



PATIENT

Lyla Iannino

SPECIES

Canine

BREED

Japanese Chin

SEX

Spayed Female

AGE

10 Years

WEIGHT

14.5 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Pompton Lakes AH

REFERRING VET

Dr. McConnell

INVOICE

13186

DATE

12/27/21

PRESENTING CLINICAL SIGNS

History: Liver enzymes elevated. R/o hepatopathy vs gall bladder issue vs neoplasia vs other. Current meds: Denamarin

Abnormal PE/Chem/CBC/UA Results: AST 81, ALT 186, ALK 1768, GGTP 41, Glucose 164, Chol 342 Precision PCL 243, WBC 17, Platelet count 443, Monocytes 1190, Neutrophils 13710

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 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild to moderate age-related loss of curvilinear patterns. Both kidneys presented pericapsular inflammatory pattern. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia was noted in the right kidney. The right kidney measured 4.27 cm. The left kidney measured 4.67 cm.

Adrenal Glands

The **right adrenal gland** was normal in size and contour, measuring 1.38 cm x 0.36 cm at the caudal pole and 0.46 cm at the cranial pole.

The **left adrenal gland** was enlarged and irregular, measuring 2.73 cm x 1.56 cm at the caudal pole and 0.66 cm at the cranial pole. Heterogeneous nodular changes were noted in the left adrenal gland.

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

Liver

The **liver** was diffusely hyperechoic to falciform fat with multifocal hypoechoic micronodular changes, non-disruptive. Occasional parenchymal cysts were noted, measuring up to 5 mm. The gallbladder and common bile duct were unremarkable. Cystic hepatic lymph nodes noted, measuring up to 1.5 cm x 1 cm.

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



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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.

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ULTRASONOGRAPHIC FINDINGS

- Enlarged irregular left adrenal gland. Left adrenal differentials include pheochromocytoma or adenocarcinoma. Hyperplasia possible yet less likely.
- Undefined hepatic nodules with hepatic lymphadenopathy. Differentials include nodular hyperplasia, round cell neoplasia or hepatitis.
- Splenic mineralization
- Age-related renal changes with right renal pyelectasia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the liver performed without complication recommended. I'm most concerned about the left adrenal gland in this patient as well as the liver given the hepatic lymphadenopathy. No free fluid noted in the abdomen post sampling nor other forms of complication.

AGE

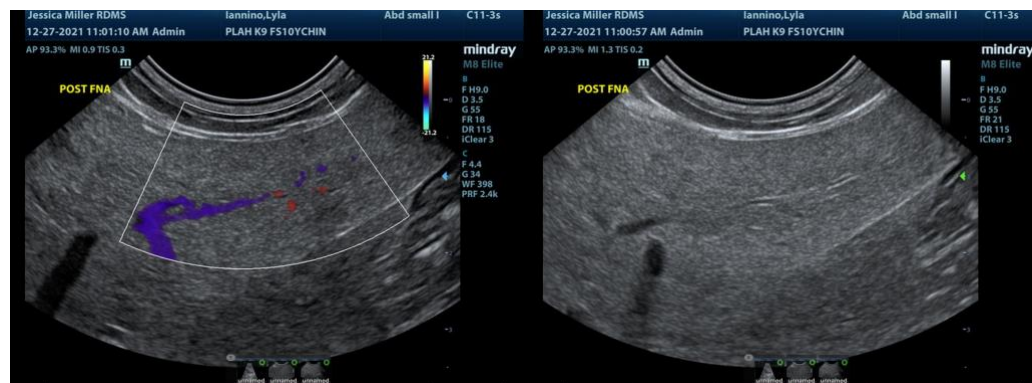
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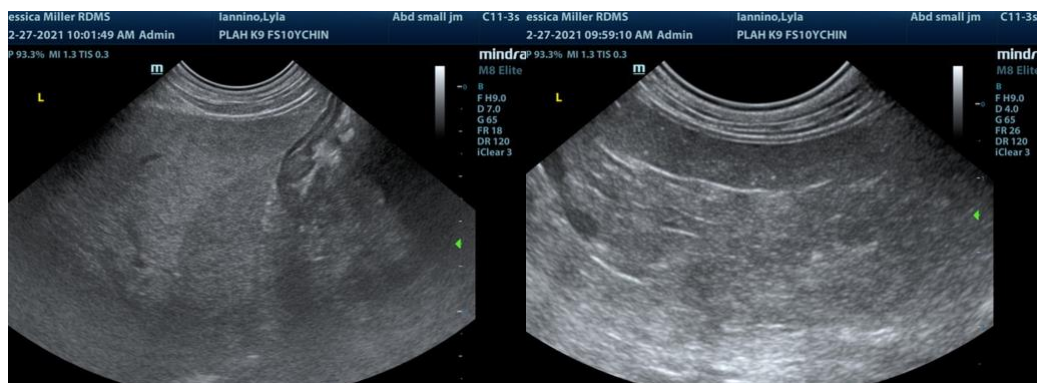
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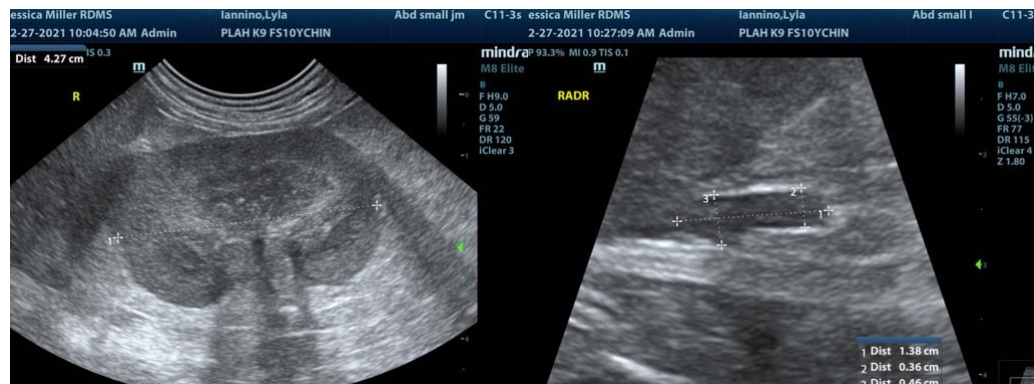
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Jessica Miller

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.

HOSPITAL NAME

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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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