



PATIENT

Cosmo Oszaczky

SPECIES

Canine

BREED

Siberian Husky

SEX

Neutered male

AGE

12 years

WEIGHT

72 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Beachy

INVOICE

94462

DATE

12/9/21

PRESENTING CLINICAL SIGNS

History: Presented for annual exam. History of otitis, arthritis, on Carprofen. Rectal exam, unremarkable

Abnormal PE/Chem/CBC/UA Results: platelets 762,000 TP 7.6 (5-7.4) ALT 147 (12-118) ALP 374 (5-131) GGT 13 (1-12) Ca 12.4 (8.9-11.4) iCa+ 1.51 (1.13-1.42)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was unremarkable; however, a small amount of sand accumulation was noted and non-obstructive measuring 1.0 cm as a grouping. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal.

The residual prostate measured 1.0 cm.

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. The left kidney measured 7.04 cm. The right kidney measured 7.0 cm.

Adrenal Glands

The regions of the adrenal glands were unremarkable.

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 **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. Isoechoic, hepatoma type lesions were noted in the caudate process and measured approximately 6.0 cm. The left liver revealed a similar swelling to the caudate process. The right cranial liver revealed a separate 3.0 cm nodule. There was no significant disruption of architecture. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component.



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Gastrointestinal

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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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Neutered male

ULTRASONOGRAPHIC FINDINGS

Bladder sand.

AGE

12 years

Subjectively benign hepatopathy with isoechoic nodular changes and hepatoma type formation. Subjectively benign.

Otherwise, age related abdominal changes.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is recommended for further definition. Right intercostal approach to FNA would be appropriate. There is a minor potential for more significant infiltrative hepatic disease.

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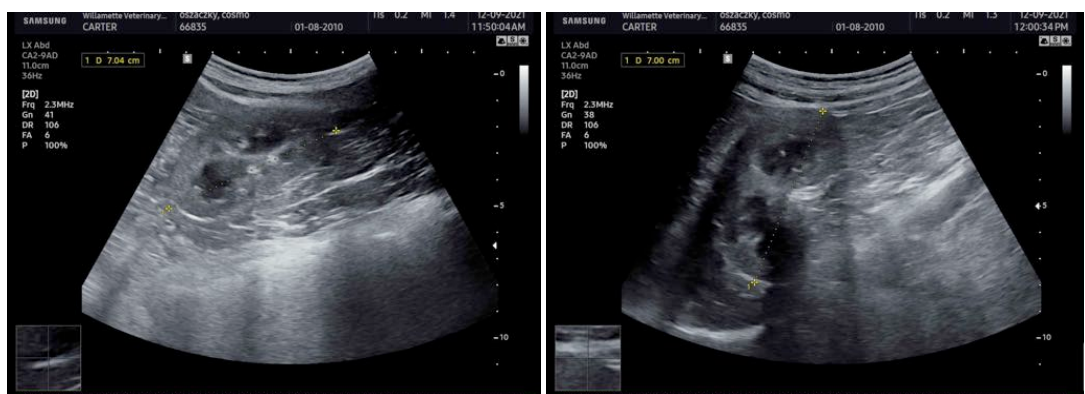
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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