



PATIENT PRESENTING CLINICAL SIGNS

Clancy Sileikis

Abnormal liver values found on wellness screen. Non-clinical. Current Meds: Thyrotabs; hepto, liver support.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Albumin 2.5; ALT 152; ALP 1183; Chol 556; Trig 365; Lipase 392; HCT 58.5

BREED

Welsh Corgi

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

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.

AGE

11 Years

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. The left kidney measured 7.2 cm. The right kidney measured 8.39 cm with multiple infarcts, appeared to stable, no evidence of active inflammation.

WEIGHT

37.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The **right adrenal gland** was 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 2.82 cm x 0.80 cm at the cranial pole and 0.40 cm at the caudal pole.

IMAGING PERFORMED BY

Shari Reffi, CVT

The **left adrenal gland** was mildly heterogeneous and slightly enlarged, measuring 2.7 cm x 0.94 cm at the cranial pole and 0.67 cm at the caudal pole.

HOSPITAL NAME

Smithfield AH

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.

REFERRING VET

Dr. Boe

Liver

INVOICE

44560

The right **liver** revealed a 7.2 cm x 4.4 cm expansive hepatoma type lesion and a separate left liver hepatoma type lesion measuring 4.9 cm. Mild potential for carcinoma. The gallbladder and common bile duct were unremarkable.

DATE

8/1/23

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



PATIENT

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

SPECIES

Canine

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.

BREED

Welsh Corgi

ULTRASONOGRAPHIC FINDINGS

- Prominent left adrenal gland
- Hepatoma/nodular hyperplasia liver pattern
- Age related renal changes with cortical infarcts

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

11 Years

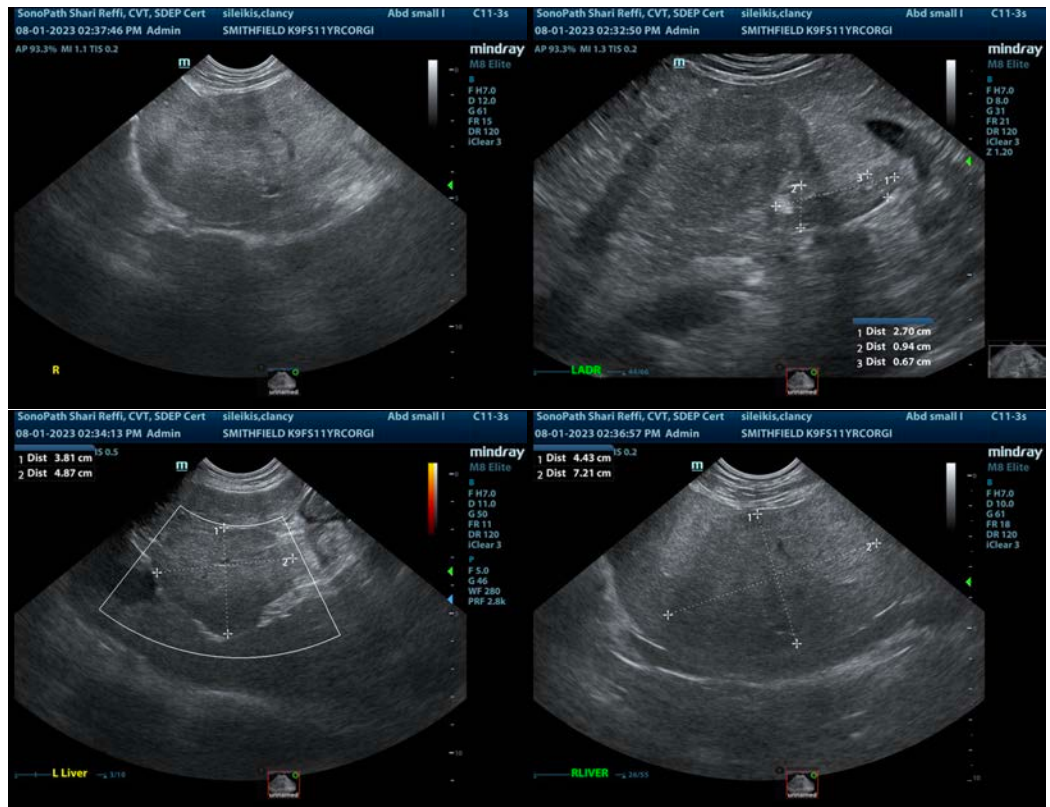
FNA of the liver indicated, although likely benign.

WEIGHT

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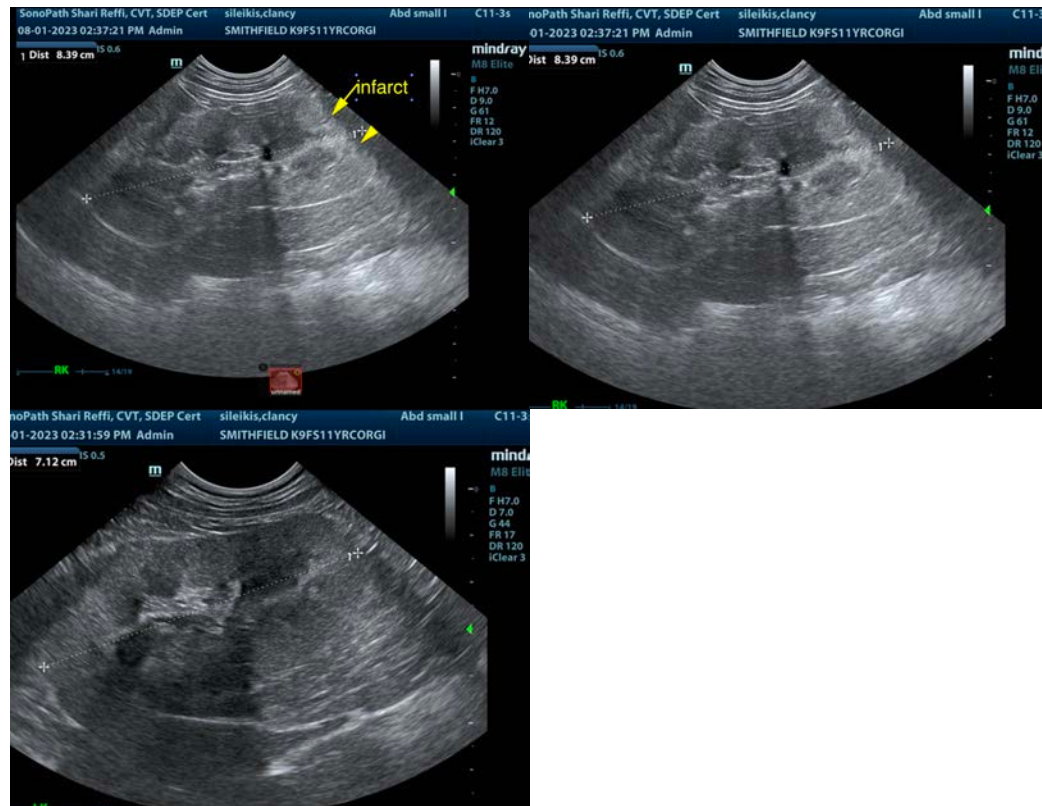
Dr. Boe

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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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