



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Kali Barley
SPECIES Canine
BREED Rottweiler
SEX Spayed Female
AGE 10 years
WEIGHT 117 lbs

P presented in March 2022 for wellness appointment - owner had reported that Kali had an episode of 'wobbliness' for short period before recovering. Bloodwork was performed at that time and FAST scan of abdomen showed no free fluid. At recheck visit, owner reported that no further strange episodes were noted at home. Had been working on weight loss, abdominal U/S was recommended due to elevated UPC, ALP noted on labwork.
 Abnormal PE/Chem/CBC/UA Results: Platelets 660 (143 - 448 K/ μ L) ALP 466 (5 - 160 U/L) Cholesterol 394 (131 - 345 mg/dL) UPC 2.1 (<0.5)

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 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 right kidney measured 8.6 cm. The left kidney measured 7.1 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 3.8 x 0.74 cm at the caudal pole and 0.61 cm at the cranial pole. The right adrenal gland measured 3.18 x 1.9 cm at the cranial pole.

IMAGING PERFORMED BY

Jack Reese

HOSPITAL NAME

Willow Run VC

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.

REFERRING VET

Dr. Latham

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Liver

The **liver** revealed a mixed, echogenic mass that occupied the left liver and measured 5.6 cm at maximum width. There was mild disruption of architecture noted. Other localized nodular changes were present. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal.

DATE

4/13/22



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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

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

AGE

10 years

ULTRASONOGRAPHIC FINDINGS

Nodular left liver lesion with overt mass. Hepatoma versus carcinoma or pronounced nodular hyperplasia, likely independent from the clinical history

WEIGHT

117 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the hepatic lesion is recommended. CT evaluation for potential surgical planning is indicated. Other causes of the clinical signs such as paroxysmal arrhythmia, heart disease, orthopedic or CNS disease should all be considered.

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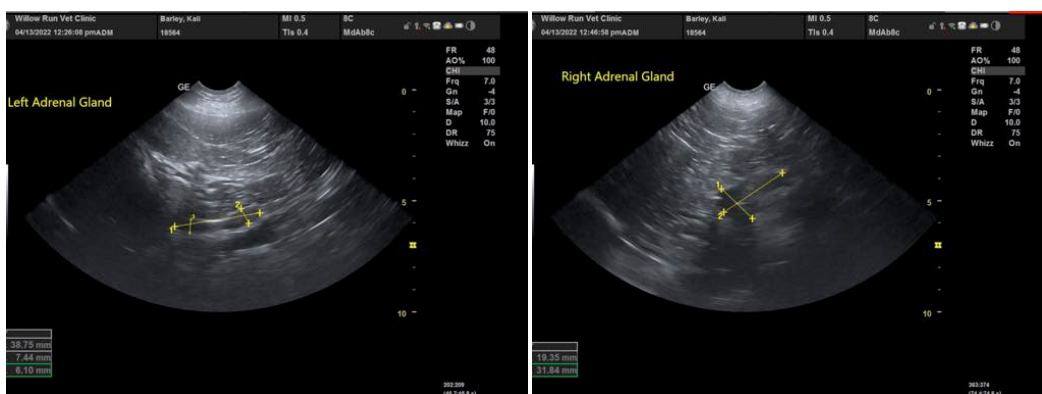
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