



PATIENT

Rudy Flynn

PRESENTING CLINICAL SIGNS

Presented for U/S of liver
Abnormal PE/Chem/CBC/UA Results: ALT: 296, Tbili: 2.8TP: 9.7, ALB: 4.5, Glob: 5.2,

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Golden Doodle

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. The residual prostate measured 8.0 mm.

SEX

Neutered Male

AGE

10 Years

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 left kidney measured 7.75 cm.

WEIGHT

90 Pounds

Adrenal Glands

The **left adrenal gland** was slightly enlarged, measuring 3.14 cm x 1.11 cm at the caudal pole and 0.90 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV

The **right adrenal gland** was slightly enlarged, measuring 3.13 cm x 0.39 cm at the caudal pole and 1.19 cm at the cranial pole.

DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Dr. Rodriguez

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 were noted.

HOSPITAL NAME

Foxfield Vet Services

Liver

The majority of the **liver** was unremarkable. The left cranial liver revealed a round, 4.0 cm, isoechoic mass adjacent to the diaphragm. The gallbladder and common bile duct were unremarkable. No evidence of post-hepatic obstruction.

REFERRING VET

Dr Rodriguez

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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DATE

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Pancreas

Rudy Flynn

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Left cranial liver mass – possibly benign.

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Golden Doodle

Hepatoma versus carcinoma or round cell neoplasia. FNA of the mass as well as the general hepatic parenchyma warranted. The mass may be an incidental finding. Leptospirosis titers warranted, given the patient history. No evidence of post-hepatic obstruction.

SEX

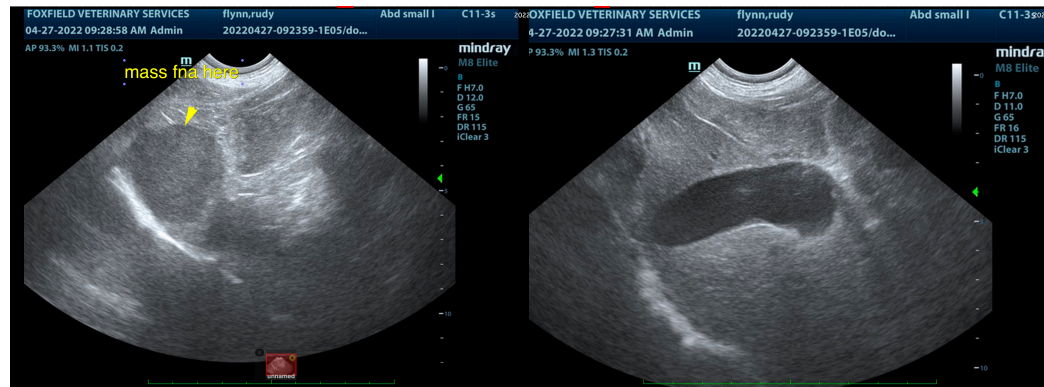
Neutered Male

AGE

10 Years

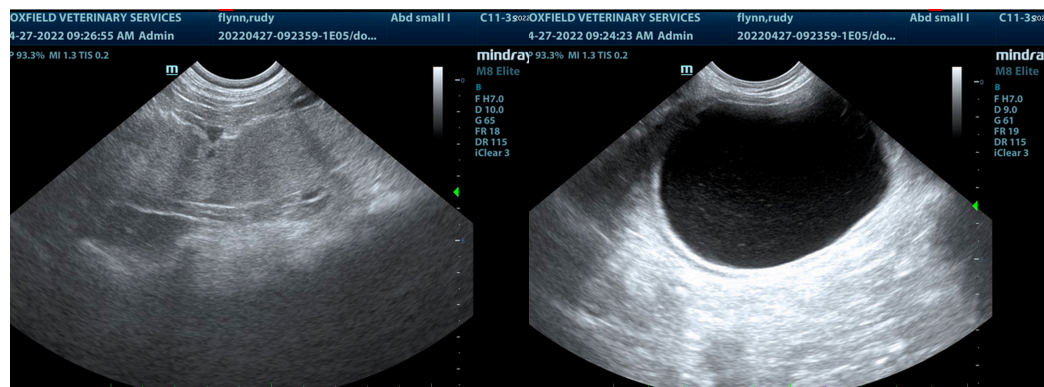
WEIGHT

90 Pounds



INTERPRETED BY

Eric Lindquist, DMV



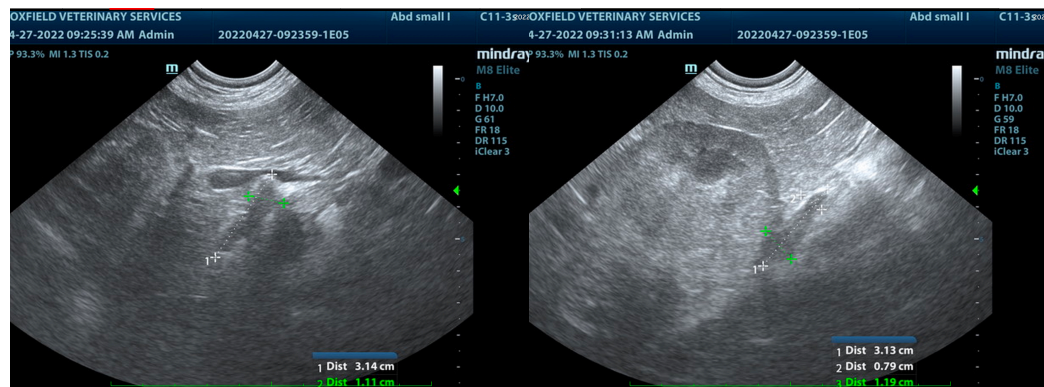
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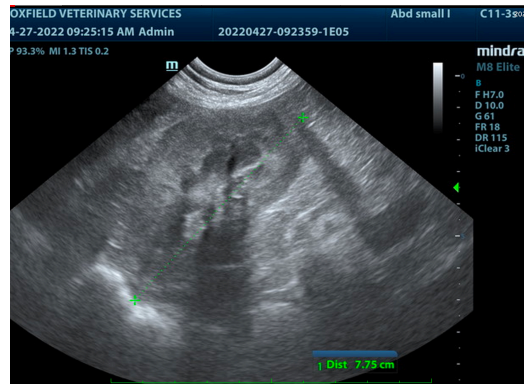
Rudy Flynn

SPECIES

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BREED

Golden Doodle



SEX

Neutered Male

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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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