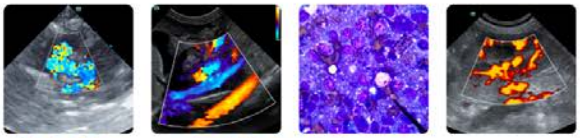

SonoPath www.carolinavetmobile.com
info@carolinavetmobile.com 800.808.5948

PATIENT

Lorraine Hopkins

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

11 Years 11 Months

WEIGHT

49.6 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Forest Oaks Animal Hospital

REFERRING VET

Dr. Coble

INVOICE

72701

DATE

12/18/25

PRESENTING CLINICAL SIGNS

P presented to ER clinic for distended abdomen, mostly clear fluid, thoracic rads reviewed by Radiologist found prominent aorta

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. Trace amount of sand and debris noted. No masses. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

The iliac trifurcation was unremarkable.

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. Right kidney measured 6.76 cm. Left kidney measures 5.54 cm.

Adrenal Glands

The **left adrenal gland** was 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. Left measured 2.29 cm x 0.60 cm at the caudal pole and 0.59 cm at the cranial pole.

The **right adrenal gland** revealed a hyperechoic expansive nodule at the cranial pole measuring 1.8 cm. The caudal pole measured 0.48 cm. Length measured 3.45 cm.

Spleen

The **spleen** was large, swollen, and congested owing to passive congestion pattern.

Liver

The **liver** presented heterogeneous mixed echogenic nodular changes, echogenic remodeling, and increased portal markings. Subnormal overall size with pronounced nodular changes at the right base. The gallbladder wall was thickened. Gallbladder sand noted. The portal vein was dilated. Regional hepatic lymph nodes were enlarged.

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 **pancreas** was hypoechoic, edematous and irregular, consistent with pancreatic edema.

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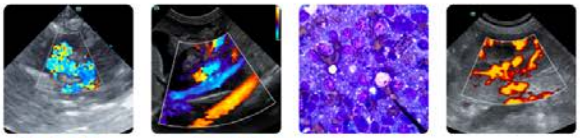

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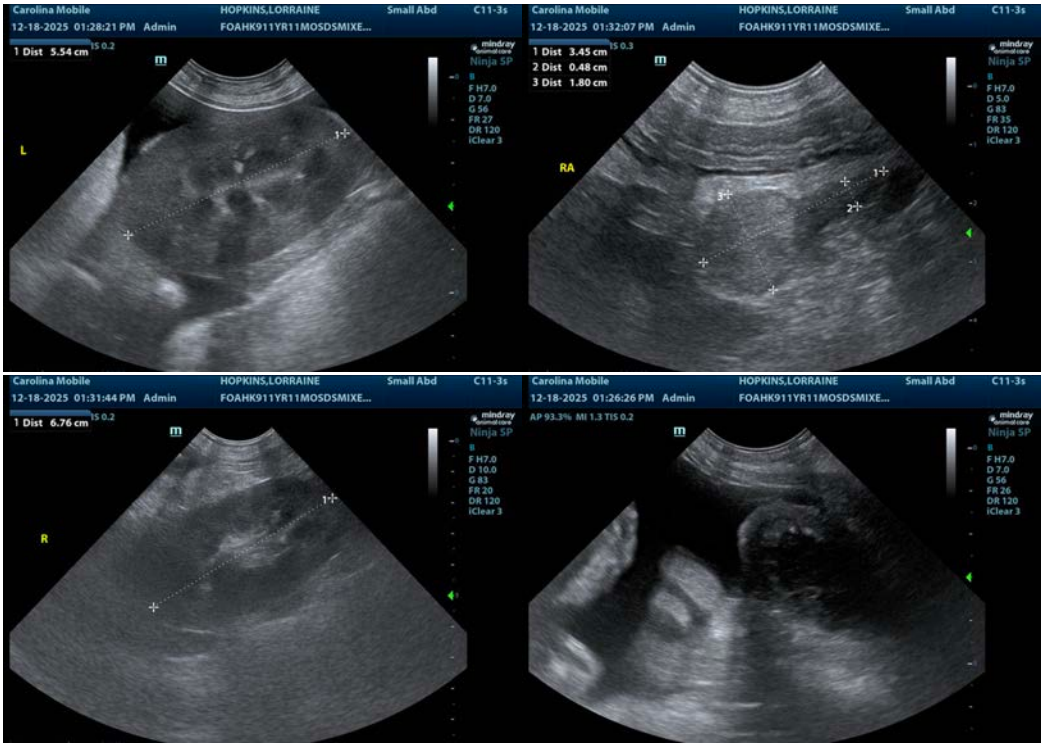
ULTRASONOGRAPHIC FINDINGS

- Hepatic cirrhosis pattern with concurrent pancreatitis and pancreatic edema.
- Hepatic lymphadenopathy.
- Secondary congested spleen owing to portal hypertension.
- Mildly thickened urinary bladder with trace sand and debris.
- Right adrenal nodule at the cranial pole.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prognosis is poor long-term in this patient. Supportive and palliative care for cirrhosis indicated. However, given the evidence of free fluid and portal hypertension, long-term viability is poor. FNA of the liver, spleen, pancreas, abdominocentesis and cytospin could all be considered for supportive information to rule out minor potential for underlying carcinomatosis, lymphomatosis. However, the pattern is most consistent with end stage liver disease with secondary portal hypertension and resultant splenic congestion. Pancreatic edema and some level of pancreatitis appears to be evident.



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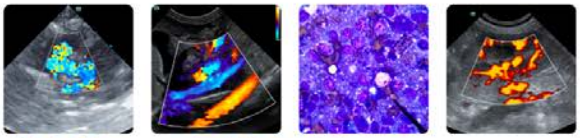

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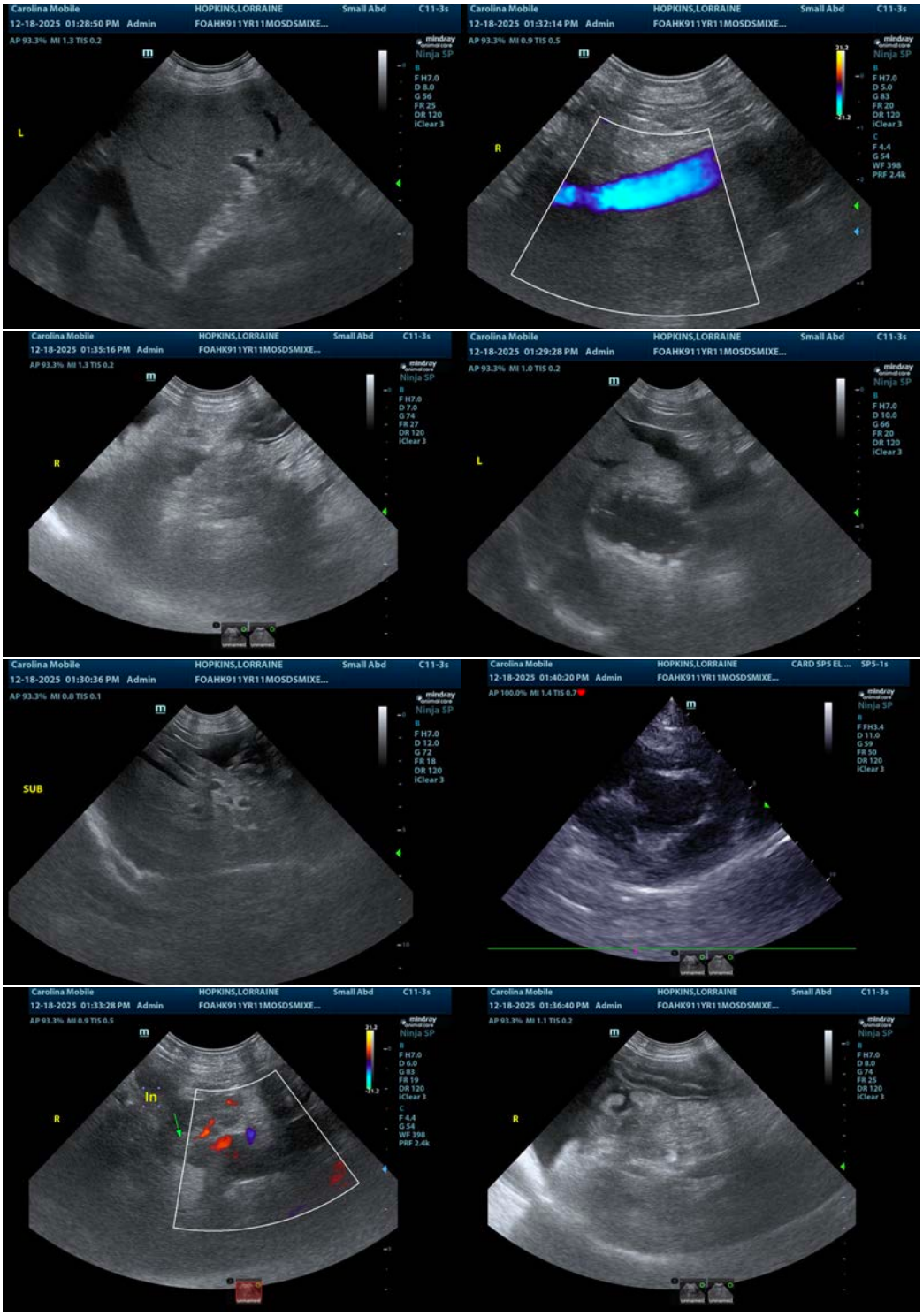

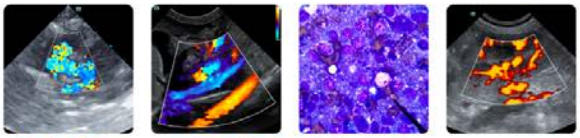

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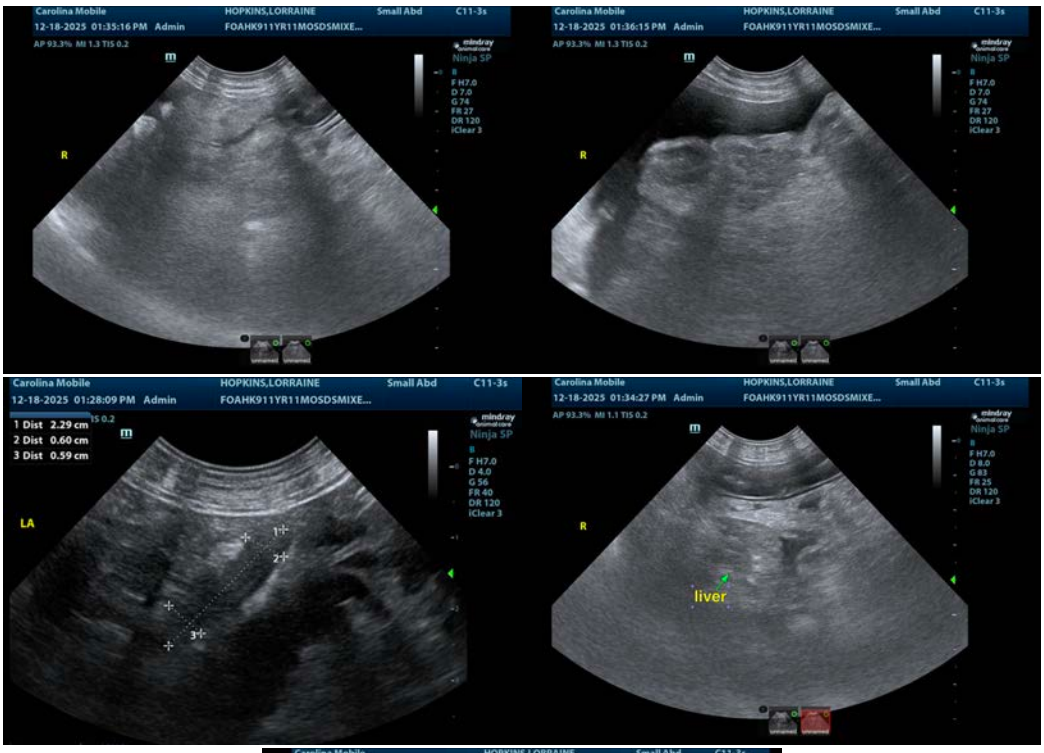

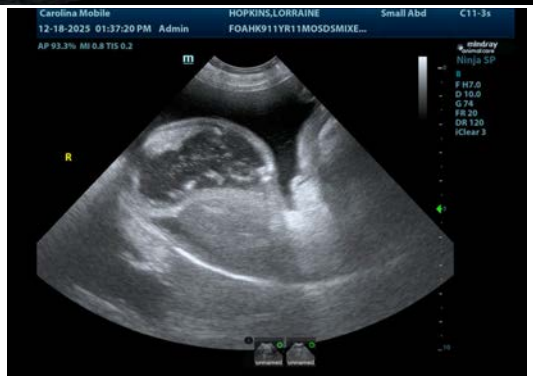

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com