



PATIENT

Lucy Elliott

SPECIES

Canine

BREED

Catahoula Leopard
Dog

SEX

Spayed Female

AGE

12 Years

WEIGHT

70 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Bethany Coe

HOSPITAL NAME

Riverside AC

REFERRING VET

Dr. Bethany Coe

INVOICE

36318

DATE

3/18/22

PRESENTING CLINICAL SIGNS

Elevated liver enzymes noted in 12/2019. Progressive elevations in ALKP and ALT (ALKP most significantly elevated). No history PU/PD per owner. Patient examined in 1/2022 for ruptured right CrCL...ultrasound for more info ahead of potential anesthesia/MRIT repair.

Abnormal PE/Chem/CBC/UA Results: CBC (10/2020): WRI. No recent CBC done Most recent mini Chem profile/Liver panel: ALT 323U/L, ALKP 1934U/L. GGT/TBili/AST all WRI

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 3.0 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 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. The right kidney measured 5.8 cm. The left kidney measured 6.95 cm.

Adrenal Glands

The **right adrenal gland** measured at upper limits of normal to slightly enlarged, measuring 2.9 cm x 1.31 cm at the cranial pole and 0.97 cm at the caudal pole. The **left adrenal gland** was enlarged at 9.0 mm in width.

Spleen

The **spleen** revealed a mixed echogenic mass at the mid body, measuring 3.35 cm. This may be benign, hyperplasia versus stromal tumor. Minor potential for round cell neoplasia or hemangiosarcoma.

Liver

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. 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. The gallbladder presented multiple calculi, polypoid changes, overdistention, suspended debris, and dependent sand, consistent with chronic cholecystitis and gallbladder calculi. Fibrosis of the gallbladder wall noted.

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.



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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

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- Bilateral adrenal hypertrophy – potential PDH versus hyperplasia
- Chronic cholangitis pattern
- Fibrosed gallbladder wall, polypoid changes, calculi
- Splenic mass

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

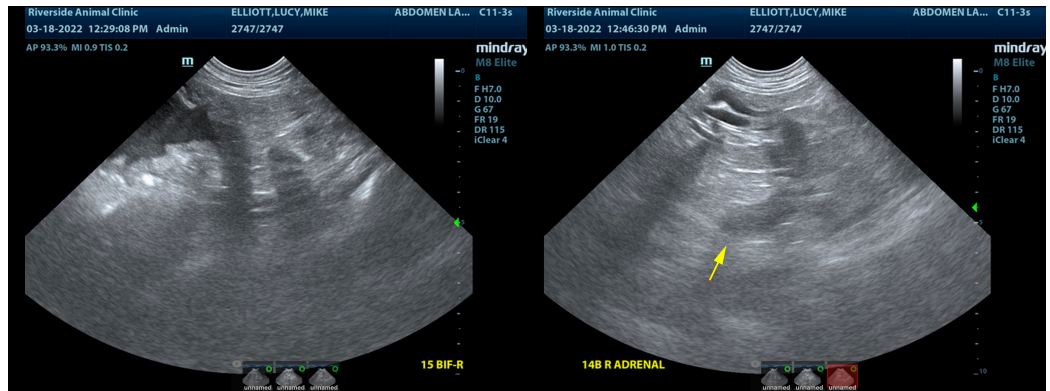
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Splenectomy and cholecystectomy would be ideal in this patient. Even though not a typical mucocele formation, it is likely dysfunction. No obstructive disease noted. FNA of the splenic mass could be considered for further definition. If USG is <1.020, then workup for emerging PDH indicated. However, my personal approach on this case would be chest radiographs, echocardiogram, splenectomy, and cholecystectomy. However, medical management could be considered, yet if surgery is not to be performed, monitoring of the gallbladder and splenic lesion recommended after 4 weeks of therapy. Ursodiol over 6 weeks, Enrofloxacin/Metronidazole combination could be considered to treat the A of the splenic mass.

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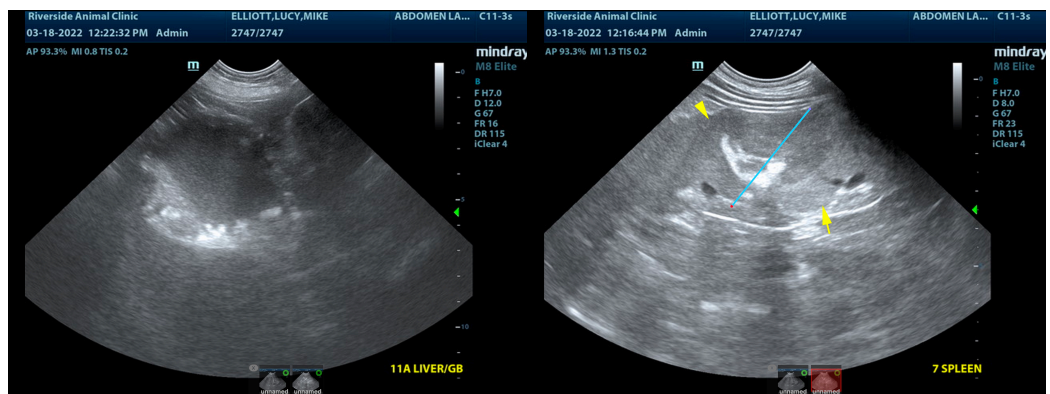
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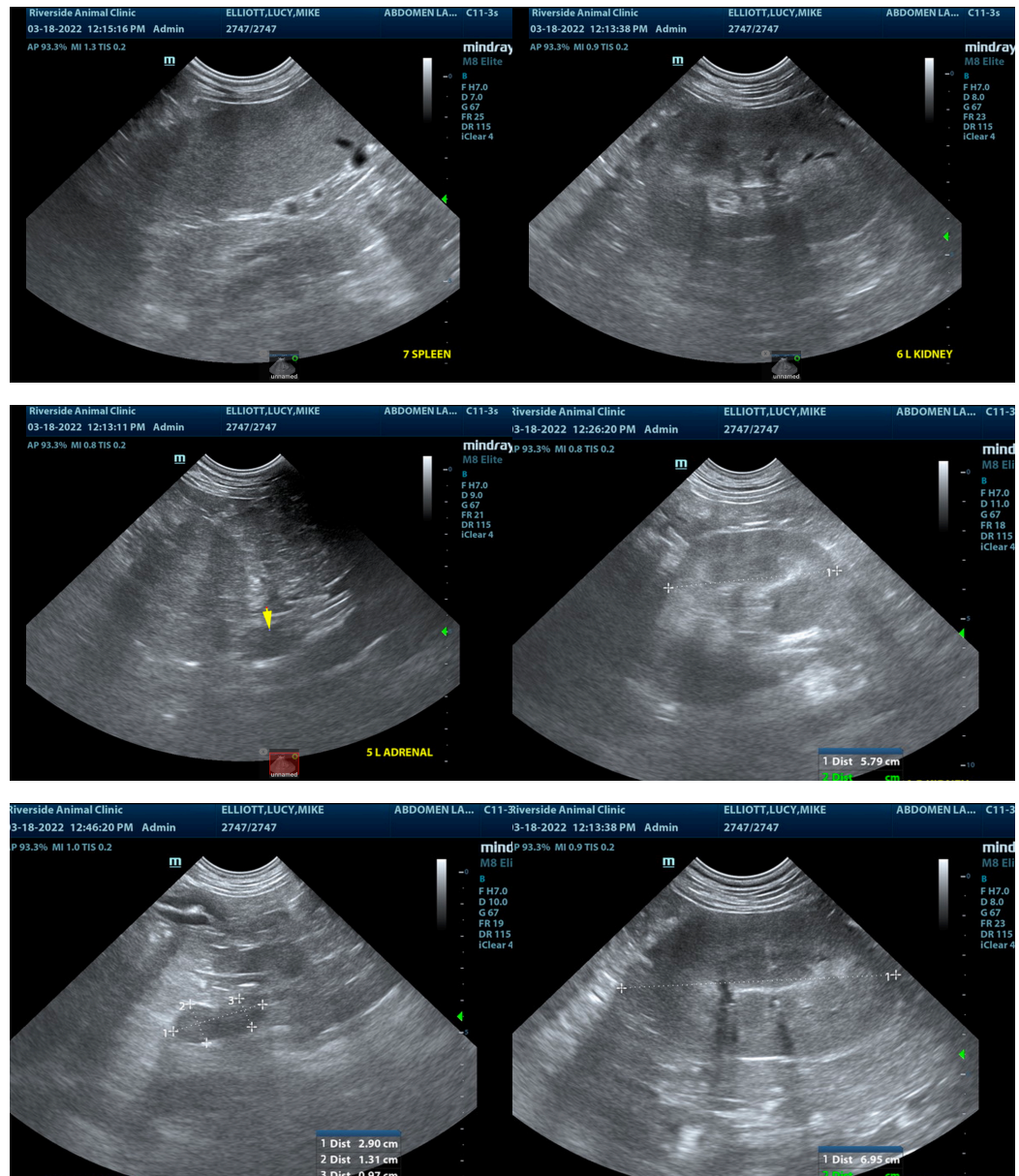
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com