



**PATIENT**

Haze Hall

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

13 Years 7 Months

**WEIGHT**

49.4 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert IVUS

**IMAGING PERFORMED BY**

Denise Bruno, LVT,  
RDMS

**HOSPITAL NAME**

Brooklyn Heights VH

**REFERRING VET**

Dr. Thomson

**INVOICE**

38051

**DATE**

5/26/22

**PRESENTING CLINICAL SIGNS**

Epithelialtrophic lymphoma (L) lip 2 cm mass Metastasis check . History of liver disease - stable. Labs +previous AUS attached. ALT 179, ALP 3482, GGT 24, Chol 422, Lipase 307, Hct 35.

**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 **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 right kidney measured 7.55 cm. The left kidney measured 6.68 cm.

**Adrenal Glands**

The **left adrenal gland** was enlarged. The caudal pole measured 1.29 cm, cranial pole measured 0.58 cm, length measured 3.05 cm. Small cyst noted at the caudal pole of the left adrenal gland.

The **right adrenal gland** was normal in size, measuring 4.03 cm x 0.75 cm at the caudal pole and 0.93 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 were noted.

**Liver**

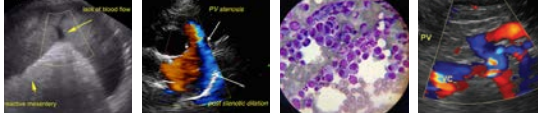
The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, 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. Occasional hyperechoic nodule noted in the liver, consistent with lipogranuloma.

**Gastrointestinal**

Some retention of ingesta was noted in the **stomach**. The small intestine and colon were unremarkable.

**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.



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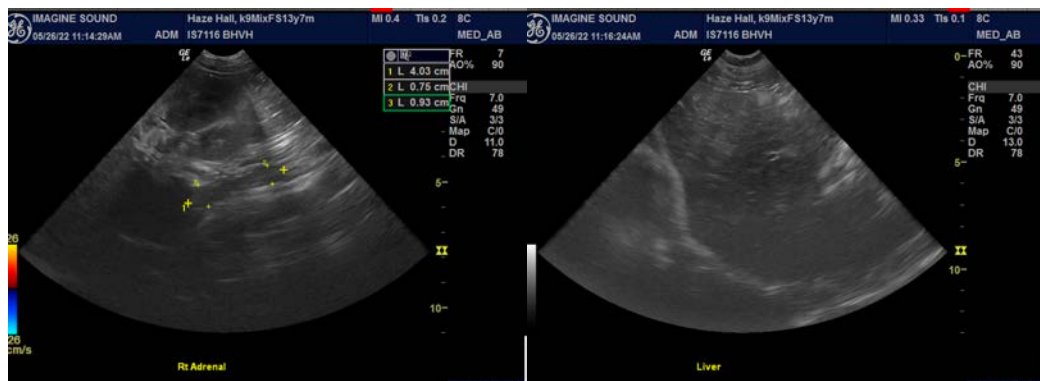
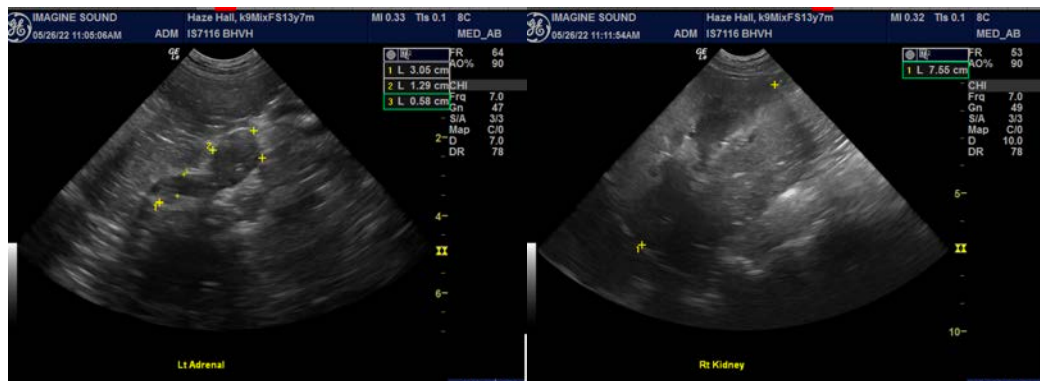
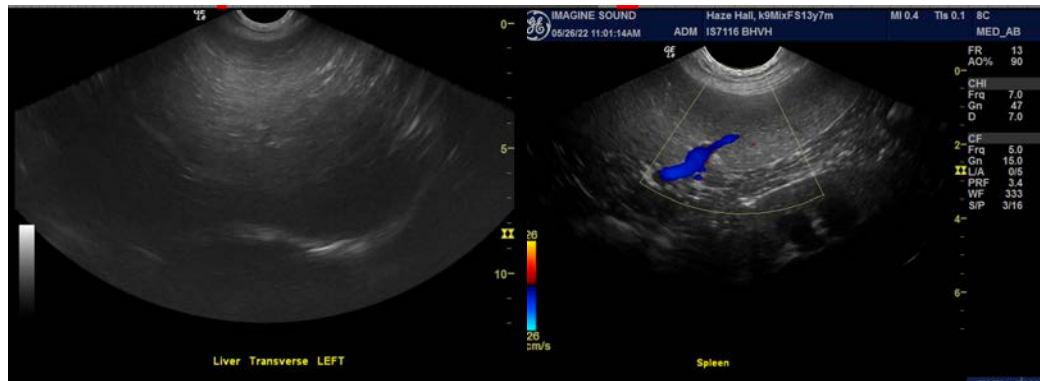
5/26/22

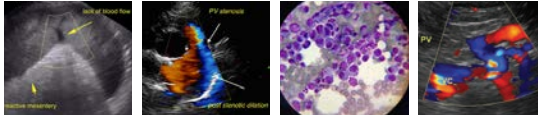
**ULTRASONOGRAPHIC FINDINGS**

- Benign hepatopathy with occasional lipogranulomatous nodular changes
- Enlarged left adrenal gland – pronounced hyperplasia, normal variant versus emerging adenoma, adenocarcinoma, less likely pheochromocytoma.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Serial blood pressures recommended. FNA of the liver is essential for further definition, given the liver enzyme elevations. The adrenal and hepatic presentations are similar to the prior sonogram.





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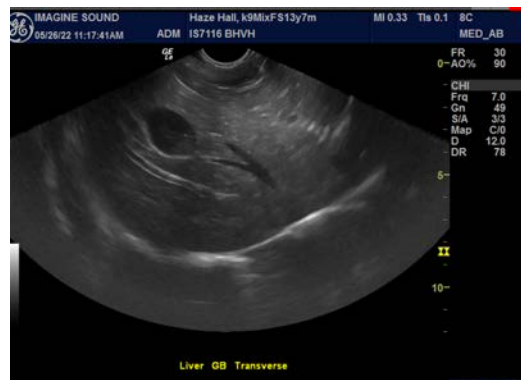
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[info@SonoPath.com](mailto:info@SonoPath.com)