



**PATIENT**

Nova Wallwin

**SPECIES**

Canine

**BREED**

Golden-Doodle

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

26.4 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Elyse Hauer

**HOSPITAL NAME**

Mariposa VH

**REFERRING VET**

Dr. Elyse Hauer

**INVOICE**

47110

**DATE**

5/3/23

**PRESENTING CLINICAL SIGNS**

Elevated liver values identified on screening bloodwork - no improvement with denamarin. No symptoms noted by owner. (Unrelated - urinary incontinence started in March but has been well controlled on Stilbestrol).

Abnormal PE/Chem/CBC/UA Results: Physical exam is normal. CBC - nsf Chem - ALT 1014, AST 106, ALKP 249, GGT 28, bilirubin mildly elevated at 6; normal albumin 34 Accuplex - negative U/A - USG 1.028, otherwise normal

**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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 left kidney measured 6.06 cm. The right kidney measured 6.56 cm.

**Adrenal Glands**

The **left adrenal gland** was 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 2.1 cm x 0.44 cm at the cranial pole and 0.47 cm at the caudal pole.

The region of the **right adrenal gland** was imaged, no evident pathology.

**Spleen**

The **spleen** was mildly enlarged, yet uniform parenchyma.

**Liver**

The **liver** was subnormal in size with subtle iso- to hypoechoic nodular changes. The gallbladder was unremarkable. No evidence of post-hepatic obstruction. No overt evidence of intrahepatic or extrahepatic shunting, yet cannot be completely ruled out.

**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.

**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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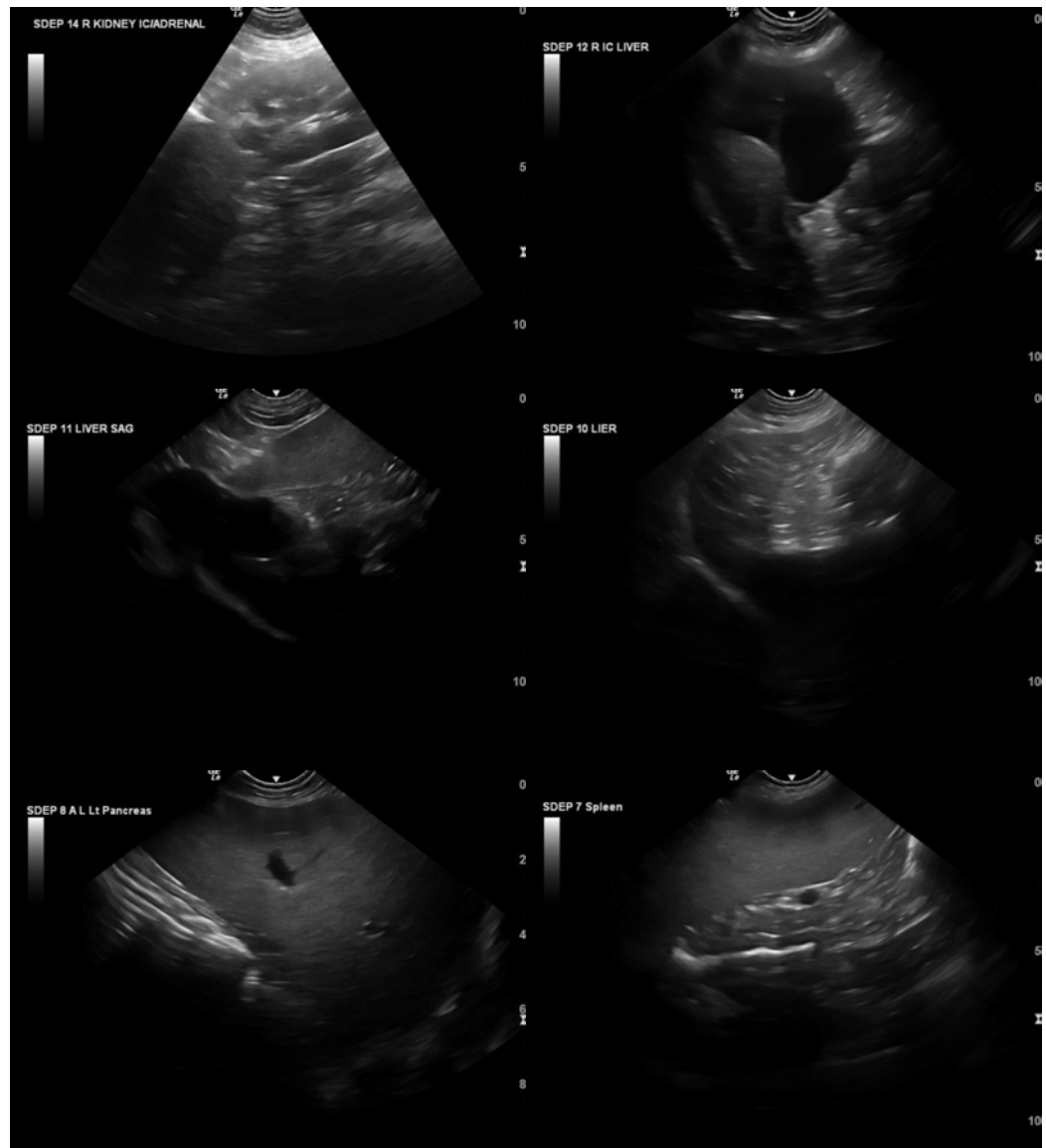
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**ULTRASONOGRAPHIC FINDINGS**

- Mild microhepatica with mild hepatic remodeling
- Mild hypersplenism

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Acute insult such as Leptospirosis or similar could be considered. Splenic FNA, hepatic FNA, or biopsy could be considered. Largely non-specific presentation, hence sampling is strongly recommended.





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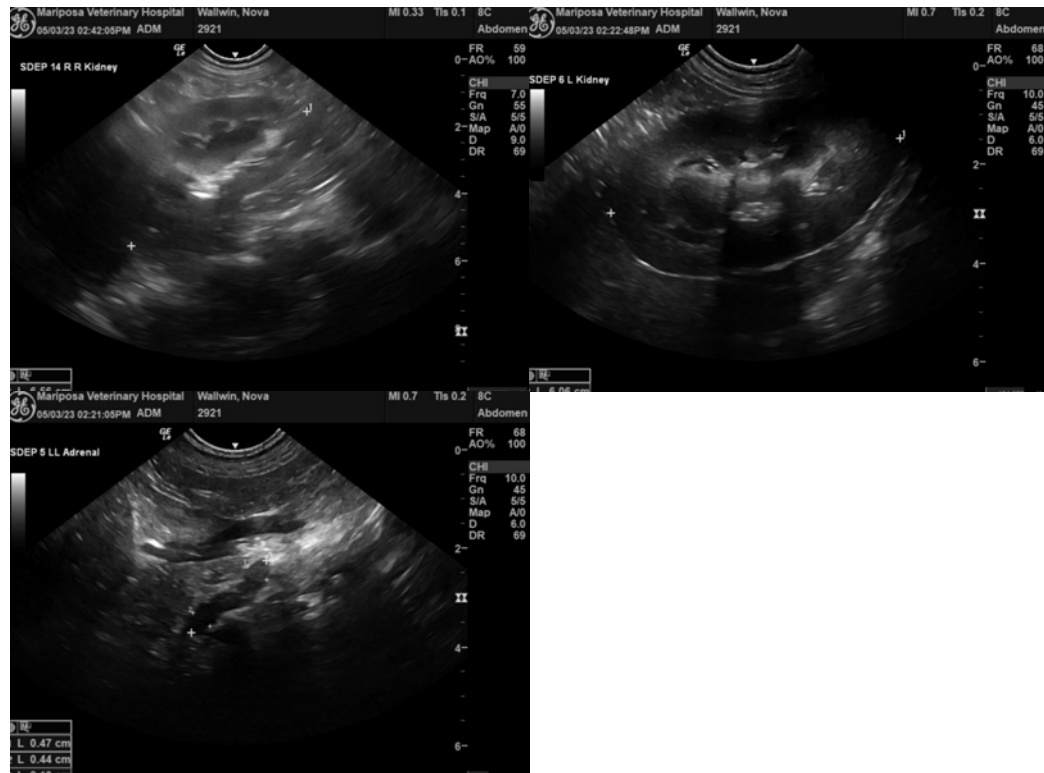
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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