



PATIENT

Lykkah Suarez

PRESENTING CLINICAL SIGNS

Elevated liver values.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Blue Nose Pit Bull

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.

SEX

Spayed Female

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.7 cm.

AGE

12 years

WEIGHT

76.6 lbs

Adrenal Glands

The right **adrenal gland** was slightly swollen at the caudal pole and measured 2.92 x 0.93 cm at the caudal pole and 0.42 cm at the cranial pole. The cranial pole of the left adrenal gland revealed a nodular change that measured 1.25 x 1.0 cm. The left adrenal gland measured 3.3 x 0.76 cm at the caudal pole and 0.78 cm at the cranial pole.

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 was noted.

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Farview Animal Clinic

Liver

The **liver** revealed coarse architecture with mildly increased portal markings and undulating contour. A moderate amount of remodeling with an overt hepatoma type mass measuring 4.6 cm was noted in the left cranial liver with microcystic changes. This does not appear particularly aggressive. This is likely benign or low-grade neoplasia. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Mosaad

INVOICE

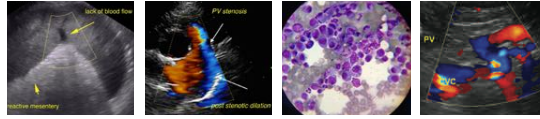
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Gastrointestinal

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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

Blue Nose Pit Bull

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

Hepatic remodeling, non-specific with hepatoma type nodule.

Nodular adrenal gland, likely adenoma.

AGE

12 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the hepatic nodule and general parenchyma is warranted. Bile acids may be a spurious elevation or related to very early hepatic dysfunction. Liver oriented diet is indicated. If the urine specific gravity is less than 1.020 then work-up for Cushing's is indicated, yet this is not suspected. Blood pressure measurements are indicated.

WEIGHT

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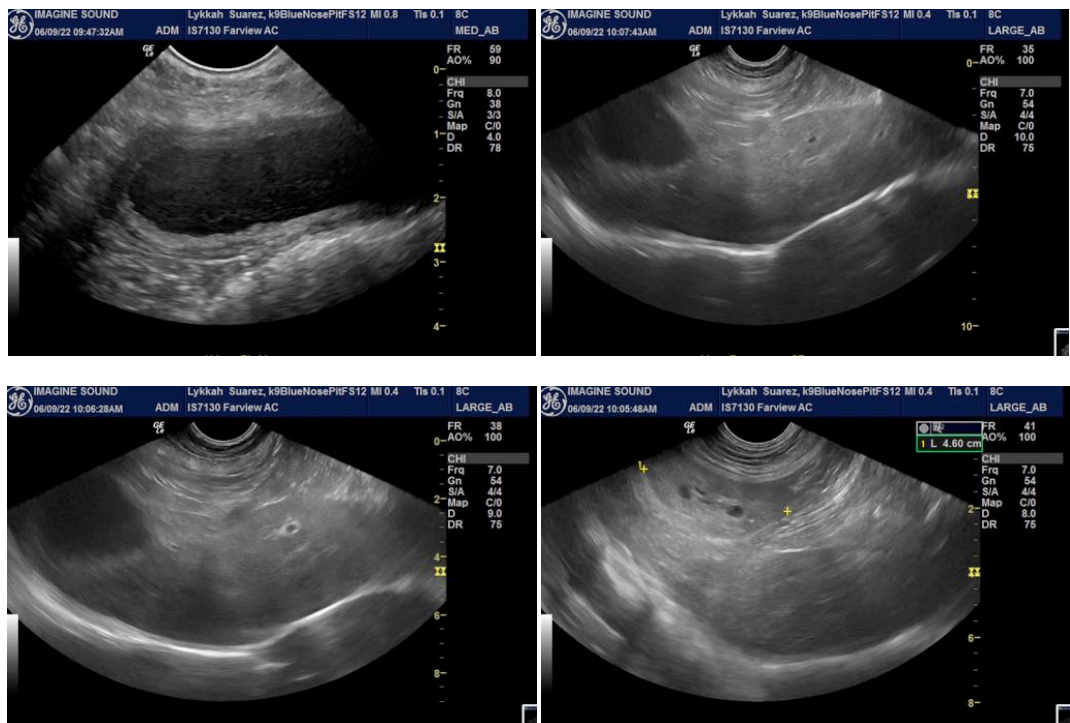
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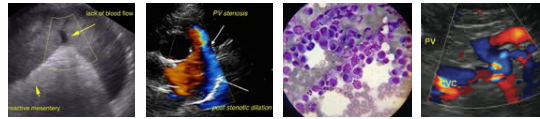
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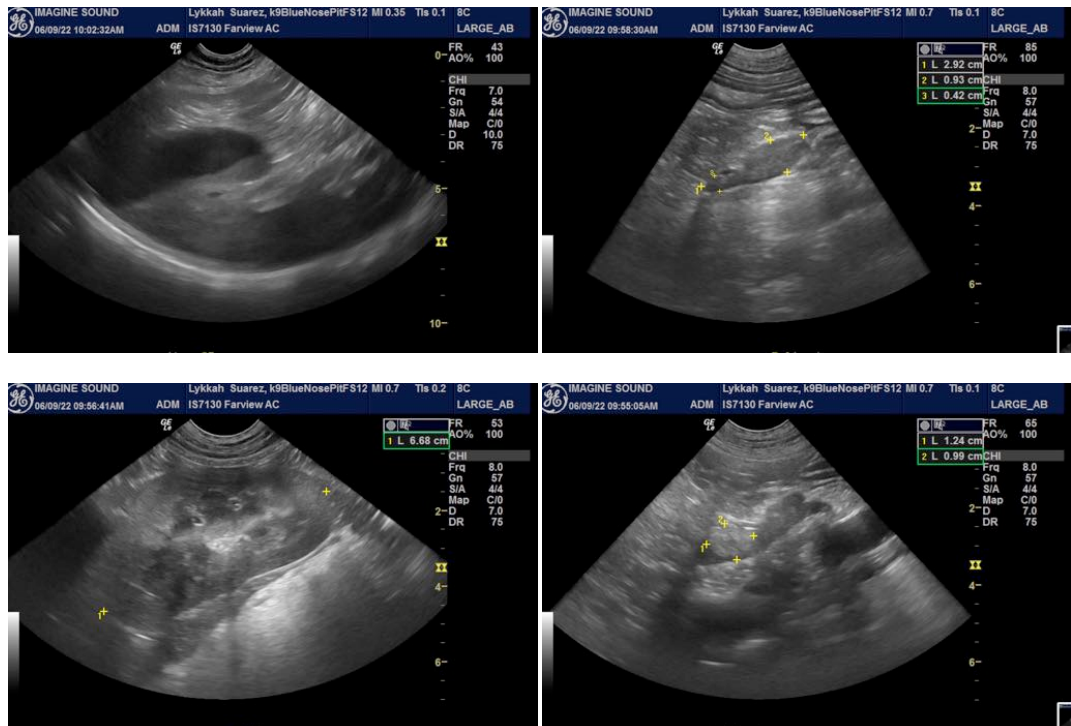
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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