



**PATIENT**

Mika Duffney

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Spayed female

**AGE**

11 years

**WEIGHT**

24.7 kg

**PRESENTING CLINICAL SIGNS**

History: was treated with Doxy for anaplasmosis infection; and upon recheck the liver enzymes were elevated - no clinical signs; chemistry panel was not performed at the time of Dx of anaplasmosis liver was difficult to image

Abnormal PE/Chem/CBC/UA Results: CBC - NSF Chem - ALT 570 U/L (10 - 125) ; AST 127 U/L (0 - 50) ALKP 1319 U/L (23 - 212); remainder of a modified chem panel normal

**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 was noted. Ureteral papillae were normal.

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 5.54 cm. The left kidney measured 5.77 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Trudeau

**HOSPITAL NAME**

Petworks VH

**REFERRING VET**

Dr. Trudeau

**INVOICE**

43354

**DATE**

3/20/23

**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 right adrenal gland measured 0.61 cm at the cranial pole and 0.51 cm at the caudal pole. The left adrenal gland measured 0.37 cm at the caudal pole and 0.51 cm at the cranial pole.

**Spleen**

The **spleen** was uniform in size and contour with minor, heterogenous parenchymal changes. There was no evidence of significant disease.

**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. Minor gallbladder polyps and debris were noted. Occasional, hypoechoic, non-distruptive nodular change was noted. 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. There was no overt suspicion of neoplasia.



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**Gastrointestinal**

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There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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**

Pitbull

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

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

Vacuolar hepatopathy, nodular hyperplasia liver pattern.

11 years

Otherwise, age related abdominal changes.

**WEIGHT**

24.7 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the liver is indicated for further definition. Neoplasia is unlikely.

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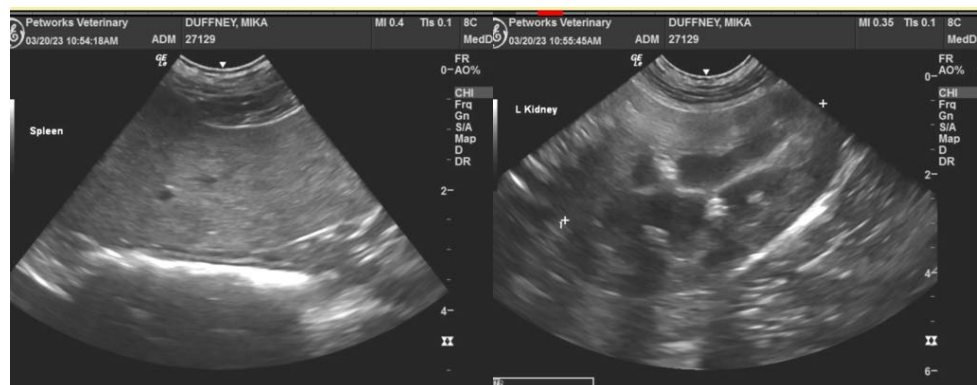
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

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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.

**BREED**

Pitbull

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

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