



PATIENT

Keena Wojak

SPECIES

Canine

BREED

Vizsla

SEX

Spayed Female

AGE

12 Years

WEIGHT

55.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Greenwood Lake AH

REFERRING VET

Dr. Streng

INVOICE

22400

DATE

5/9/23

PRESENTING CLINICAL SIGNS

O would like survey abd.

Current Meds: occ Rimadyl

Abnormal CBC/chem findings: AP 1173, ALT 103

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. This is a minor change.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 right kidney measured 7.0 cm. The left kidney measured 7.0 cm.

Adrenal Glands

The **left adrenal gland** was slightly irregular and mildly enlarged, measuring 2.64 cm x 1.18 cm at the cranial pole and 0.83 cm at the caudal pole.

The **right adrenal gland** was slightly irregular and mildly enlarged, measuring 2.3 cm x 1.53 cm at the cranial pole and 0.75 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

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Minor GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions. Nodular hyperplasia liver pattern was also noted. Left



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sided liver mass was noted, measuring 7.8 cm, expansive and mildly irregular. The nodular change in the right liver were nondisruptive.

Gastrointestinal

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The **stomach** was filled with progressively shadowing material, measuring 5+ cm, nonobstructive and likely grass or similar material. 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. 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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ULTRASONOGRAPHIC FINDINGS

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- Left sided liver mass- Pronounced adenoma or low-grade adenocarcinoma are possible. This appears potentially resectable. Minor vacuolar hepatopathy/nodular hyperplasia liver pattern elsewhere.
- Age-related renal changes
- Slightly enlarged and mildly irregular adrenal glands, yet given that urine specific gravity is well concentrated, traditional PDH is unlikely at this point, however, may be emerging.
- Progressively shadowing material in the stomach, likely grass or similar
- Age-related urinary bladder changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT with contrast is indicated for surgical planning +/- FNA.

IMAGING PERFORMED BY

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ABOUT SONOPATH CT SERVICES:

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at <https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>

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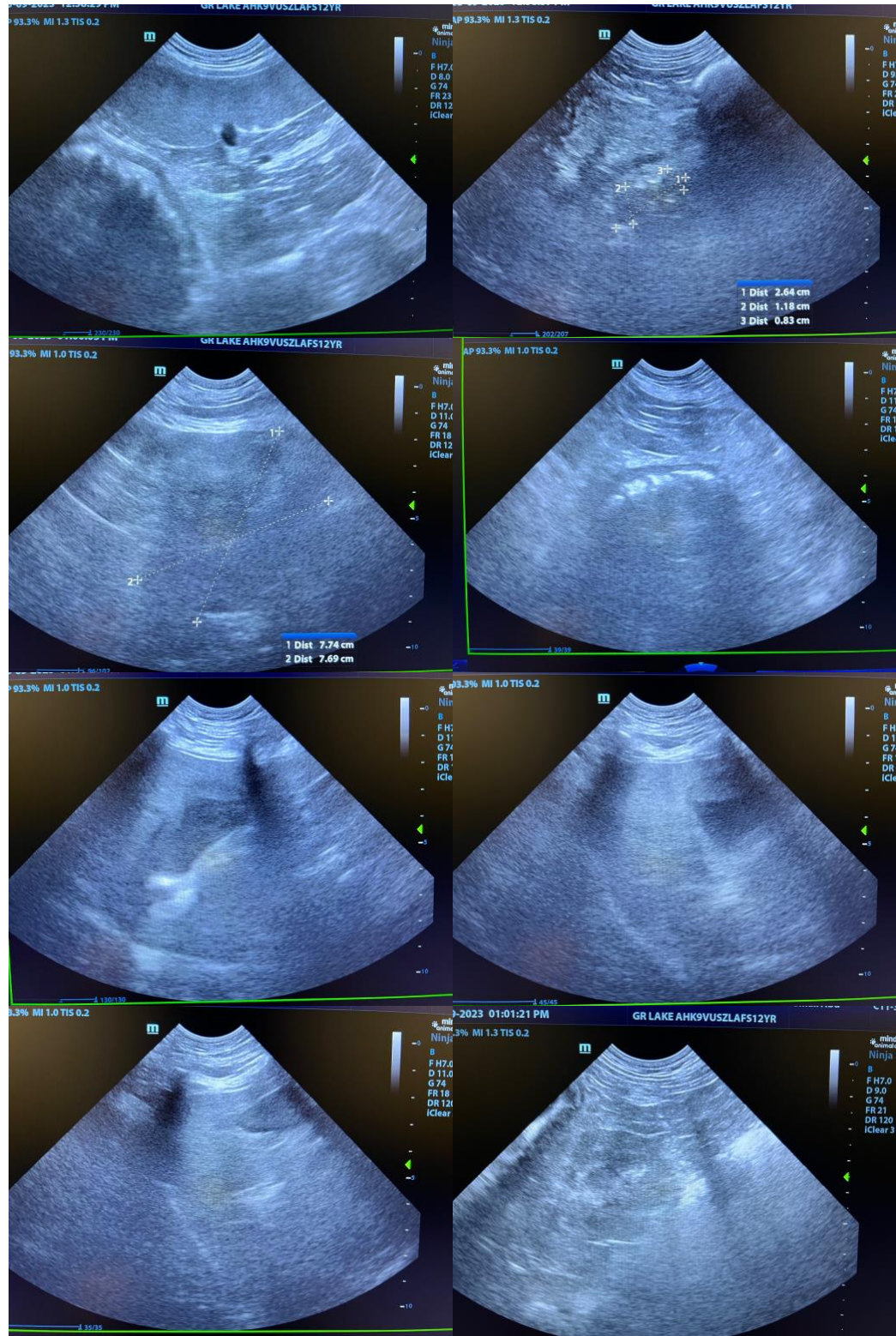
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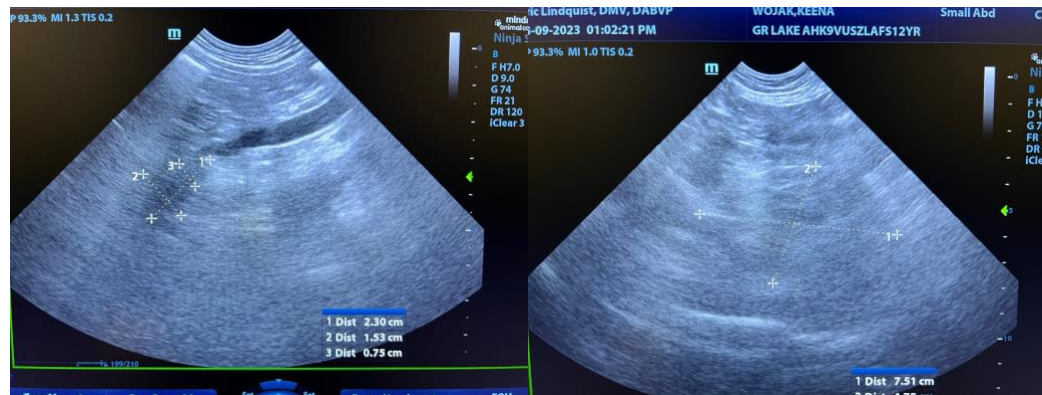
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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