



PATIENT

Shania Nguyen

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

4 Years

WEIGHT

59 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Riverdale Integrative
Veterinary Care

REFERRING VET

Dr. Kuo

INVOICE

39187

DATE

7/1/22

PRESENTING CLINICAL SIGNS

elevated liver enzymes; poor appetite
Abnormal PE/Chem/CBC/UA Results: BUN 8 low, crea 0.4 low, Phos 6.5, Cl low 103, ALT 556, AST 85, ALKP 4057, GGT 1023; lymphs low, tbili 0.8, bili unconj 0.5, conjugated 0.3, chol 410

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.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 7.37 cm. The left kidney measured 7.7 cm.

Adrenal Glands

Both **adrenal glands** were 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 1.94 cm x 0.40 cm at the caudal pole and 0.28 cm at the cranial pole. The right adrenal gland measured 2.58 cm x 2.24 cm at the cranial pole and 0.37 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

The **liver** presented coarse architecture and a 2.0 cm left cranial nodule. Minor increased portal markings noted. The gallbladder presented minor polyps and a trace amount of sand, not pathological. Small calculi noted, a grouping of which measured 4.0 cm. Portal vein to vena cava ratio was 1:1.

Gastrointestinal

Minor **gastric** fluid noted. The small intestine and colon were unremarkable.

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.

PRIMARY FINDINGS

- Non-specific hepatic remodeling with left cranial nodule – hyperplasia, emerging round cell neoplasia, carcinoma or abscessation all possible.



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- Unremarkable abdomen otherwise

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the general liver parenchyma and the nodular change recommended. Inflammatory disease with secondary non-obstructive gallbladder calculi likely, underlying neoplasia possible but less likely. If sampling is not an option, attempt at Ursodiol therapy over 6-8 weeks and recheck sonogram warranted. Enrofloxacin/Metronidazole combination recommended and reassessment of the clinical status. Leptospirosis titers also indicated.

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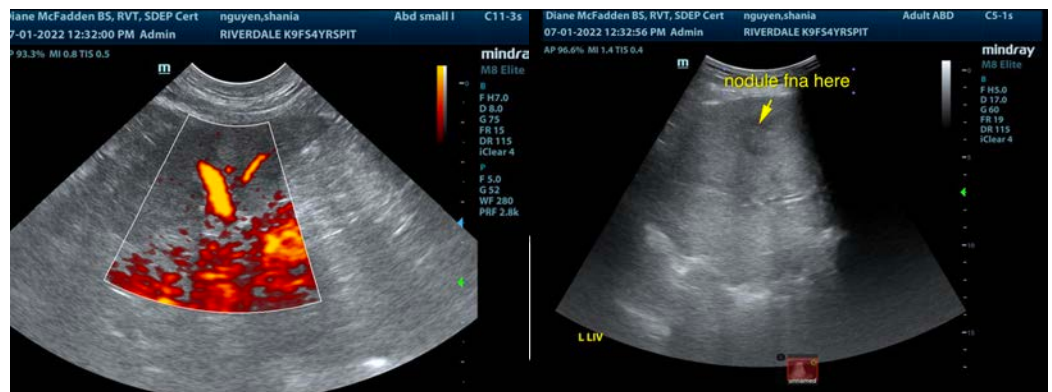
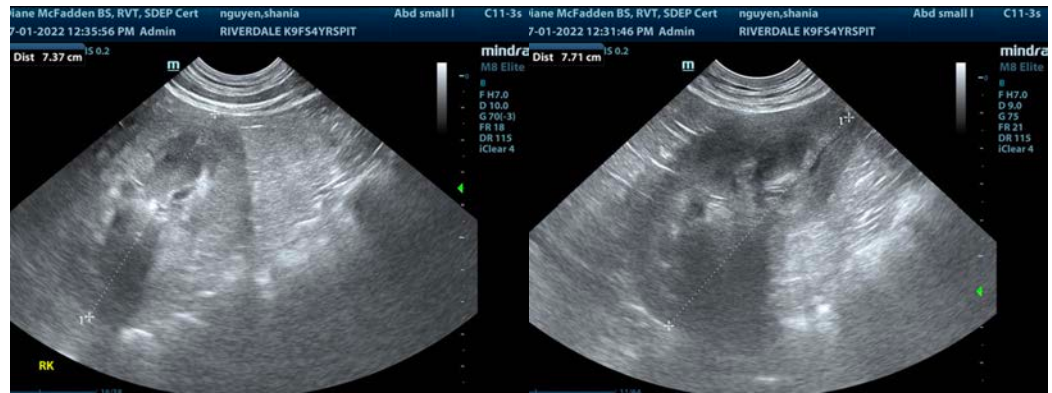
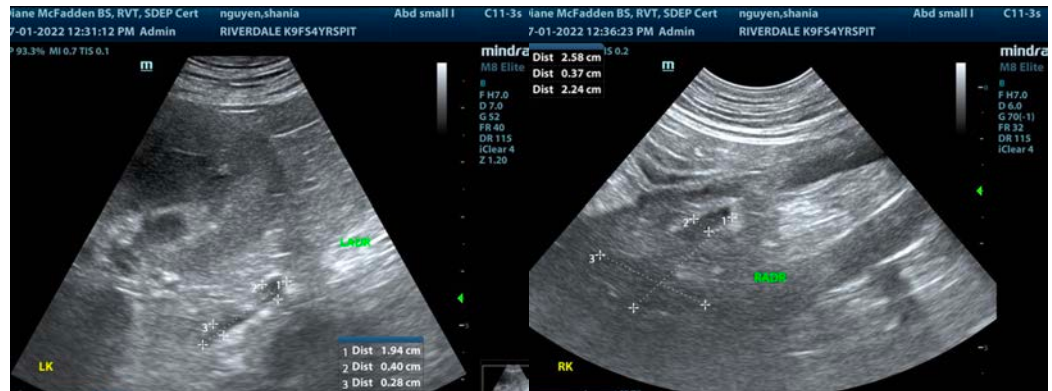
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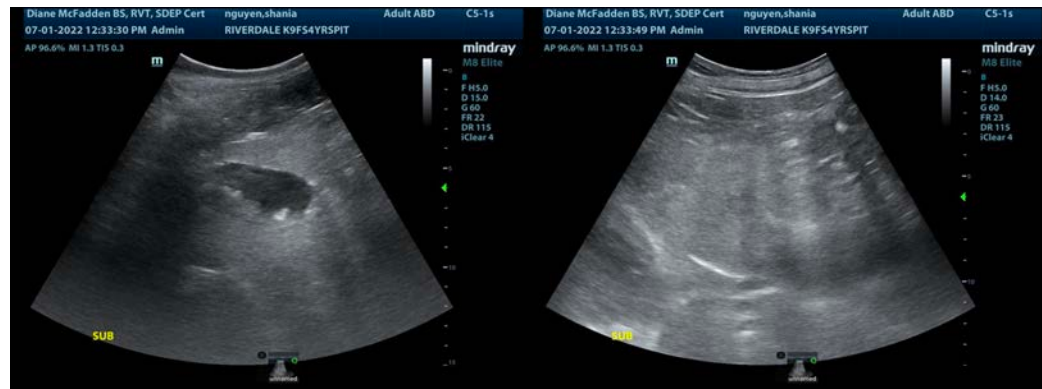
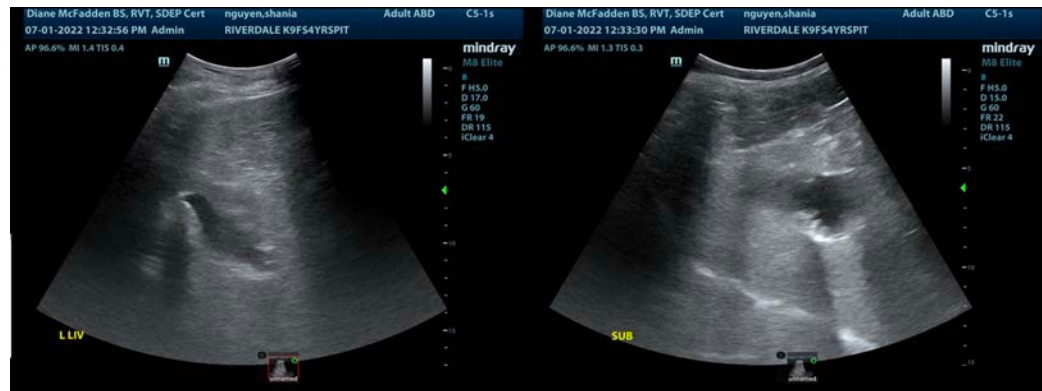
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com