



**PATIENT**

Penelope Janik

**SPECIES**

Canine

**BREED**

Collie

**SEX**

Spayed female

**AGE**

9 years

**WEIGHT**

90.3 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Peter Nelson

**HOSPITAL NAME**

Valley VS

**REFERRING VET**

Dr. Bartus

**INVOICE**

31979

**DATE**

7/26/22

**PRESENTING CLINICAL SIGNS**

History: Overweight, superficial pyoderma. Pending Thyroid Panel.  
Abnormal PE/Chem/CBC/UA Results: Elevating ALKP, gradually increasing over a year's time 1180 (23-212), ALT 160 (10-125), rest is WNL.

**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 was 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 7.68 cm. The right kidney measured 8.02 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 3.3 x 0.57 cm at the cranial pole and 0.47 cm at the caudal pole. The right adrenal gland measured 2.0 x 0.56 cm at the cranial pole and 0.51 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 was noted.

**Liver**

The **liver** revealed non-specific, hyperechoic parenchyma compared to the falciform fat. Slight, heterogenous parenchymal changes were noted. The gallbladder and common bile duct were unremarkable.



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**Gastrointestinal**

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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**

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**

Mild age related hepatic changes, non-specific benign hepatopathy.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the liver could be considered for further definition. I would expect the ALKP to gradually elevate year after year in this patient as an age related progression. However, baseline FNA would be ideal. The ALT component is more important to further define as to inflammatory cell type. Rapid rise in liver enzymes would be more concerning.

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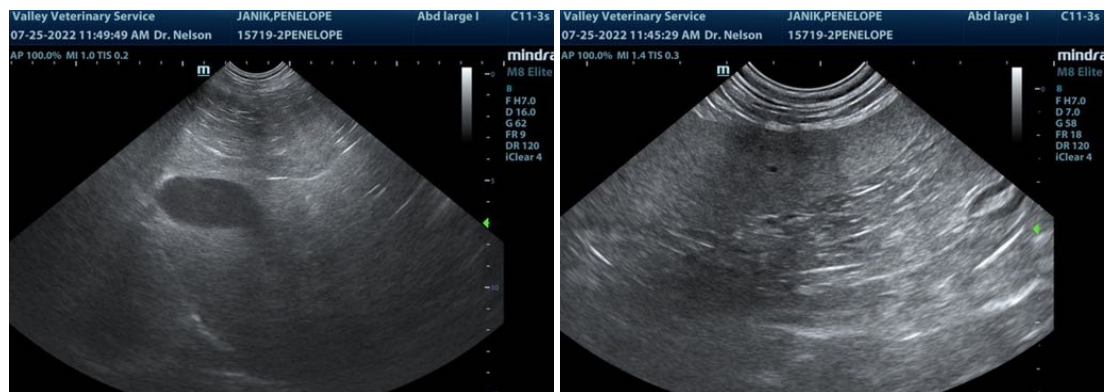
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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