

PATIENT PRESENTING CLINICAL SIGNS

Frank Rojas History: re check liver progressively elevating WBCS and liver values

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

BREED The urinary bladder, trigone, and pelvic urethra presented normal thicknesses and normal tone to a depth of 3 cm. 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.

SEX 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. Slight nonobstructive mineralization was noted in the bilateral kidneys.

AGE 11 years The left kidney measured 4.9 cm in length. The right kidney measured 4.95 cm in length.

Adrenal Glands

WEIGHT 22.5 lb 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 0.4 cm in width. The area of the right adrenal gland was free of pathology.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY
Jenn

Liver

HOSPITAL NAME

Rockaway Animal
Hospital

The liver images submitted revealed a nonspecific coarse architecture. Hepatic size and vascularity appear normal. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

REFERRING VET

Dr. Kahn

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.

INVOICE

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Pancreas

DATE

06/14/2022

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was



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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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Nonspecific inflammatory hepatopathy, subjectively benign however a FNA is indicated

BREED

Pug

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

A hepatic FNA is indicated for further definition in this patient given the persistent liver value elevations. A geriatric abdomen otherwise. No evidence of neoplastic changes was observed.

MN

AGE

11 years

WEIGHT

22.5 lb

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IMAGING PERFORMED BY

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REFERRING VET

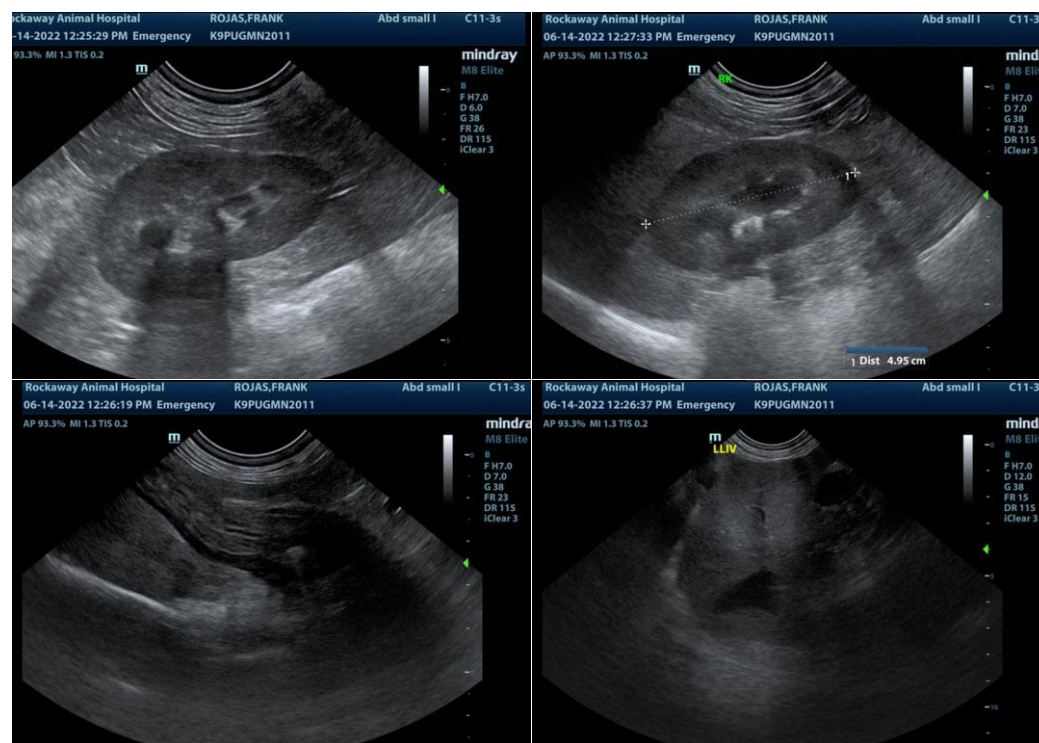
Dr. Kahn

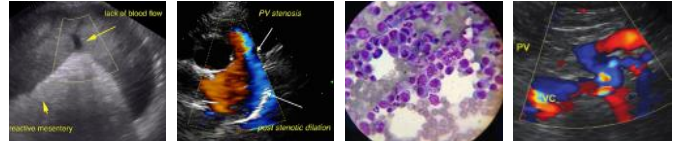
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SPECIES

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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.

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