



PATIENT

Lulu Brescia

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

11 Years

WEIGHT

N/A

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Franklin Lakes AH

REFERRING VET

Dr. Hudson

INVOICE

16553

DATE

7/26/22

PRESENTING CLINICAL SIGNS

History: Elevated ALT

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 left kidney measured 4.24 cm. The right kidney measured 4.24 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 1.95 cm x 0.51 cm. The right adrenal gland measured 1.51 cm x 0.5 cm.

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** revealed slight coarse architecture and minor increased portal markings. The gallbladder and common bile duct were unremarkable. A slight hypoechoic 5.0 mm x 3.0 mm nondisruptive nodule was noted in the medial cranial liver, adjacent to the diaphragm.

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.

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.

ULTRASONOGRAPHIC FINDINGS



PATIENT

- Nonspecific minor inflammatory hepatopathy, likely reactive hepatopathy with focal nodule

Lulu Brescia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

FNA indicated to assess inflammatory cell type. The liver nodule is in a position that would be difficult to aspirate, however, this should be monitored in 2-3 months for any progression. Empirical treatment for reactive hepatopathy could be considered. Amoxicillin and metronidazole over and 7–10-day period, hydrolyzed diet over 6-weeks and recheck of the ALT values. Recheck abdominal sonogram in 3 months.

Canine

BREED

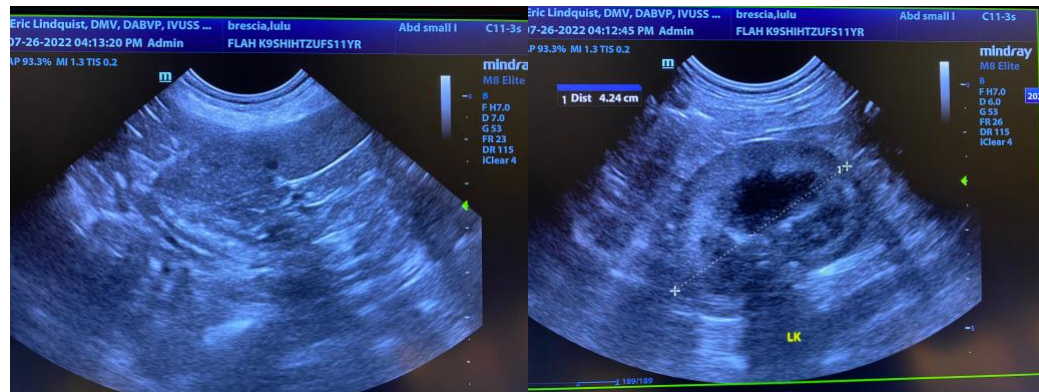
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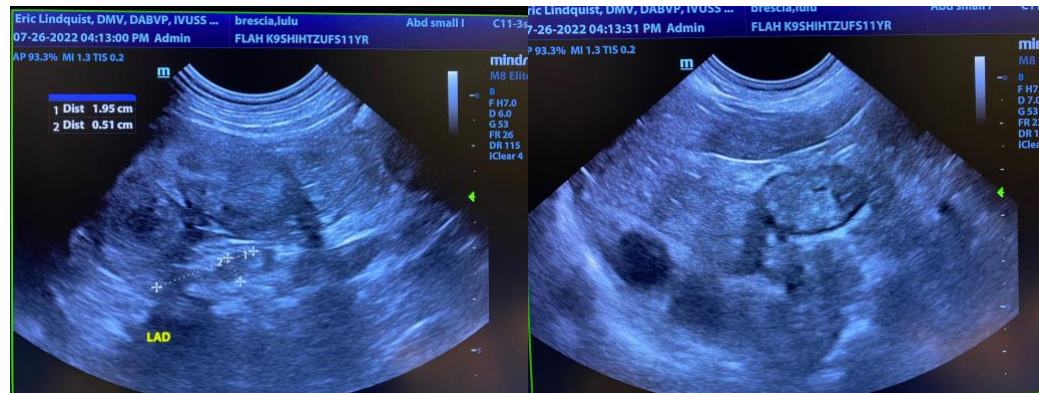
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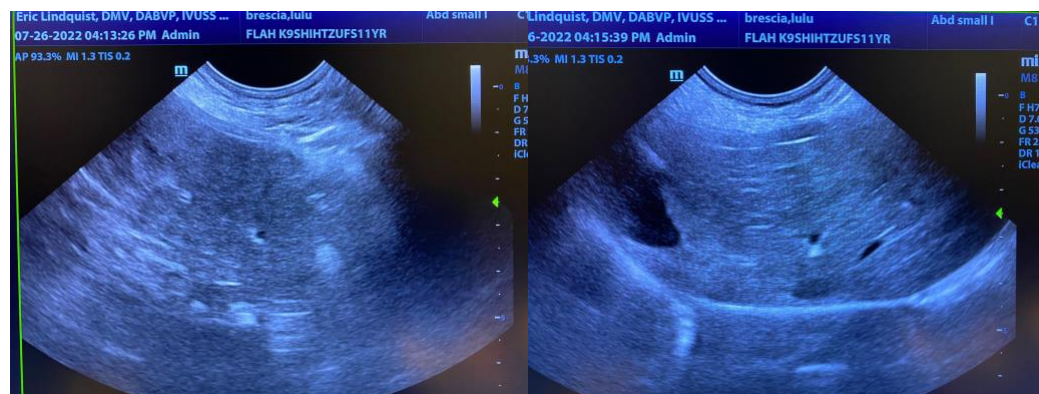


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

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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