



PATIENT

Annie Centurione

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

12 Years

WEIGHT

66.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Ringwood AH

REFERRING VET

Dr. Walker

INVOICE

23517

DATE

7/20/23

PRESENTING CLINICAL SIGNS

History: Elevated Liver enzymes

Abnormal PE/Chem/CBC/UA Results: ALT 876, AST 67, Alkphos 1,131, GGT 20, BUN 34

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **right kidney** was severely dystrophic with thickened, irregular hyperechoic cortices with loss of corticomedullary definition and mineralization. The right kidney measured 4.7 cm.

An anechoic cyst (1.35 cm) was noted at the cranial pole of the **left kidney**. The left kidney measured 7.0 cm. The left kidney was normal in size and contour with largely unremarkable structure, other than the cystic change.

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 2.1 cm x 0.71 cm at the cranial pole and 0.89 cm at the caudal pole. The right adrenal gland measured 1.37 cm x 0.53 cm at the cranial pole and 0.72 cm at the caudal pole.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted. This is a minor change.

Liver

Minor irregular swelling was noted in the left lateral **liver** with hepatoma type formation in the left cranial liver, measuring 4.6 cm x 8.0 cm) without significant disruption of architecture. Mild increased portal markings were noted. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder and common bile duct were unremarkable. Isoechoic nodular changes were noted elsewhere in the liver.

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.



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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

- Dystrophic end-stage degenerative right kidney
- Relatively normal left kidney with cyst
- Hepatic remodeling and isoechoic nodular changes, moderate.
- Age-related splenic changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile and ultrasound guided FNA of the liver is warranted for further definition. The right kidney presentation is likely owing to infarcts yet appears stable. Leptospirosis titers is indicated.

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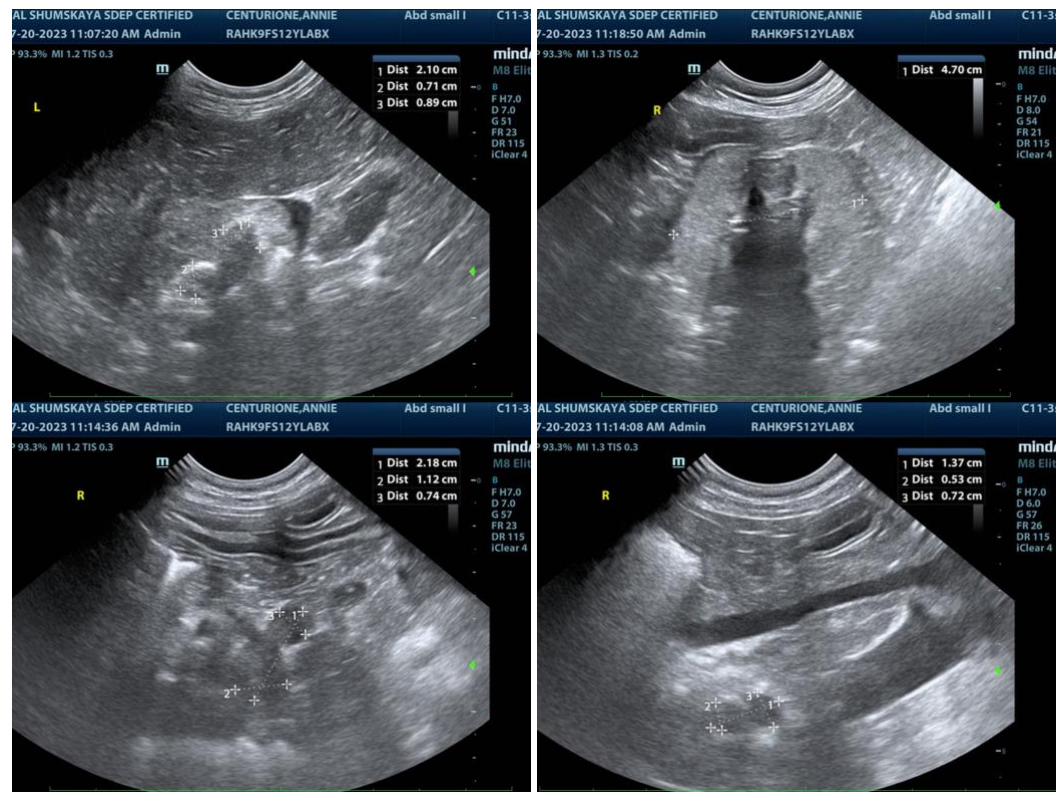
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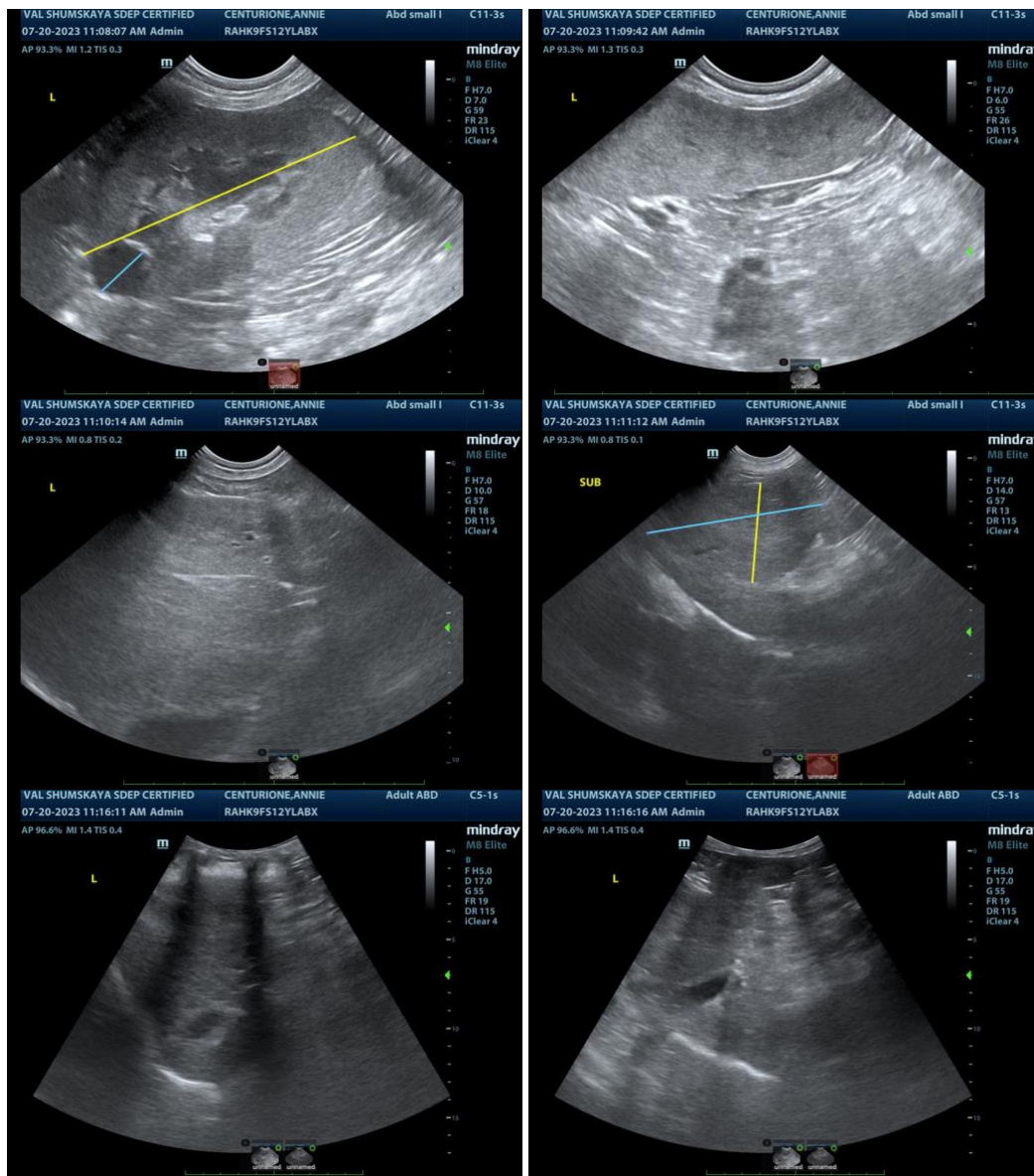
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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