



PATIENT

Quinn Zeisloft

SPECIES

Canine

BREED

Italian Greyhound

SEX

Neutered Male

AGE

16 Years 9 Months

WEIGHT

15.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Sarah Green

HOSPITAL NAME

Healing Spirit

REFERRING VET

Dr. Sarah Green

INVOICE

37513

DATE

5/7/22

PRESENTING CLINICAL SIGNS

Presented due to vomiting, diarrhea and hyporexia. History of chronic mild liver enzyme elevation. Abnormal PE/Chem/CBC/UA Results: mild dehydration, not overtly painful on palpation. ALT>2000 (10-118) U/L, ALP=1448 (20-150) U/L

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. Occasional cortical cysts noted. The left kidney measured 3.5 cm. The right kidney measured 3.5 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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** revealed multifocal hypoechoic nodular changes throughout the hepatic parenchyma with disrupted architecture. The gallbladder presented a minor amount of debris, yet was unremarkable. The hepatic lesions were multifocal in the midst of diffuse hyperechoic parenchymal changes. Micro- and macronodular changes noted at the caudate process.

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.

ULTRASONOGRAPHIC FINDINGS



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- Diffuse hepatic remodeling with nodular changes

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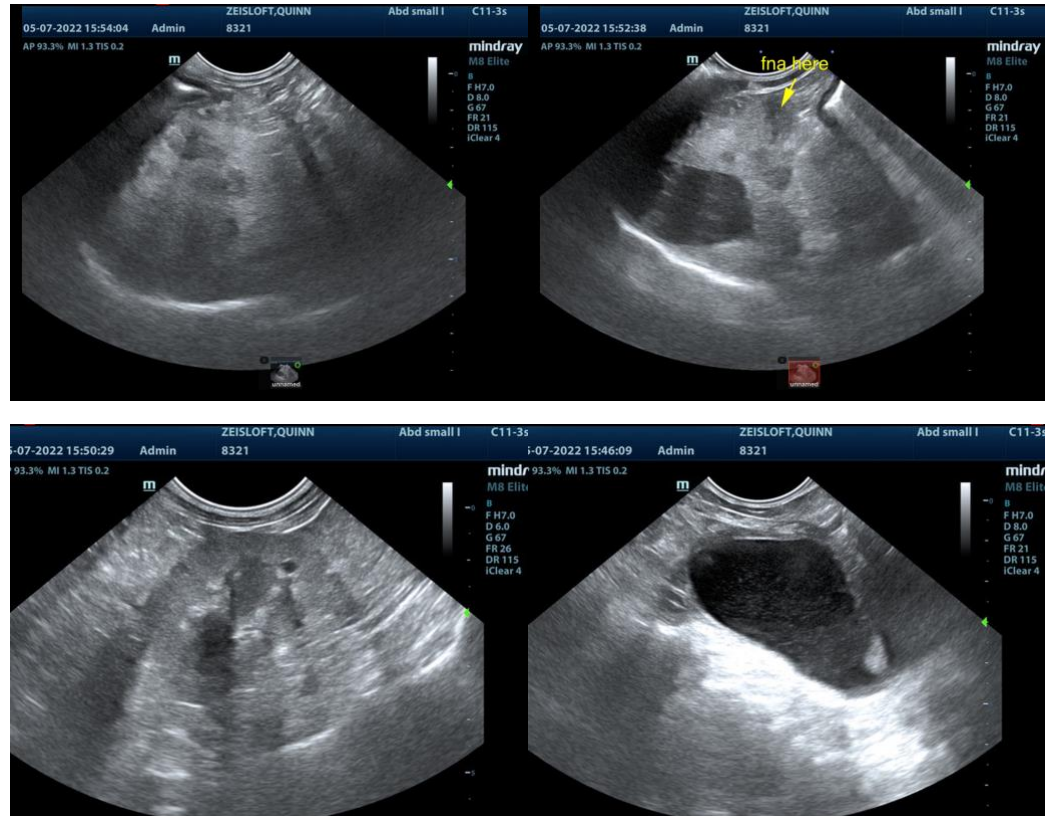
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suppurative hepatitis, hepatic neoplasia, lipidosis all possible. FNA with cytology and culture of the liver in regions noted recommended. Bile acid profile indicated. Leptospirosis titers indicated. Enrofloxacin/Metronidazole and nutraceuticals suggested.



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