



PATIENT

Glory Flueso

PRESENTING CLINICAL SIGNS

History: Arthritis, bloodwork performed to start NSAIDS
Abnormal PE/Chem/CBC/UA Results: ALT (H) 127, ALP (H) 812

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mix

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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.

SEX

Spayed female

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 right kidney measured 6.63 cm. The left kidney measured 6.55 cm.

AGE

8 years

WEIGHT

68.8 lbs

Adrenal Glands

Both **adrenal glands** were 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 0.5 cm and the left adrenal gland measured 0.45 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Dr. Green

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.

HOSPITAL NAME

Stangelin VC

Liver

REFERRING VET

Dr. Green

The **liver** revealed a hypoechoic, expansive nodule in the left lateral lobe measuring 1.84 cm with coarse architecture noted with other nodular changes in an overt 5.8 cm, mixed, hypoechoic mass in the left liver. Nodular changes were noted in the right liver. The gallbladder and common bile duct were unremarkable.

INVOICE

32127

Gastrointestinal

DATE

8/3/22

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



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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

Mix

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed female

Left lateral hepatic mass with other nodular changes.

AGE

8 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Left lobectomy is indicated if right-sided nodular changes are benign on FNA. FNA of the left and right-sided hepatic changes are recommended +/- CT for surgical planning. Pronounced nodular hyperplasia versus carcinoma or primary metastatic disease if at all possible.

WEIGHT

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IMAGING PERFORMED BY

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HOSPITAL NAME

Stangelin VC

REFERRING VET

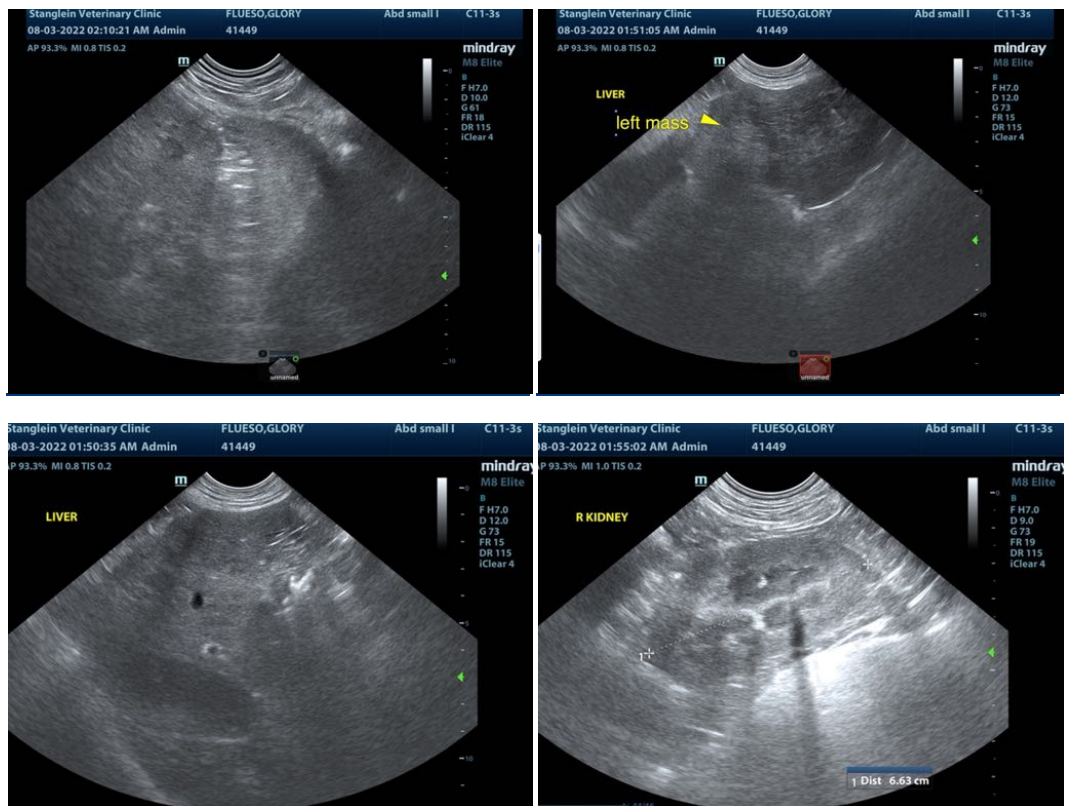
Dr. Green

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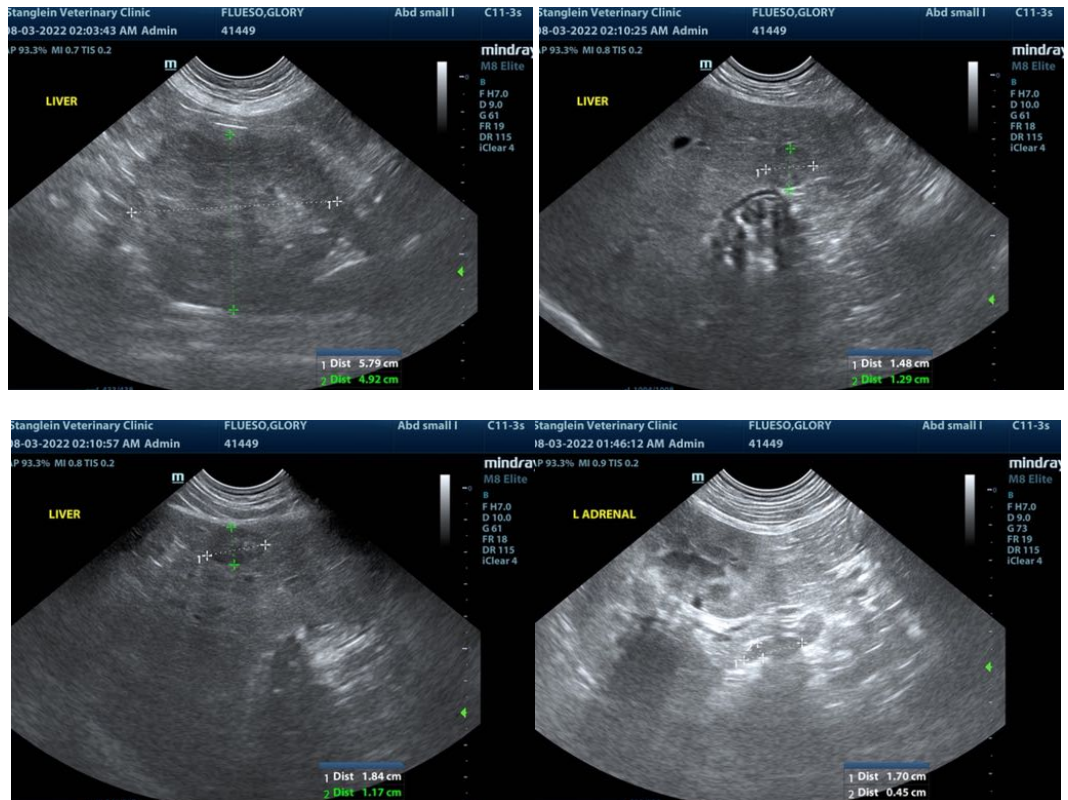
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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