



PATIENT

Haze Hall

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

13 years

WEIGHT

52.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Brooklyn Heights VH

REFERRING VET

Dr. Thomson

INVOICE

94935

DATE

3/29/22

PRESENTING CLINICAL SIGNS

History: History of Pancreatitis/liver mass Vomiting + diarrhea Evaluate for neoplasia vs pancreatitis
Labs, Radiographs, previous Ultrasound attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, apical wall was thickened with echogenic mucosal remodeling. A minor amount of debris was noted. 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 this age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 7.46 cm. The left kidney revealed slight pyelectasia. The left kidney measured 6.75 cm.

Adrenal Glands

The right **adrenal gland** was uniform and measured 3.32 x 1.17 cm at the caudal pole and 0.87 cm at the cranial pole. The left adrenal gland was enlarged at the caudal pole. A 1.19 x 0.86 cm hypoechoic nodule was noted and is expansive upon the caudal pole. The cranial pole measured 0.56 cm and 2.98 cm length.

Spleen

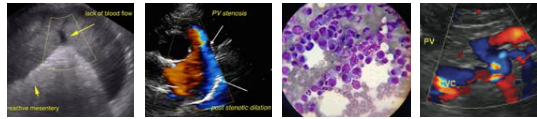
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or 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. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. Hyperechoic nodular changes were noted in the liver. This is consistent with lipogranulomas. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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



PATIENT

Haze Hall

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

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.

BREED

Mix

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

Subjectively benign vacuolar hepatopathy and nodular hyperplasia liver pattern.

Minor renal pyelectasia, slight left adrenal nodule. Hyperplasia is likely or adenoma.

AGE

13 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is warranted for further definition. An argument could be made for potential emerging pituitary dependent Cushing's disease. If the urine specific gravity is persistently less than 1.020 then work-up for Cushing's is indicated. The cause of vomiting is unclear. Structurally insignificant GI upset is suspected. Supportive care should prove effective.

WEIGHT

52.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Brooklyn Heights VH

REFERRING VET

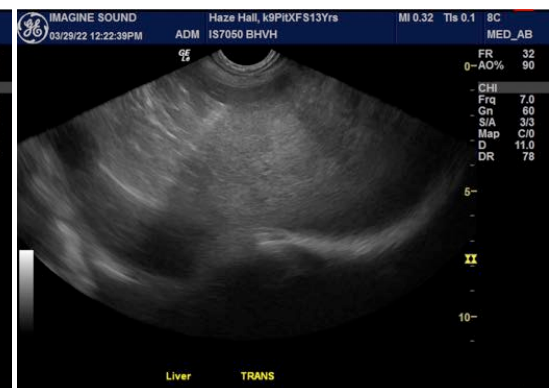
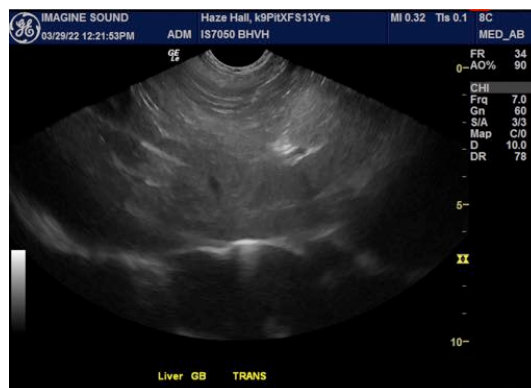
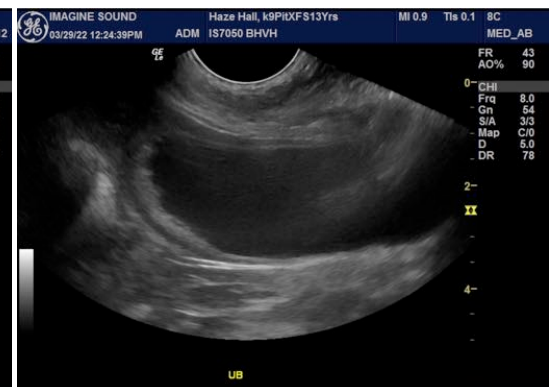
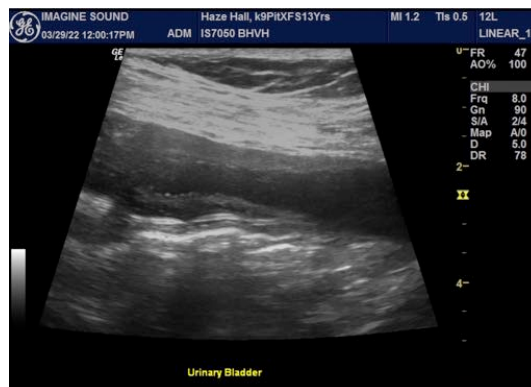
Dr. Thomson

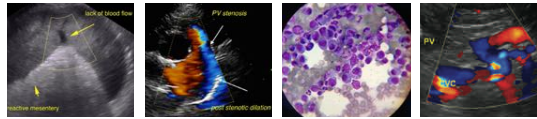
INVOICE

94935

DATE

3/29/22





PATIENT

Haze Hall

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

13 years

WEIGHT

52.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Brooklyn Heights VH

REFERRING VET

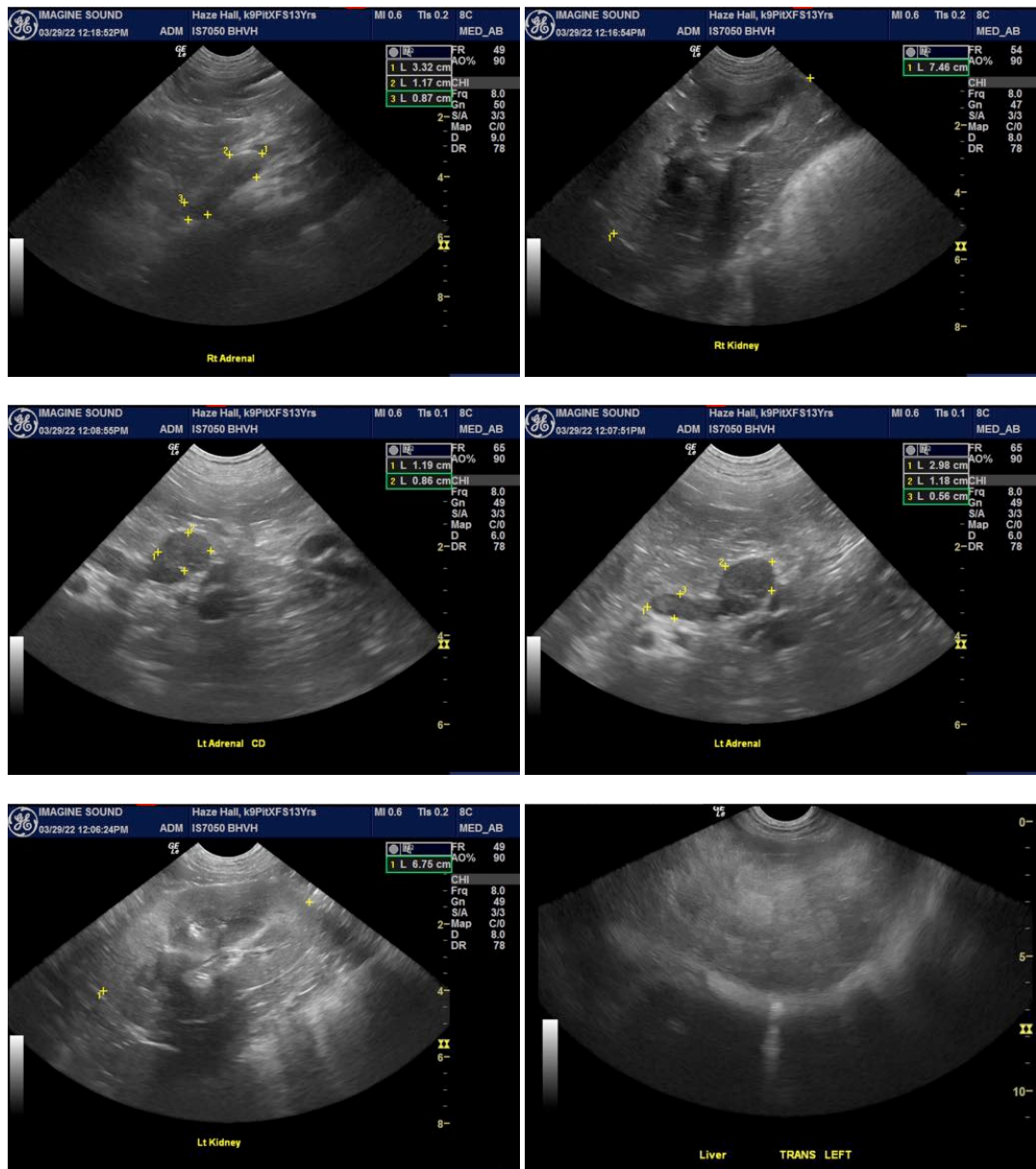
Dr. Thomson

INVOICE

94935

DATE

3/29/22



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
Eric.Lindquist@SonoPath.com