



PATIENT

Yoda Jones Musel

SPECIES

Canine

BREED

Yorkie Poo

SEX

Neutered male

AGE

12 years

WEIGHT

20.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Lucas

HOSPITAL NAME

Taylorsville VC

REFERRING VET

Dr. Lucas

INVOICE

43141

DATE

12/15/22

PRESENTING CLINICAL SIGNS

History: Patient has a history of elevated ALP and had an abdominal ultrasound submitted to SonoPath on 6/15/22. This ultrasound is a 6 month recheck of an ill-defined liver mass detected at that scan. Patient has been on Denamarin since June. Clinically patient is doing well.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. A cortical cyst was noted in the left kidney. The left kidney measured 5.4 cm. The right kidney revealed an anechoic cyst at the caudal cortex. The right kidney measured 5.3 cm.

Adrenal Glands

The left **adrenal gland** was at the upper limits of normal. The left adrenal gland measured 0.94 cm at the caudal pole and 0.87 cm at the cranial pole. The right adrenal gland was visualized and was at the upper limits of normal. The right adrenal gland measured 1.15 cm at the cranial pole and 0.74 cm at the caudal 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 nodule noted at the prior sonogram appear to be stable and measures 3.0 x 2.6 cm. This is more of a nodule even though technically it is a mass given the size. It is only slightly hypoechoic and there is no significant disruption of architecture. This is suggestive for nodular hyperplasia and is likely benign. The remainder of the liver revealed a vacuolar hepatopathy pattern with minor remodeling. Other heterogenous nodular changes were noted in the liver. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.



PATIENT

Gastrointestinal

Yoda Jones Musel

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.

SPECIES

Canine

BREED

Yorkie Poo

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.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Enlarged left adrenal gland, upper limits of normal right adrenal gland.

AGE

12 years

Moderate degenerative renal changes with corticomedullary mineralization.

Persistent nodular hyperplasia liver pattern. No progression from the prior sonogram.

WEIGHT

20.6 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the hepatic nodule can be considered for further definition, yet subjectively appears benign. If the patient appears Cushingoid and urine specific gravity is less than 1.020 then work-up for PDH is indicated.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Lucas

HOSPITAL NAME

Taylorsville VC

REFERRING VET

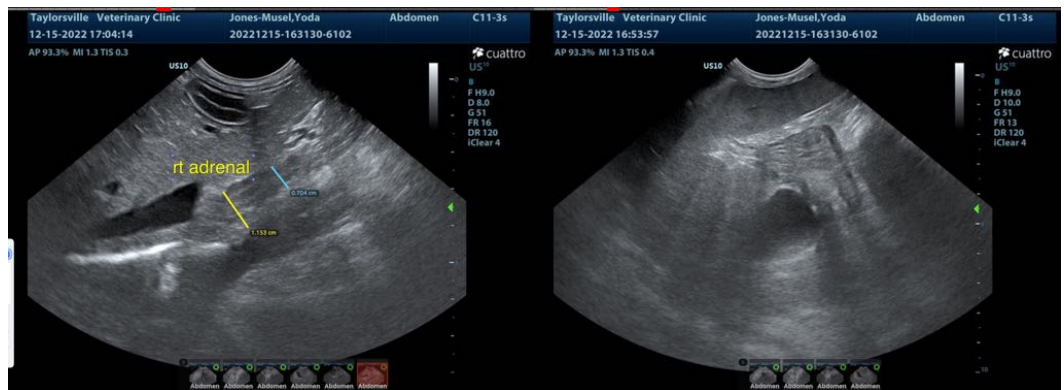
Dr. Lucas

INVOICE

43141

DATE

12/15/22





PATIENT

Yoda Jones Musel

SPECIES

Canine

BREED

Yorkie Poo

SEX

Neutered male

AGE

12 years

WEIGHT

20.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Lucas

HOSPITAL NAME

Taylorsville VC

REFERRING VET

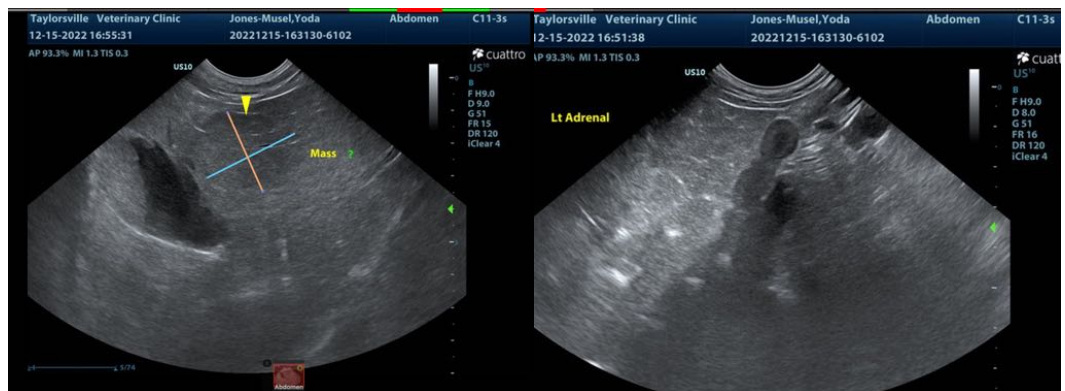
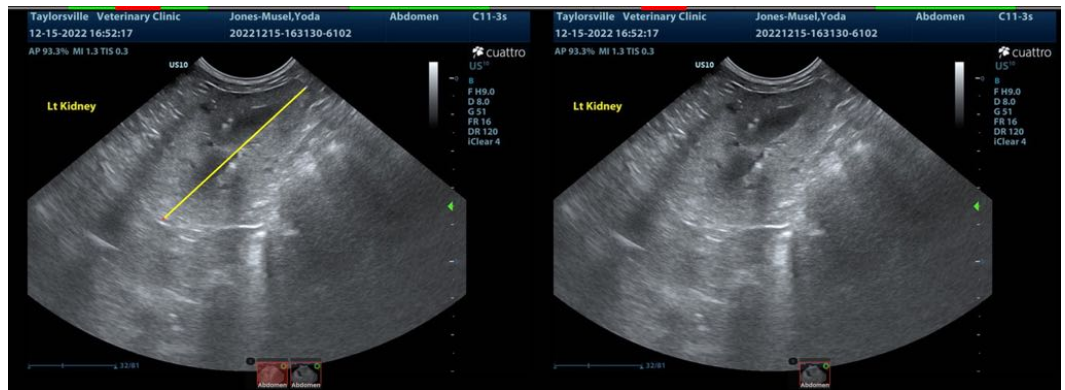
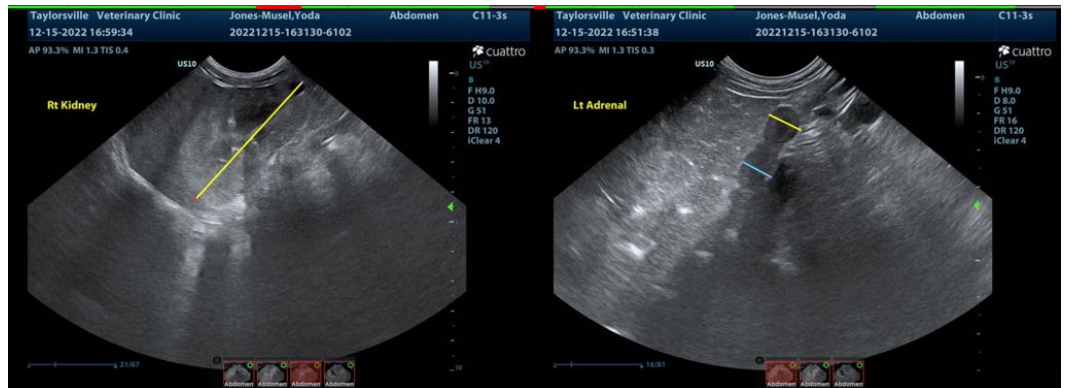
Dr. Lucas

INVOICE

43141

DATE

12/15/22



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, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com