



**PATIENT**

Holly Dorshimer

**PRESENTING CLINICAL SIGNS**

ALT 513, AST 71, Alk Phos 7

**SPECIES**

Canine

**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.

**BREED**

Mix

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 mineralization noted in both kidneys, non-obstructive. The right kidney measured 4.8 cm. The left kidney measured 4.8 cm.

**SEX**

Spayed Female

**AGE**

8 Years

**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 right adrenal gland measured 1.35 cm x 0.83 cm. The left adrenal gland measured 1.41 cm x 0.52 cm.

**WEIGHT**

20 Pounds

**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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Liver**

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. Hypoechoic nodular changes noted, non-disruptive, most consistent with nodular hyperplasia. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.

**IMAGING PERFORMED BY**

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

**HOSPITAL NAME**

Franklin Lakes AH

**REFERRING VET**

Dr. Greenhut

**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.

**INVOICE**

39747

**DATE**

7/22/22



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8 Years

**WEIGHT**

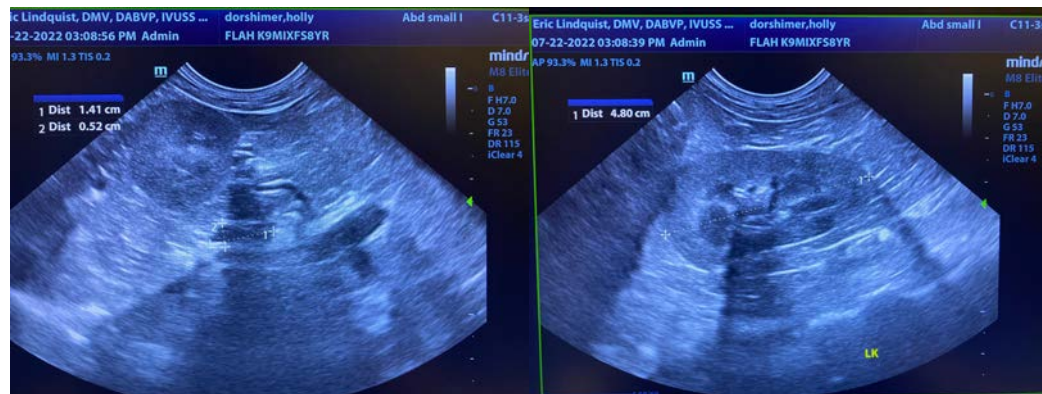
20 Pounds

**ULTRASONOGRAPHIC FINDINGS**

- Subjectively benign hepatopathy with nodular changes and remodeling – no significant potential for neoplasia.
- Minor degenerative renal changes with non-obstructive mineralization

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA could be considered of the general liver parenchyma and nodules for further definition of inflammatory cell type and refinement of therapy. Diet change to hydrolyzed diet recommended. 10 days Amoxicillin/Metronidazole, nutraceuticals, and reassessment of the ALT value could also be considered. More specific therapy based on FNA cytology results.



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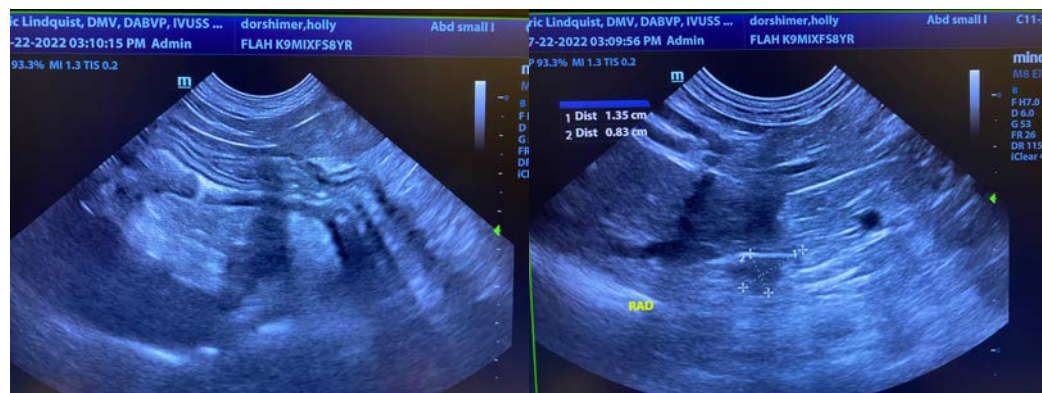
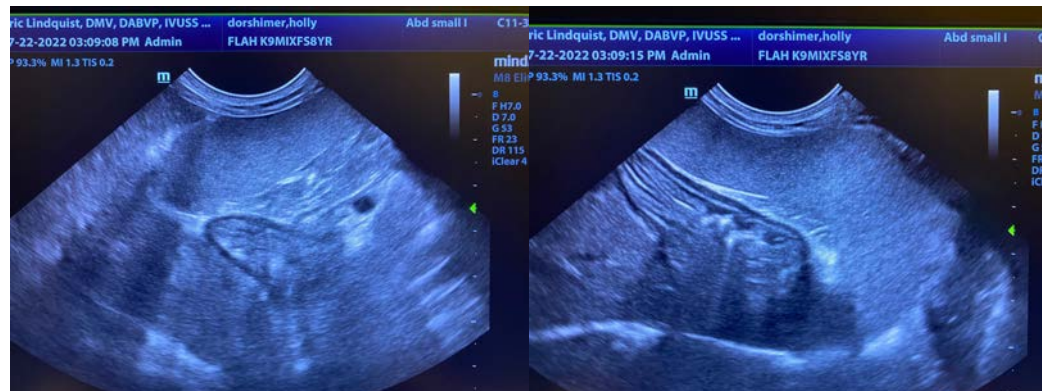
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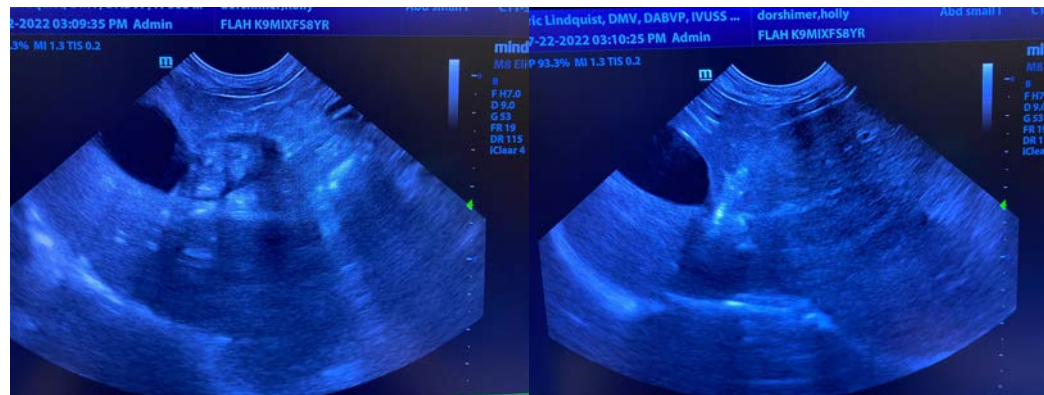
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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