



PATIENT

Sally Curry

SPECIES

Canine

BREED

Jack Russell

SEX

Spayed Female

AGE

11 Years

WEIGHT

10.1 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carver

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Carver

INVOICE

40317

DATE

8/11/22

PRESENTING CLINICAL SIGNS

Sally is a 11 Y FS JRT who presented for V+. P was here a couple weeks ago for V+ and BW was performed which showed elevated liver values. P given abx and pain medication, p improved some. O took p to rDVM who changed diet. No radiographs have been performed. O believes p has elevated liver values from toxin from pesticides sprayed in yard. rDVM told o she needs to come her for "liver detox" and fluids.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed at least two calculi measuring up to 7.0 mm each.

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 3.5 cm. The right kidney measured 3.5 cm.

Adrenal Glands

The **left 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 left adrenal gland measured 0.60 cm.

The **right adrenal gland** was not visualized.

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** presented a coalescing hyperechoic nodular mass in the left cranial liver, measuring 3.0 cm. Increased portal markings noted and coarse architecture, consistent with chronic inflammatory hepatopathy with potential for hepatic carcinoma depending upon FNA results of the left cranial liver lesion.

Gastrointestinal

The **stomach** was filled with gas accumulation. No overt evidence of obstruction. The visible gastric wall was unremarkable. The small intestine and colon were unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain



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upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

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- Hepatic remodeling - consistent with chronic inflammatory hepatopathy.
- Undefined left cranial liver nodule – possible carcinoma.
- Structurally unremarkable gastrointestinal tract

BREED

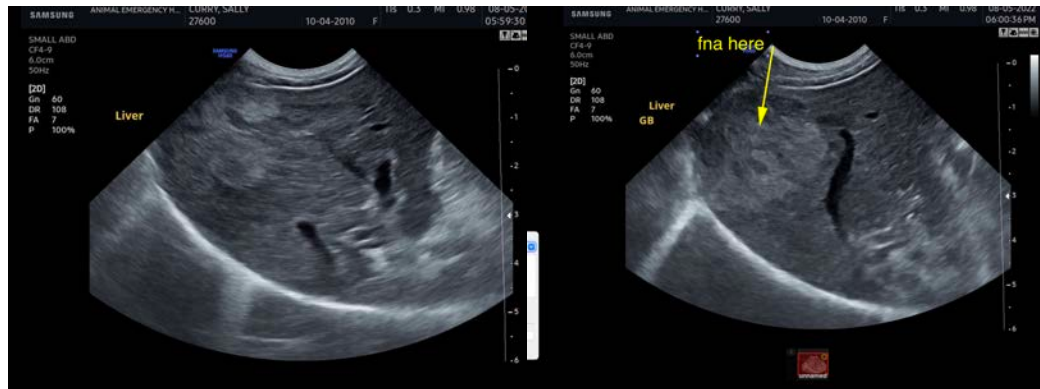
Jack Russell

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver nodule indicated. Bile acid profile warranted. Supportive care for GI upset indicated. No evidence of structural GI disease.

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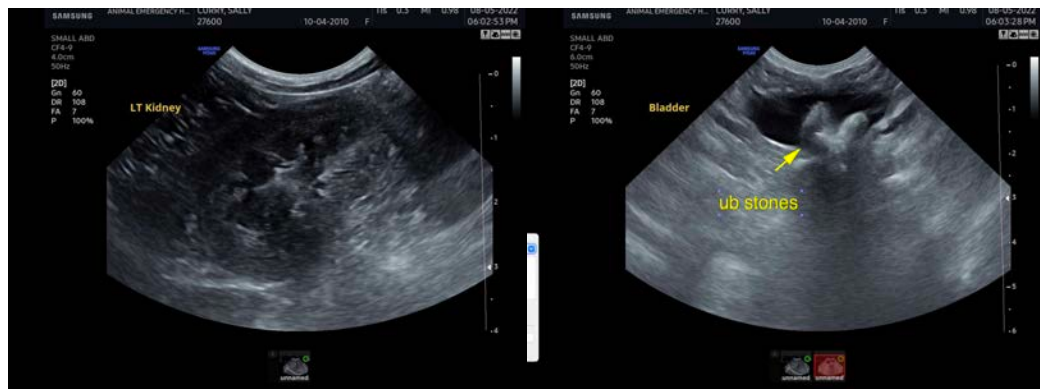
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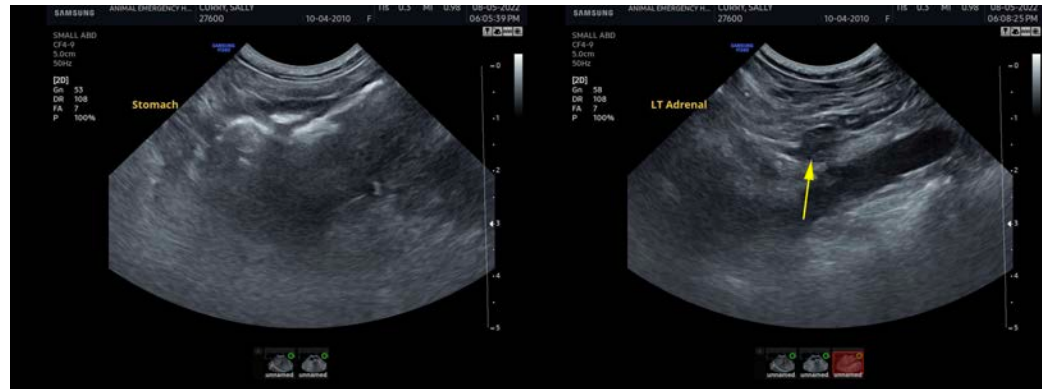
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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