



PATIENT

PRESENTING CLINICAL SIGNS

Indy Pena

History: Elevated liver enzymes. Current meds: Pepcid
Abnormal PE/Chem/CBC/UA Results: ALT 123 (118H); ALP 678 (131H)

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mix

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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.

SEX

Spayed Female

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. The left kidney measured 6.02 cm. The right kidney measured 5.6 cm.

AGE

11 years

WEIGHT

54.5 lbs

Adrenal Glands

Both **adrenal glands** were 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. The left adrenal gland measured 2.25 x 0.59 cm at the cranial pole and 0.63 cm at the caudal pole. The right adrenal gland measured 3.01 x 1.88 cm at the cranial pole and 0.88 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

Spleen

The **spleen** revealed mild enlargement. Mild, uniform splenic swelling was noted with minor, heterogenous parenchymal changes.

HOSPITAL NAME

Newton VH

Liver

REFERRING VET

Dr. Kim

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. A hyperechoic, 2.72 cm nodule was noted in the left medial liver. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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PATIENT

Gastrointestinal

Indy Pena

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

Mix

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

Spayed Female

Heart

Rapid view of the heart revealed no evidence of pathology.

AGE

11 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

54.5 lbs

Age related hepatic changes with undefined liver nodule. Likely benign.

Enlarged spleen, likely reactive.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a potential for low-grade carcinoma. If weight loss is an issue then FNA of the spleen and liver is recommended.

IMAGING PERFORMED BY

Shari Reffi, CVT

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REFERRING VET

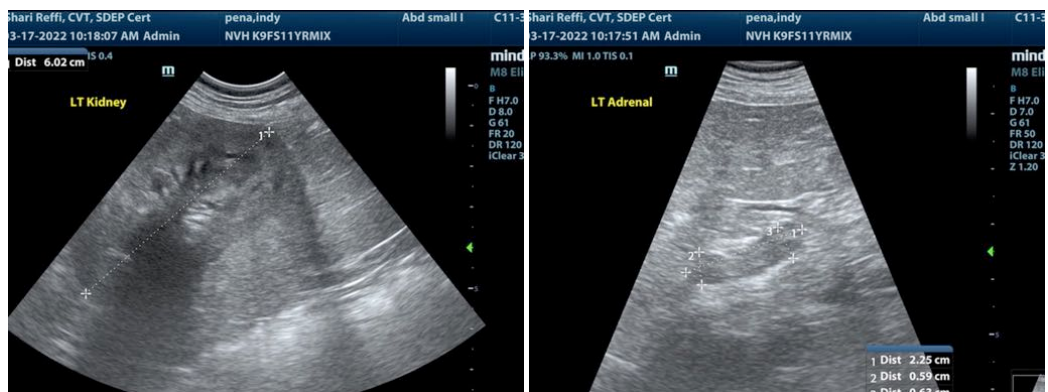
Dr. Kim

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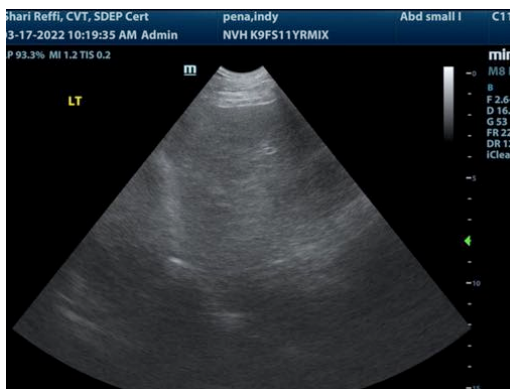
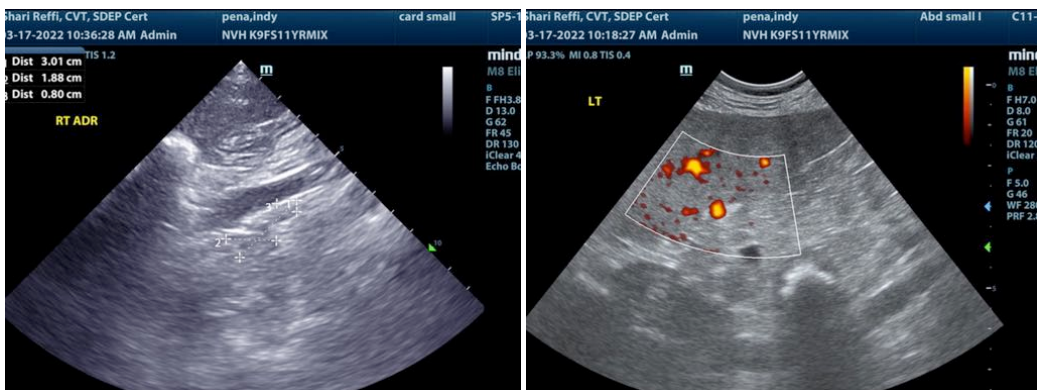
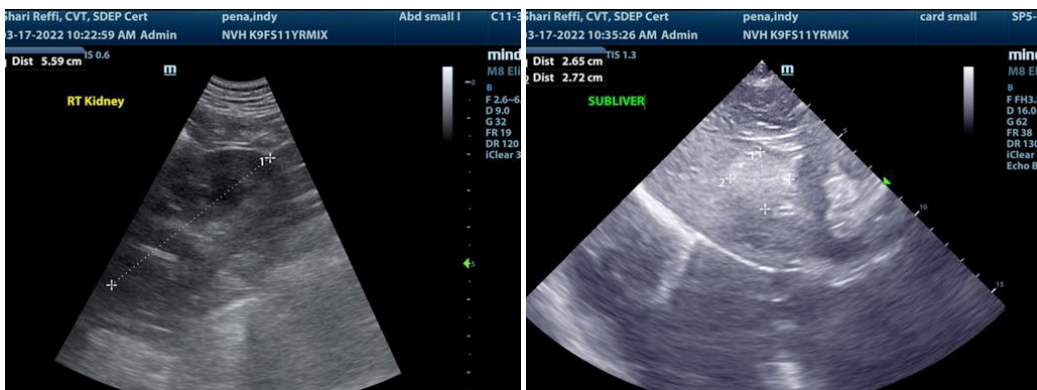
Dr. Kim

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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, Cert. IVUSS, CEO of SonoPath.com
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