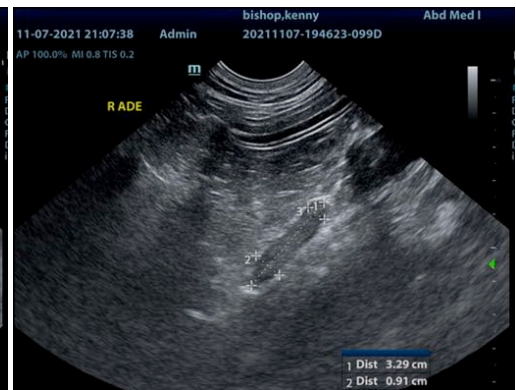
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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