



PATIENT

Charlista McCreight

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

11 years

WEIGHT

54.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Griffin

INVOICE

32162

DATE

8/4/22

PRESENTING CLINICAL SIGNS

History: Patient has had increased panting and thirst Patient has been on alprozolam and fluoxetine long term for separation anxiety

Abnormal PE/Chem/CBC/UA Results: PE: 7/16/22 Discovered new heart murmur on annual exam and owner elected bloodwork and rads CBC: MCH 55.3 -Chem: GLOB 4.7, ALT 127, ALKP 399 -SDMA: WNL -TT4: 0.7 -Rads: enlarged liver, no obvious mass in chest or abdomen, vhs was wnl Recheck bloodwork 7/30/22 after being on Denamarin and thyroid tabs -Chem: ALKP 340 -TT4: 0.

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. Both kidneys measured 7.0 cm.

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 left adrenal gland measured 0.6 cm. The right adrenal gland measured 0.6 cm.

Spleen

The **spleen** revealed multi-focal, hyperechoic nodular changes.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

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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.

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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.

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Spayed female

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

AGE

11 years

Benign, largely age related hepatic changes. Low-grade inflammatory hepatopathy given the clinical profile.

WEIGHT

54.4 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver could be considered for further definition, yet there was no evidence of neoplasia or significant disease.

INTERPRETED BY

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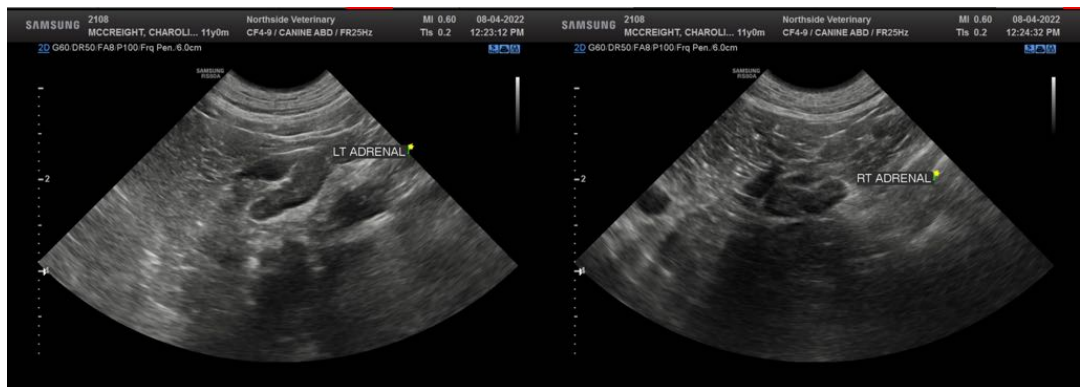
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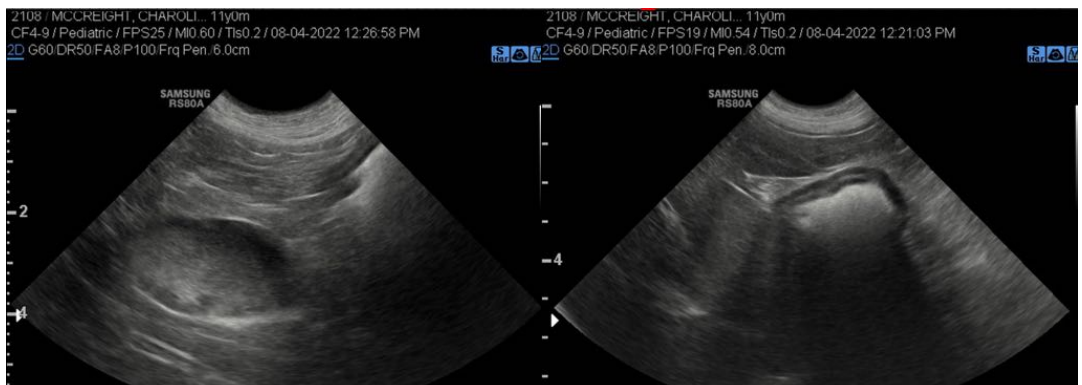
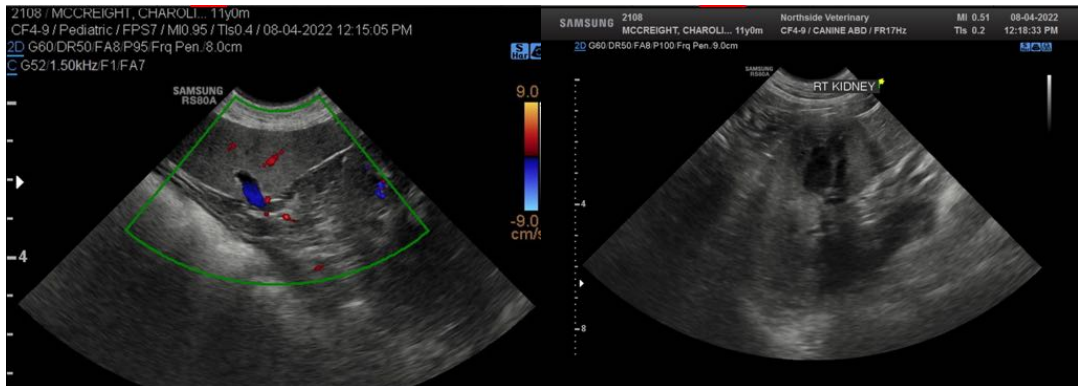
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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