



**PATIENT**

Jeter McCabe

**SPECIES**

Canine

**BREED**

Miniature Poodle

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

18.6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Abdul-Chani

**HOSPITAL NAME**

Byram AH

**REFERRING VET**

Dr. Abdul-Chani

**INVOICE**

32532

**DATE**

8/24/22

**PRESENTING CLINICAL SIGNS**

History: Chronically Elevated liver values Current Meds: None  
Abnormal PE/Chem/CBC/UA Results: CBC = Normal Chem: AST = 104 ; ALT = 545 ; Rest Normal

**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. Corticomedullary mineralization was noted. Slight pinpoint mineralization was noted and non-obstructive. The right kidney measured 4.76 cm. The left kidney measured 4.67 cm.

**Adrenal Glands**

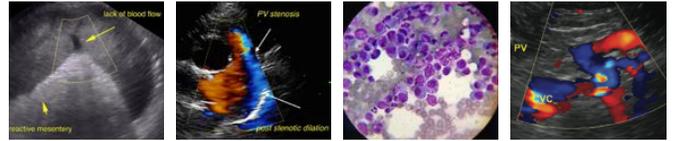
The left **adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.12 x 0.59 cm at the caudal pole and 0.53 cm at the cranial pole. Slight heterogenous changes were noted in the cranial pole of the right adrenal gland. The right adrenal gland measured 2.16 x 0.6 cm at the cranial pole and 0.56 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 uniform parenchyma. The right lateral liver revealed a hyperechoic nodule that measured 1.2 cm. This is likely a lipogranuloma with a mild potential for emerging carcinoma. This should be monitored. The gallbladder revealed a minor amount of dependent debris. The common bile duct was unremarkable.



**PATIENT**

Jeter McCabe

**Gastrointestinal**

**SPECIES**

Canine

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.

**BREED**

Miniature Poodle

**Pancreas**

**SEX**

Neutered male

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.

**AGE**

12 years

**ULTRASONOGRAPHIC FINDINGS**

Structurally unremarkable abdomen.

**WEIGHT**

18.6 lbs

Non-specific inflammatory hepatopathy. Hyperechoic hepatic nodule.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Follow-up ultrasound is recommended in a month to assess for any growth of the hepatic nodule. General FNA +/- FNA of the nodule could be considered for further definition.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

Dr. Abdul-Chani

**HOSPITAL NAME**

Byram AH

**REFERRING VET**

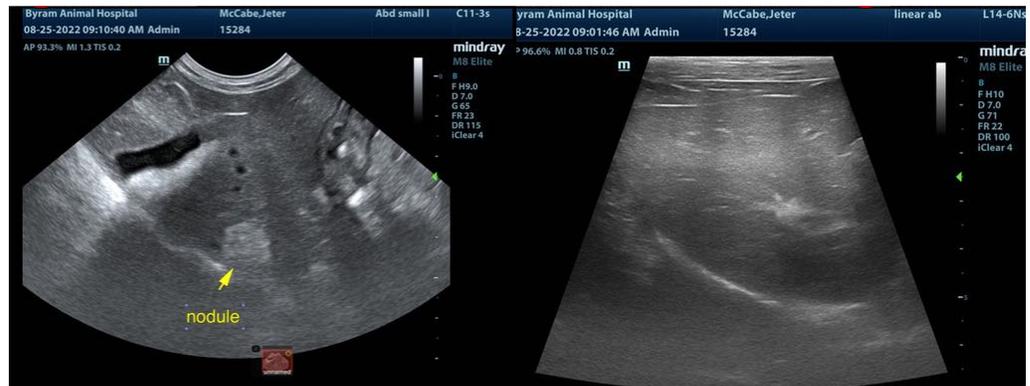
Dr. Abdul-Chani

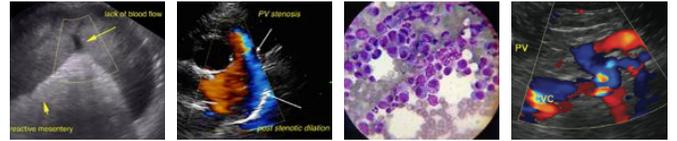
**INVOICE**

32532

**DATE**

8/24/22





**PATIENT**

Jeter McCabe

**SPECIES**

Canine

**BREED**

Miniature Poodle

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

18.6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Abdul-Chani

**HOSPITAL NAME**

Byram AH

**REFERRING VET**

Dr. Abdul-Chani

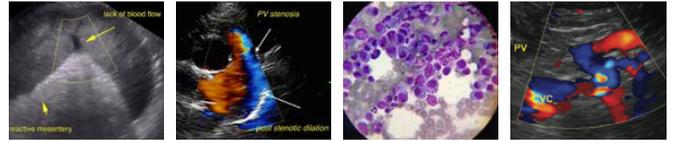
**INVOICE**

32532

**DATE**

8/24/22





**PATIENT**

Jeter McCabe

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.

**SPECIES**

Canine

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.

**BREED**

Miniature Poodle

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

18.6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Abdul-Chani

**HOSPITAL NAME**

Byram AH

**REFERRING VET**

Dr. Abdul-Chani

**INVOICE**

32532

**DATE**

8/24/22