



PATIENT	PRESENTING CLINICAL SIGNS
Pepper Washington	History: Phenobarbital for more than 5 years, steadily increasing ALP and ALT over the last 2 years. No chronic vomiting or diarrhea, no steroid exposure.
SPECIES	Abnormal PE/Chem/CBC/UA Results: ALT currently 500 (previously 329, 205, 248) ALKP currently 1375 (previously 963, 746, 756) AST 63 Ca 10.8 (11.8,10.6)
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Mixed	Urinary System
SEX	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.
Spayed Female	
AGE	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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Occasional cortical cyst was noted. The left kidney measured 4.6 cm. The right kidney measured 4.6 cm.
14 Years 4 Months	
WEIGHT	Adrenal Glands
25 Pounds	The left adrenal gland was mildly enlarged and slightly irregular. The caudal pole of the left adrenal gland measured 1.36 cm. Capsular expansion was noted without capsular escape or vascular invasion.
INTERPRETED BY	The region of the right adrenal gland was imaged and revealed no evident pathology. However, it is not overtly visualized.
Eric Lindquist, DMV DABVP, Cert. IVUSS	
IMAGING PERFORMED BY	Spleen
Kevin Moon, DVM	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.
HOSPITAL NAME	Liver
Shiloh VH	The liver revealed multifocal isoechoic nodular changes with capsular expansion and irregular contour. Minor increased portal markings noted. The gallbladder presented minor polypoid changes.
REFERRING VET	Gastrointestinal
Dr. Dena Owings	Minor retention of ingesta was noted in the stomach . The small intestine and colon were unremarkable.
INVOICE	Pancreas
16157	
DATE	
6/17/22	



PATIENT

Pepper Washington

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

14 Years 4 Months

WEIGHT

25 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kevin Moon, DVM

HOSPITAL NAME

Shiloh VH

REFERRING VET

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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.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

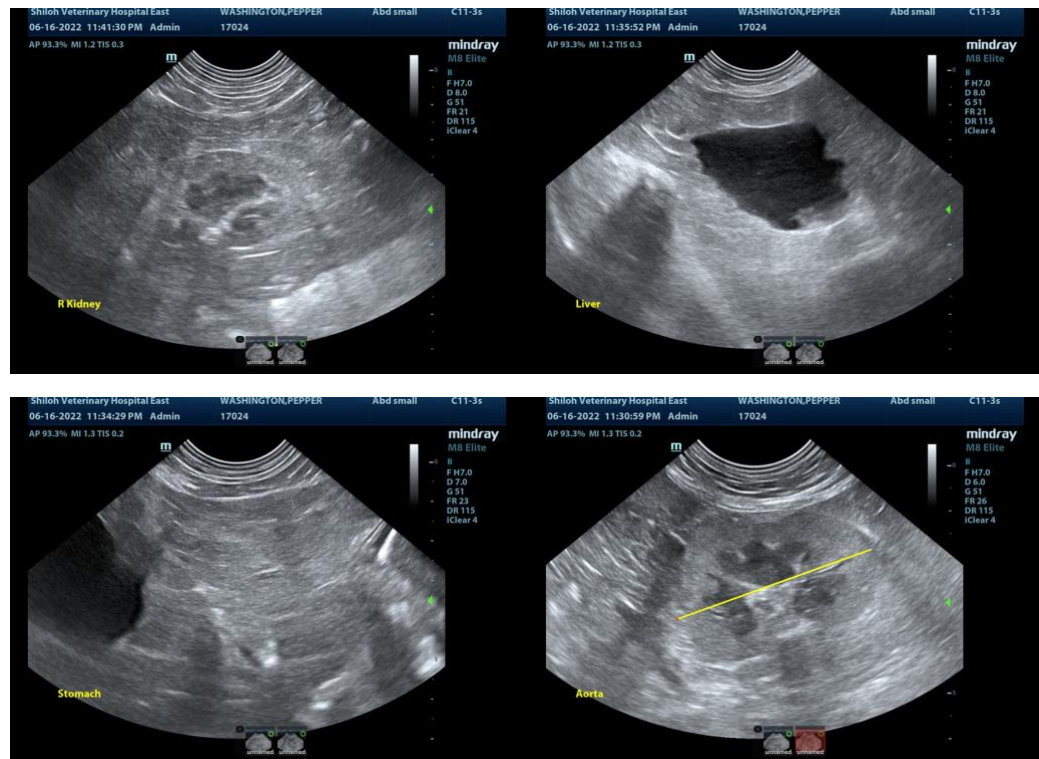
- Enlarged left adrenal gland, hyperplasia versus PDH or potential emerging carcinoma or pheochromocytoma
- Diffuse nodular hyperplasia liver pattern with polypoid gallbladder changes

Secondary Findings

- Right adrenal gland was imaged with no evident pathology- further imaging, possibly under sedation, may be necessary
- Stomach ingesta
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile is warranted. If urine specific gravity is <1.020, then work up for Cushings is indicated. No evidence or suspicion of neoplasia.





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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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