



PATIENT

Dottie Hoffman

SPECIES

Canine

BREED

Chinese Crested

SEX

Spayed Female

AGE

10 Years

WEIGHT

17 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside Vet Clinic

REFERRING VET

Dr. Griffin

INVOICE

40062

DATE

8/2/22

PRESENTING CLINICAL SIGNS

Patient presented for urinating with blood on 7/5 and U/A confirmed UTI but we also noted ALKP of 600 in bloodwork which was only abnormal bloodwork value that day. UTI resolved; however, liver values increased despite being on denamarin for 30 days.

Abnormal PE/Chem/CBC/UA Results: U/A: SG: 1.046, pH 6.5, Pro 30 CBC: WNL CHEM: Alb 4.0, ALT 167, ALKP 876, Lipase 2330

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 5.5 cm. The right kidney measured 5.3 cm.

Adrenal Glands

The **left adrenal gland** was enlarged and irregular with a maximum width of 1.1 cm. No obvious phrenic vein or caval invasion, yet cannot be completely ruled out. CT evaluation warranted.

The **right adrenal gland** was uniform with a maximum width of 0.70 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** presented diffuse coalescing micronodular changes. Increased portal markings noted. This is consistent with pronounced nodular hyperplasia. Gallbladder wall was unremarkable. Minor amount of dependent sludge noted.

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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed.



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Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain 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.

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ULTRASONOGRAPHIC FINDINGS

- Irregular left adrenal enlargement – hyperplasia, carcinoma, pheochromocytoma all possible.
- Age related renal changes
- Diffuse hepatic disease – pronounced nodular hyperplasia pattern.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

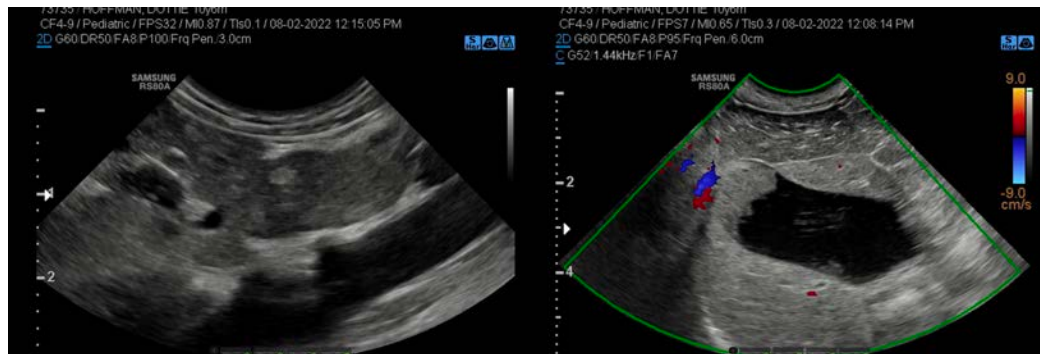
Serial blood pressures warranted. If hypertension is present, urine catecholamine would be indicated. If the patient appears cushingoid, testing for adrenal dependent Cushing's indicated. If crusting skin lesions are present, then hepatocutaneous syndrome is a potential. Given that USG is well concentrated, typical Cushing's is unlikely. The left adrenal may be non-functional. The irregular contour is of concern. Recheck sonogram in one month +/- CT for potential surgical planning.

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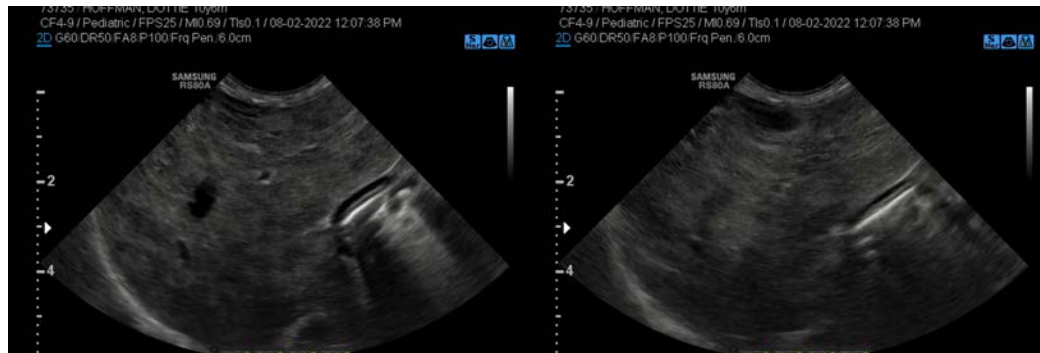
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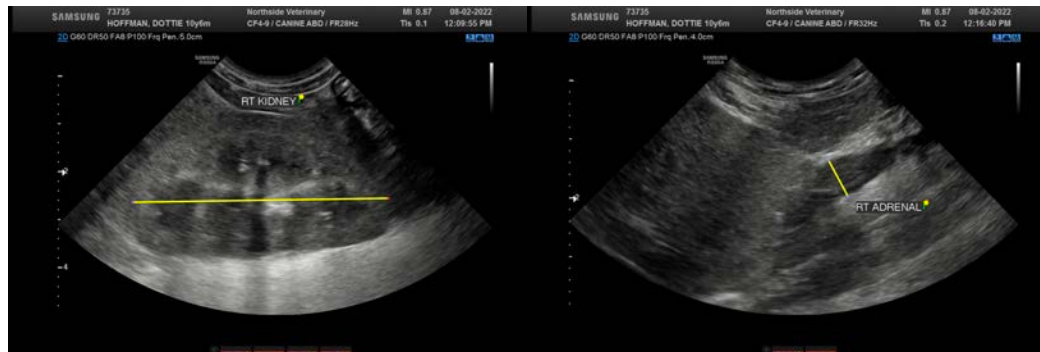


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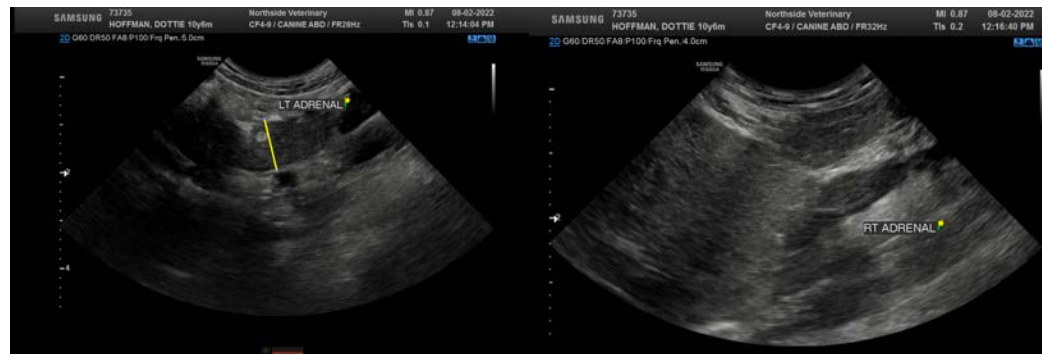
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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