



**PATIENT**

Elsa Scannelli

**SPECIES**

Canine

**BREED**

Shepherd Mix

**SEX**

Spayed Female

**AGE**

8 years

**WEIGHT**

**PRESENTING CLINICAL SIGNS**

History: Patient presents for severely elevated liver enzymes (ALT 180, Alk. Phos. 4,522).  
Abnormal PE/Chem/CBC/UA Results: ALT 180, Alk. Phos. 4,522, glucose 41, calcium 11.6, PrecisionPSL 300, platelet count 559. U/A: USG 1.013, protein 2+, urine/protein creat. ratio 0.5. Lepto snap and titer pending.

**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 7.26 cm. The left kidney measured 7.35 cm.

**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 2.68 x 0.99 cm at the caudal pole and 1.46 cm at the cranial pole. The left adrenal gland measured 2.58 x 0.61 cm at the caudal pole and 0.58 cm at the cranial pole.

**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. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. An occasional, hypoechoic, non-disruptive nodular change was noted in the liver.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Westwood Regional  
VH

**REFERRING VET**

Dr. Cattiny

**INVOICE**

98010

**DATE**

4/4/22



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**Gastrointestinal**

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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 left **pancreatic** limb revealed an isoechoic swelling measuring approximately 2.0 cm. Subjectively this appears benign and may be sequelae from prior episodes of pancreatitis.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

Vacuolar hepatopathy, nodular hyperplasia liver pattern.

**AGE**

8 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA was performed without complication. Management should be based on FNA results.

**WEIGHT**

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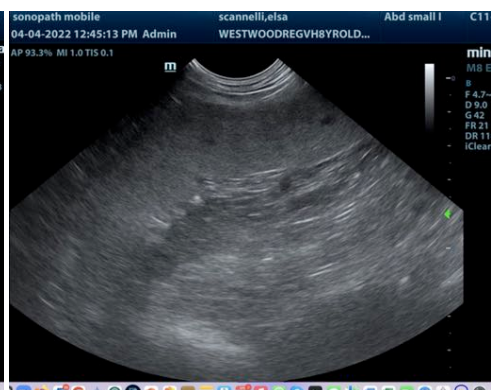
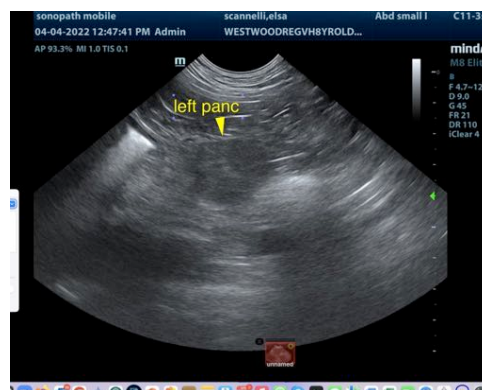
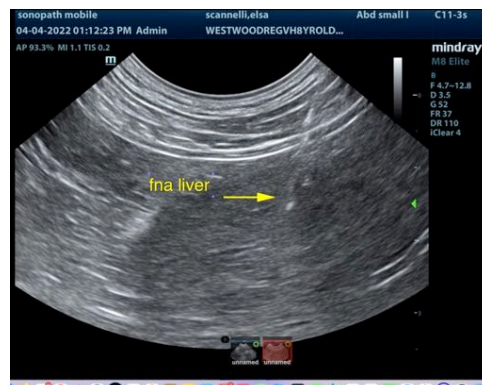
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**PATIENT**

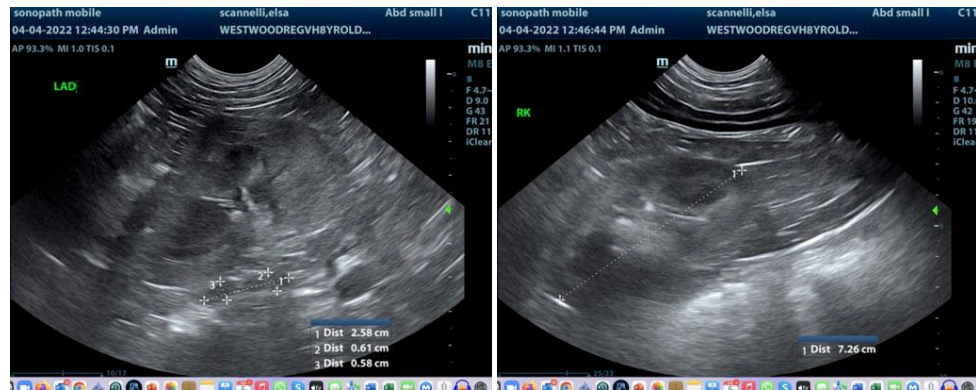
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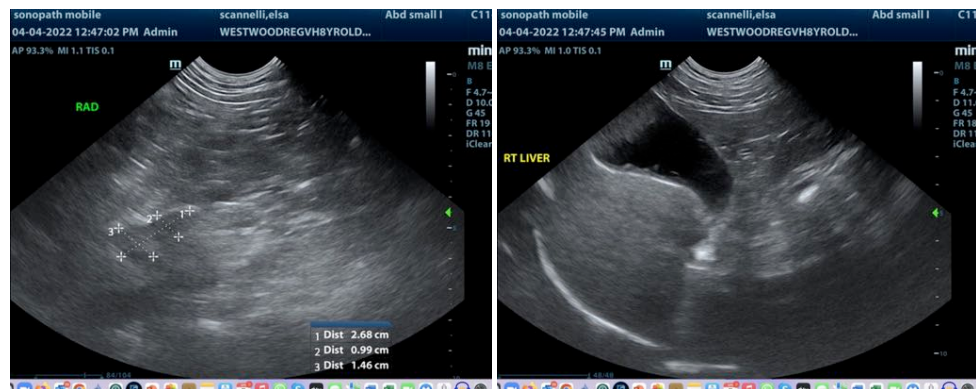
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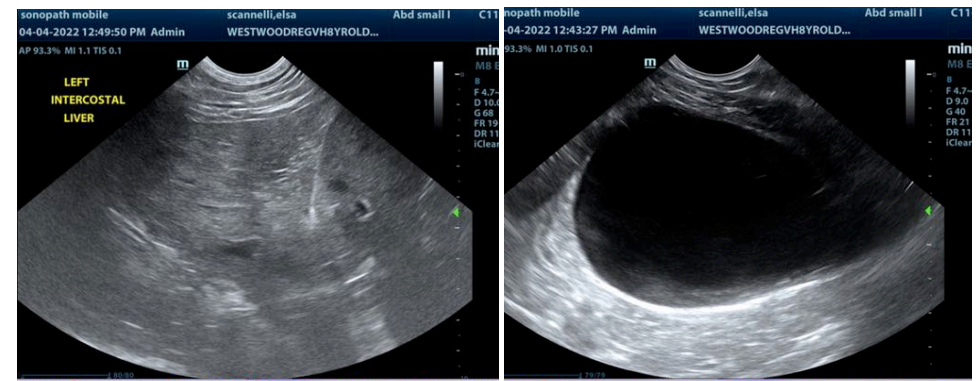
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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