



PATIENT

Buddy Tavares

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

10 Years

WEIGHT

74.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Blirstown AH

REFERRING VET

Dr. Lovell

INVOICE

22425

DATE

5/9/23

PRESENTING CLINICAL SIGNS

History: Follow up AUS-last performed 4/24/2023-Liver nodules, collapsed GB. FNA of liver nodules requested. No current meds. Clinically the dog is wnl.

Abnormal PE/Chem/CBC/UA Results: ALT 232; ALP 309

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. Iliac trifurcation was unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 5.6 cm. The right kidney measured 6.86 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 2.23 cm x 0.49 cm at the cranial pole and 0.62 cm at the caudal pole.

The **right adrenal gland** was mildly heterogenous and mildly enlarged, measuring 2.1 cm x 1.22 cm at the cranial pole and 0.98 cm at the caudal 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

Hepatic nodular changes have organized further. Some irregular contour was noted to the hepatic presentation. A significant level of hepatic remodeling was noted. The region of the gallbladder revealed a progressively shadowing hyperechoic content with regional inflammation, consistent with a history of likely perforated gallbladder and sand or calculi accumulation. Inflammation is still persistent in this region yet the hepatic parenchyma has subsided somewhat, and the inflammatory presentation that was visible on the prior sonogram. The content in the gallbladder presented acoustic shadow and visibility was poor. Hepatic lymph nodes were slightly enlarged (5.0 mm).

Gastrointestinal



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The **gastric** wall was mildly thickened yet empty. The small intestine and colon were unremarkable. The epigastric lymph nodes were slightly enlarged (8.0 mm).

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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.

BREED

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ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Persistent hepatic remodeling with mildly inflamed inspissated gallbladder, possible ruptured mucocele that is self-sealed. This is a chronic inflammatory hepatopathy/cirrhosis liver pattern.
- Mildly thickened gastric wall
- Slightly enlarged hepatic and epigastric lymph nodes.
- Mildly heterogenous and mildly enlarged right adrenal gland.
- Age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the liver would be warranted if not already performed. Surgical intervention would be valid in this patient to remove the gallbladder with common bile duct lavage and liver biopsy; however, I'm concerned about long term viability of the liver in this patient. The gallbladder area presents more visibility in the periphery; however, the content cannot be assessed owing to the inspissated bile, calculi or other causes of acoustic shadowing in the gallbladder itself. Regardless, the liver is significantly pathological and the gallbladder is likely presenting a subacute inflammatory process, compromising hepatic function to some degree. This can be best assessed by bile acid profile. Liver support protocol is recommended in the meantime, until eventual surgical intervention can occur with cholecystectomy and liver biopsy.

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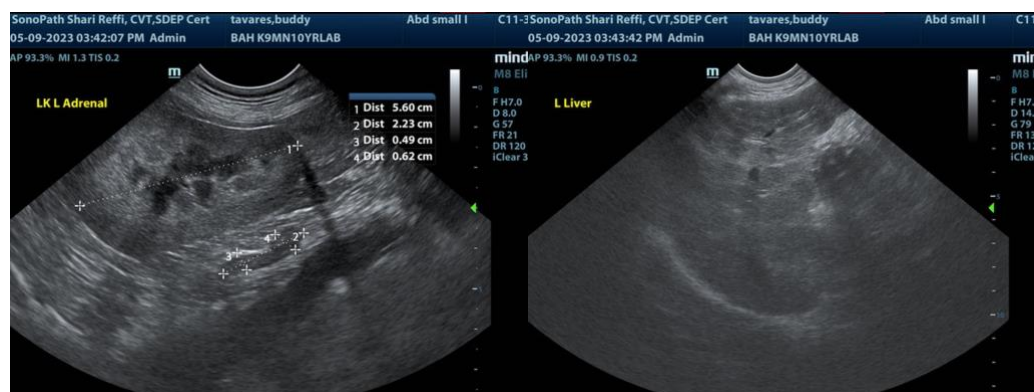
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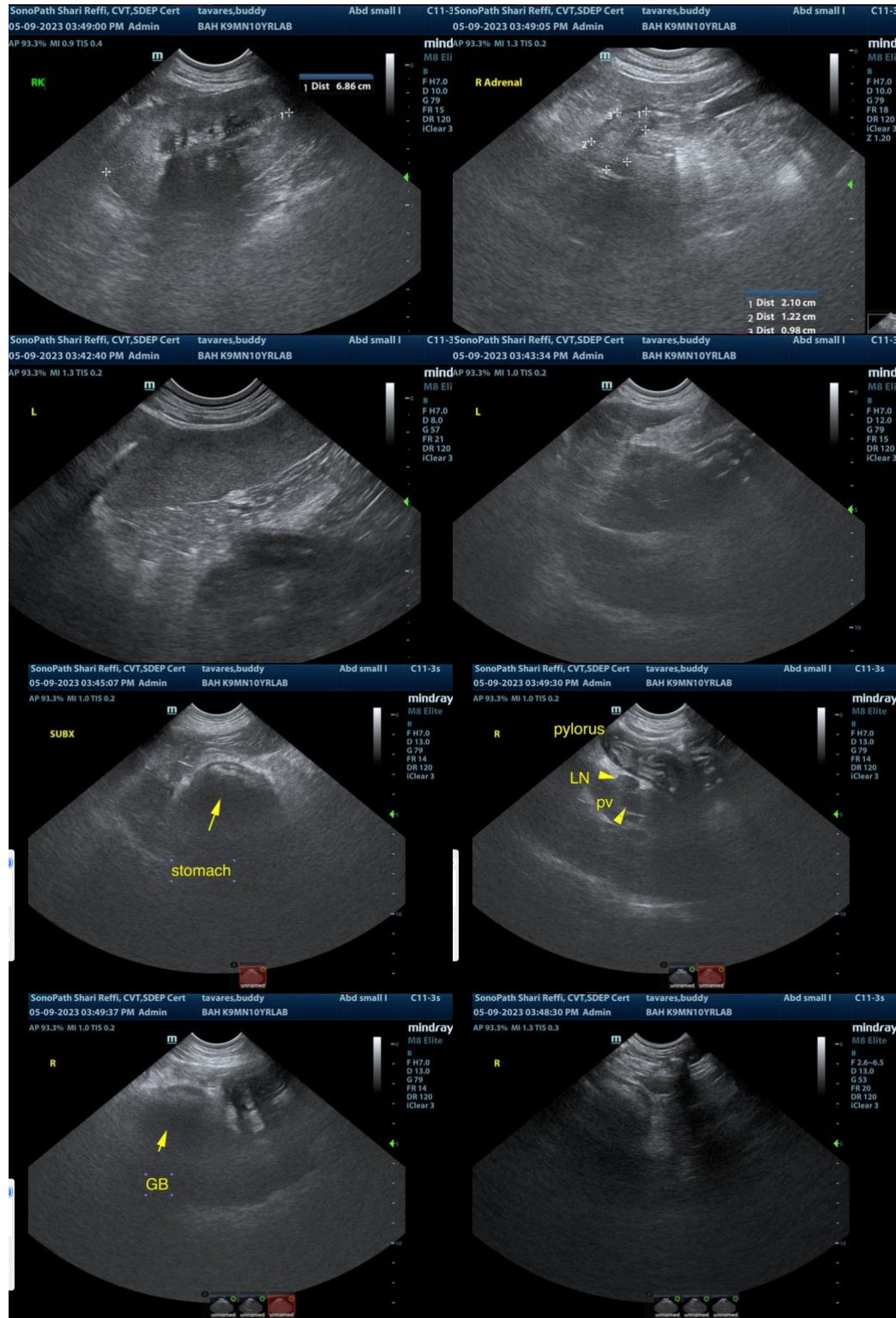
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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10 Years

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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info@SonoPath.com

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