



PATIENT PRESENTING CLINICAL SIGNS

Gretel Griswold History of elevated liver enzymes, and soft tissue sarcoma removed in January and had radiation therapy at pet cure oncology, CT showed enlarged adrenal glands, and liver nodules. See cytology and CT report for today's scan.

SPECIES Abnormal PE/Chem/CBC/UA Results: ALT 120, ALKP 413, Cholesterol 363,

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Mix 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.

SEX

Spayed Female

AGE

12 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.25 cm. The right kidney measured 5.53 cm.

WEIGHT

47.6 lbs

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 0.4 cm at the cranial pole and 0.4 cm at the caudal pole. The left adrenal gland measured 0.4 cm at the cranial pole and 0.4 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Marco Lichfield

Spleen

HOSPITAL NAME

Sova AH

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.

REFERRING VET

Dr. Sova

Liver

INVOICE

30182

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. Occasional, heterogenous parenchymal changes were noted. The largest nodule measured 2.0 cm in the left cranial liver. The gallbladder and common bile duct were unremarkable.

DATE

5/5/22



PATIENT

Gretel Griswold

Gastrointestinal

SPECIES

Canine

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.

BREED

Mix

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.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

12 years

Benign abdomen.

WEIGHT

47.6 lbs

Benign hepatopathy with nodular hyperplasia pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes are consistent with the prior description and cytology. No evidence of metastatic disease.

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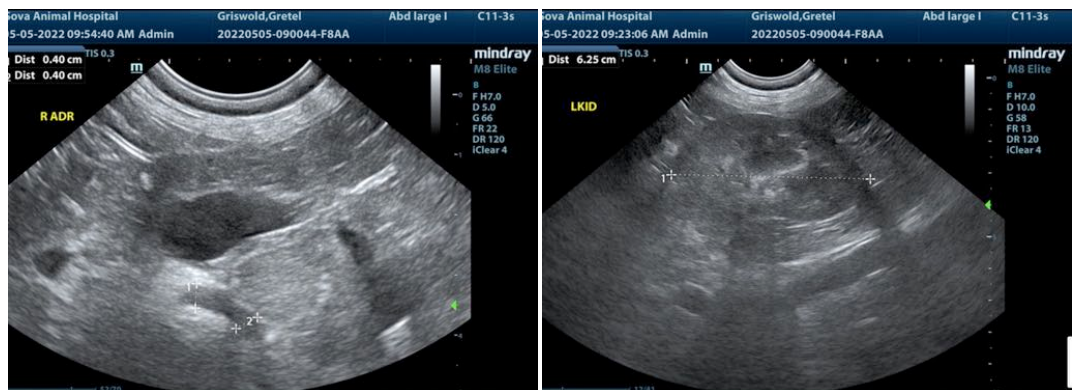
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PATIENT

Gretel Griswold

SPECIES

Canine

BREED

Mix

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Spayed Female

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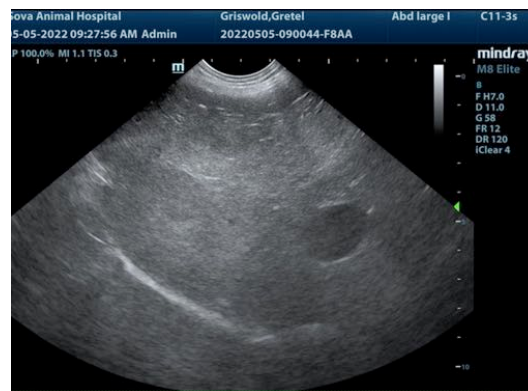
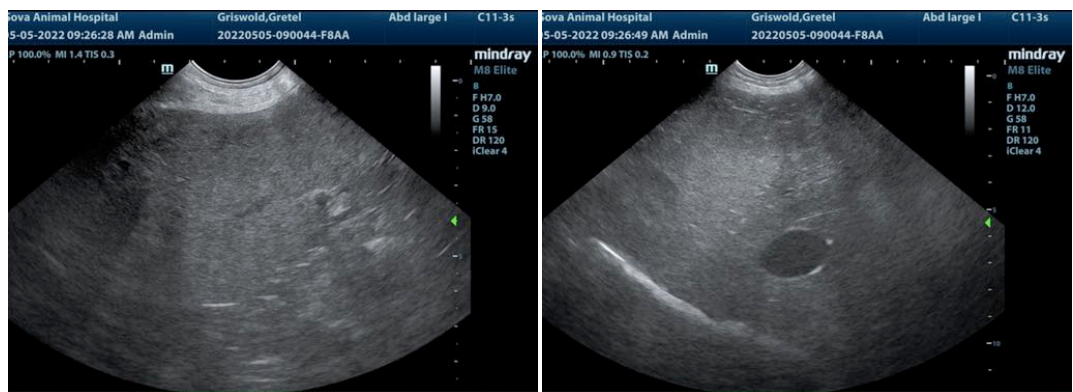
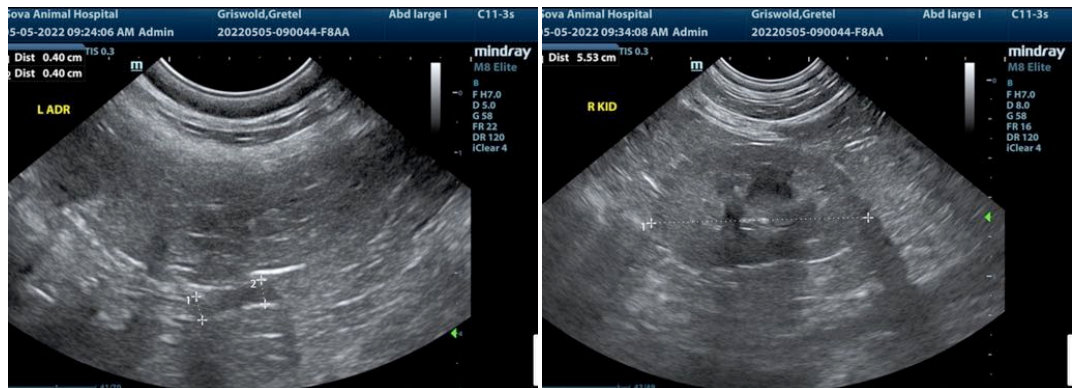
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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