



PATIENT

Lilo Kniazev

SPECIES

Canine

BREED

Basset Hound

SEX

Spayed Female

AGE

10 Years 11 Months

WEIGHT

67 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Travis Cerf

HOSPITAL NAME

Vet Center of
Hardyston

REFERRING VET

Dr. Travis Cerf

INVOICE

15103

DATE

5/7/22

PRESENTING CLINICAL SIGNS

History: BW showed elevated ALT and ALP

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 mild 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 left kidney measured 7.0 cm The right kidney measured 7.0 cm.

Adrenal Glands

The **right adrenal gland** was nodular and irregular, measuring 2.21 cm x 1.3 cm.

The **left adrenal gland** revealed generalized enlargement (3.75 cm in length). An expansive nodule was noted at the caudal pole, measuring 1.52 cm.

Capsular expansion was noted in both adrenal glands without capsular escape or vascular invasion.

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. 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. Subtle micronodular changes were noted in the spleen.

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. Gallbladder polyps noted. The gallbladder wall was mildly echogenic. The liver presented mild 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.

Gastrointestinal

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

Pancreas



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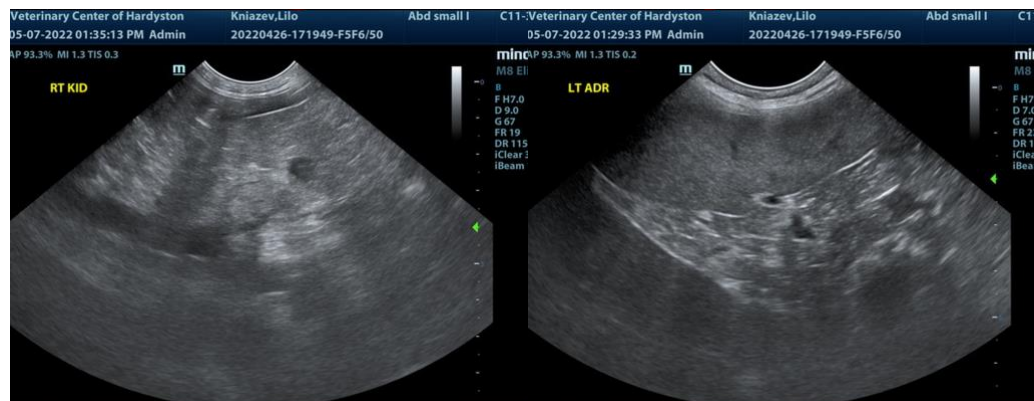
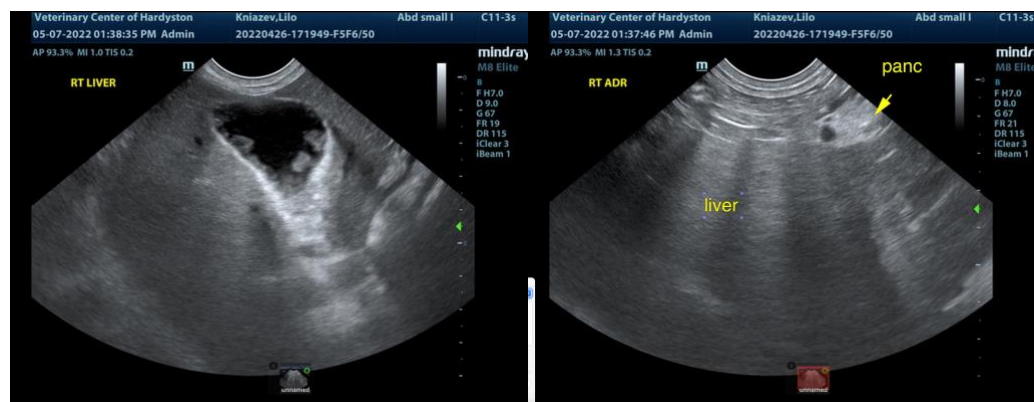
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Subjectively benign hepatopathy
- Gallbladder polyps and echogenic gallbladder wall
- Geriatric abdominal changes with nodular adrenal glands
- Micronodular spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

History of cholangitis likely. FNA of the liver could be considered for further definition. If the patient appears Cushingoid and urine specific gravity is <1.020 , then work up for PDH is indicated. No evidence of neoplasia.



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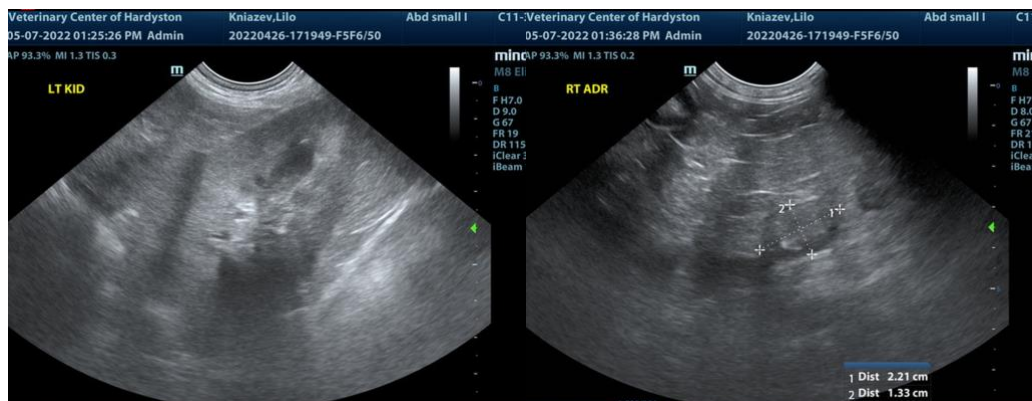
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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