



PATIENT

Abbie Laferriere

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed Female

AGE

53 lbs

WEIGHT

53 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Drummond

INVOICE

91226

DATE

8/13/21

PRESENTING CLINICAL SIGNS

History: Weight loss, vomiting, and decreased appetite. Possibly PU/PD.
Abnormal PE/Chem/CBC/UA Results: PE: T 103.5 (8/11), T103.3 on recheck today. ALP 915, ALT 1,978, T Bili 1.2. cPLI abnormal. Rads: Possible cranial abdominal mass.

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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.6 cm. The right kidney measured 6.13 cm.

Adrenal Glands

The left adrenal gland was enlarged, nodular and irregular measuring 1.42 cm at the caudal pole and 0.97 cm at the cranial pole. Capsular expansion was noted without capsular escape. Some of the nodules revealed hyperechoic surrounding fat. This is suggestive for inflammation. The right adrenal gland was subnormal in size and measured 0.6 cm at the cranial pole and 0.4 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 multi-focal, hypoechoic nodular changes with increased portal markings. Expansive, irregular, scalloping contour was noted. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted. The hepatic lymph node was mildly enlarged and rounded measuring 1.5 cm.



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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.

Pancreas

The **pancreas** was hypoechoic and irregular with enhanced surrounding mesentery. This is suggestive for inflammation.

ULTRASONOGRAPHIC FINDINGS

Diffuse, nodular hepatic changes with changes consistent with chronicity. Differentials include cholangiohepatitis with nodular hyperplasia versus round cell neoplasia. Active inflammation was present.

Concurrent, chronic act pancreatitis.

Enlarged irregular, left adrenal. Differentials include adenoma, adenocarcinoma, carcinoma and pheochromocytoma.

The right adrenal subnormal in size.

Moderate degenerative renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver disease is diffuse. Prognosis is guarded depending upon underlying histopathology or cytology. Ultrasound-guided FNA or core biopsy is indicated along with Leptospiriosis titers. Serial blood pressure measurements are indicated given the left adrenal presentation. The prognosis is guarded. FNA of the pancreas would be ideal as it may be related to the hepatic presentation.



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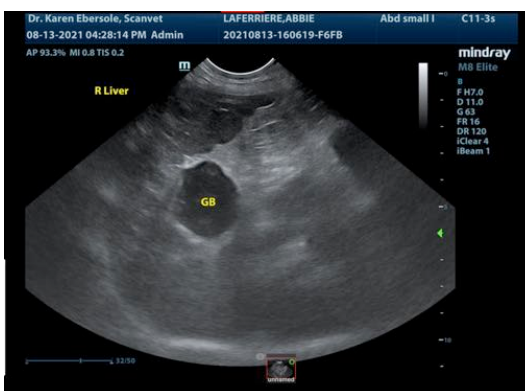
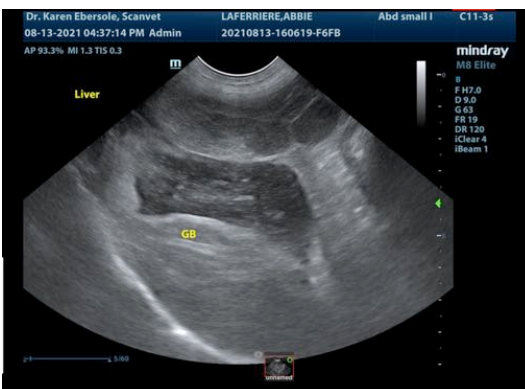
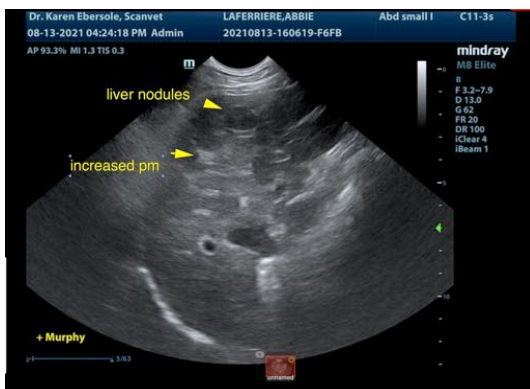
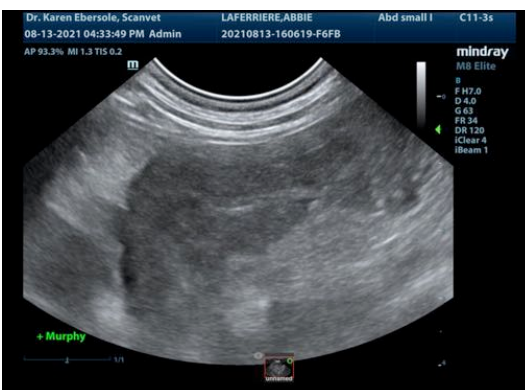
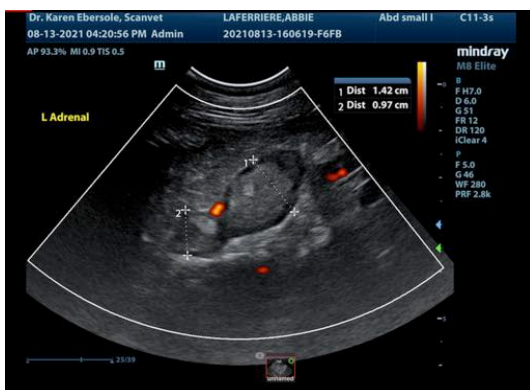
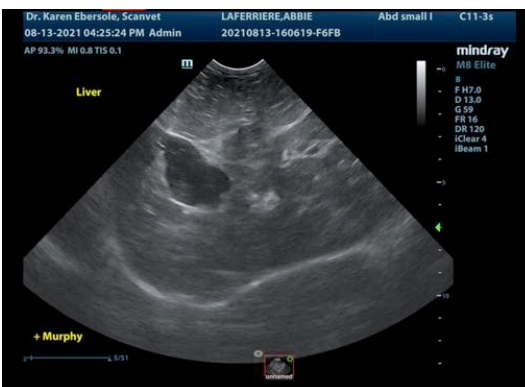
Dr. Drummond

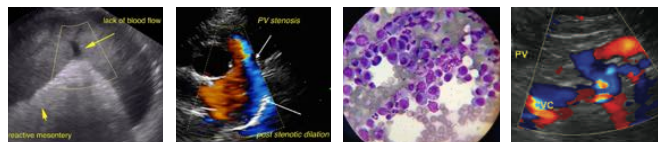
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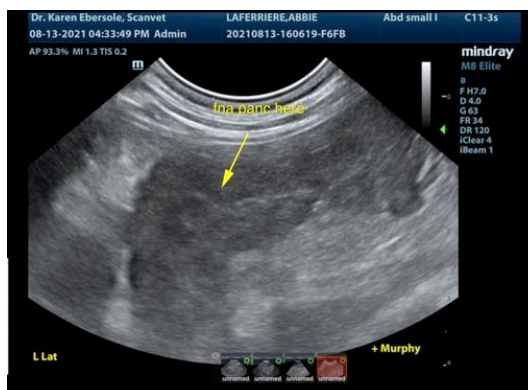
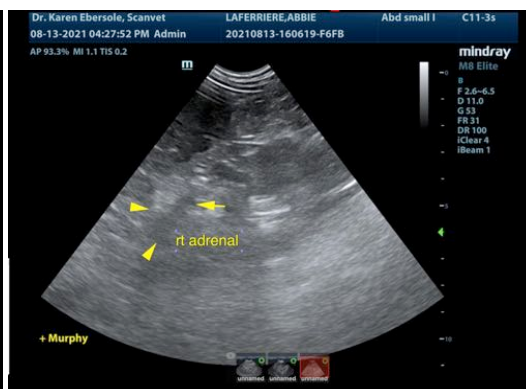
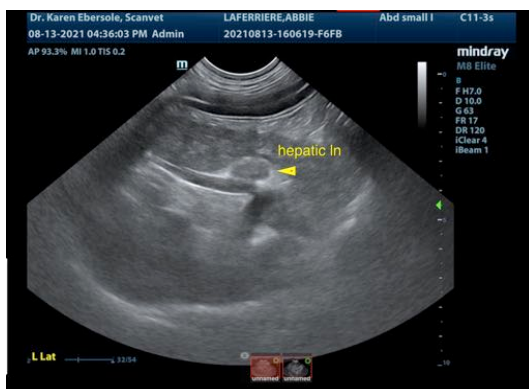
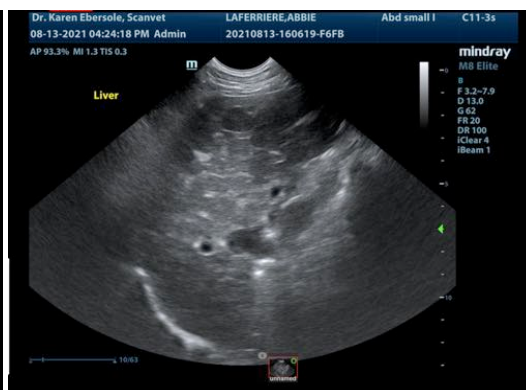
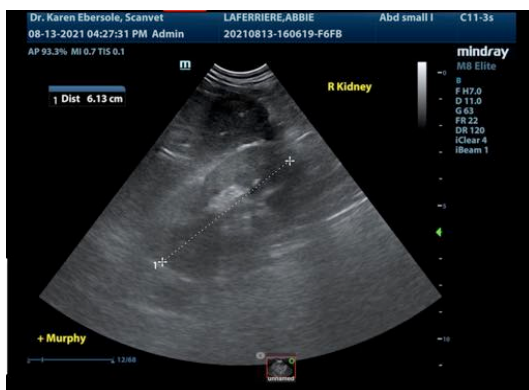
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com