



PATIENT

Juicy Haebler

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

9 Years

WEIGHT

100 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Dr. T Vet Care

REFERRING VET

Dr. Turk

INVOICE

37947

DATE

5/26/22

PRESENTING CLINICAL SIGNS

Lipomatous type mass ventral chest that's growing in size. Increasing LE elevations in the face of treatment. Current meds: Hepato
Abnormal PE/Chem/CBC/UA Results: 3/31/2022- ALT 184, ALKP 742. 5/18/2022- ALT 201, ALKP 906

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 were noted. Ureteral papillae were normal. The residual prostate was uniform at 1.02 cm.

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 7.5 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 2.9 cm x 1.65 cm at the cranial pole and 0.88 cm at the caudal pole. The left adrenal gland measured 2.91 cm x 1.0 cm at the cranial pole and 1.0 cm at the caudal pole.

Spleen

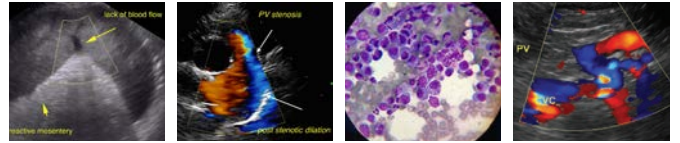
The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. An isoechoic 1.17 cm nodule noted in the mid body, non-obstructive, non-disruptive. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** was uniformly swollen and 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. The gallbladder presented multifocal polypoid changes and minor overdistention. Minor striating bile present. Minor excessive debris and sludge noted, consistent with emerging mucocele. The gallbladder measured 7.0 cm x 5.0 cm.

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

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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.

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Free Abdomen

Large amount of abdominal fat noted in this patient.

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- Mild bilateral adrenal hypertrophy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient appears cushingoid and USG is <1.020, workup for PDH indicated. If any weight loss is present, FNA of the spleen indicated. Bile acid profile warranted. Gallbladder motility study would be ideal to assess gallbladder function in this patient. 6 week Ursodiol therapy warranted with recheck sonogram would also be a valid approach. No overt contraindication to anesthetic procedure. However, bile acid profile prior to anesthesia would be appropriate.

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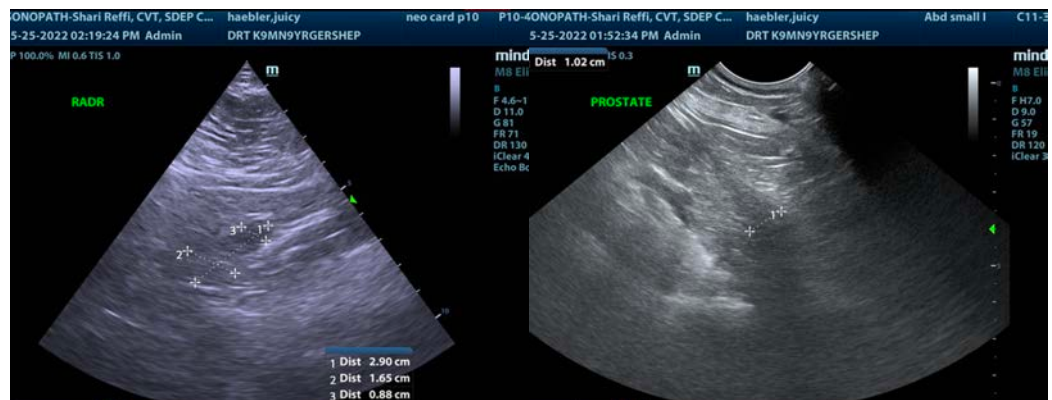
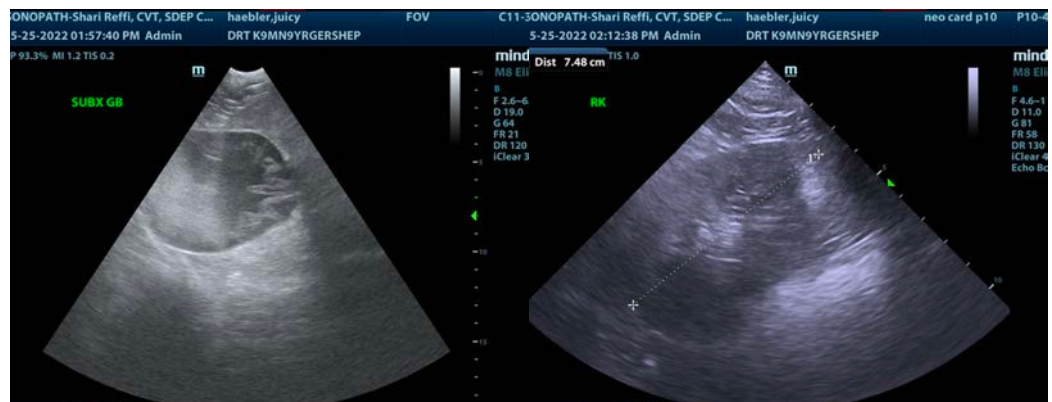
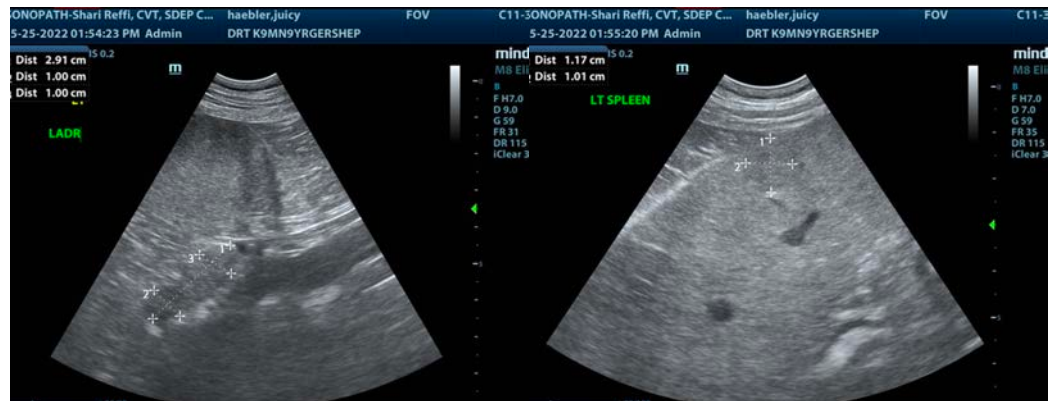
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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