



PATIENT

Dovey Vique

SPECIES

Canine

BREED

German Short Hair Mix

SEX

Spayed Female

AGE

12 Years

WEIGHT

66 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Willowbrook AC

REFERRING VET

Dr. Palescandolo

INVOICE

16783

DATE

8/8/22

PRESENTING CLINICAL SIGNS

History: Elevated ALT - responded well to meds. Check liver. Current meds: Amoxicillin 500mg, Denosyl 425mg, Cerenia 60mg

Abnormal PE/Chem/CBC/UA Results: ALT >2000

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 mild 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 7.18 cm. The right kidney measured 6.38 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 right adrenal gland measured 2.13 cm x 0.65 cm at the caudal pole and 0.81 cm at the cranial pole. The left adrenal gland measured 2.78 cm x 0.68 cm at the caudal pole and 0.61 cm at the cranial pole.

Spleen

The **spleen** revealed hyperechoic lipogranulomatous changes at the splenic hilus. The spleen was normal in size and contour otherwise with subtle heterogeneous changes noted elsewhere. Cranial folding of the spleen was noted, not pathological.

Liver

The **liver** was normal in size, contour and vascularity. Slight increased portal markings and mild coarse architecture were noted. The gallbladder and common bile duct were unremarkable. This is a nonspecific low grade inflammatory hepatopathy.

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



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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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ULTRASONOGRAPHIC FINDINGS

- Normal geriatric abdomen
- Slight heterogeneous splenic changes, subjectively benign
- Nonspecific chronic inflammatory hepatopathy (minor)

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German Short Hair Mix

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

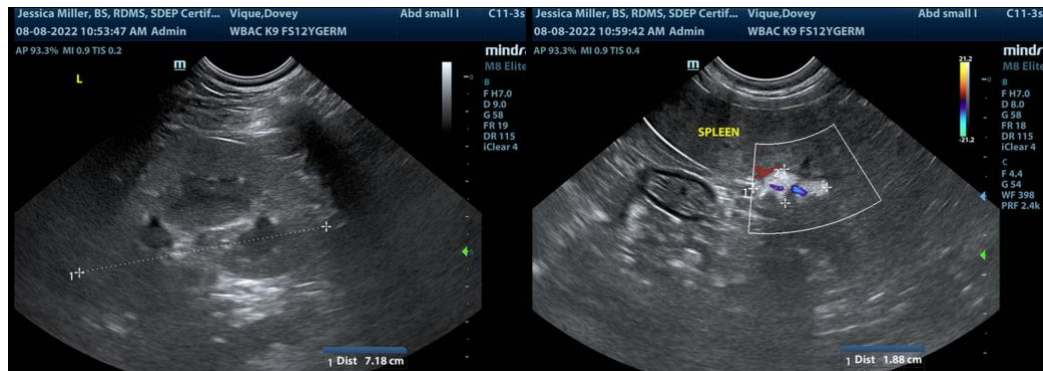
FNA of the liver could be considered to assess for further definition of inflammatory cell type, yet subjectively appears benign. Nonspecific hepatic insult with high ALT- Leptospirosis or toxin exposure, such as mushrooms or similar should be considered. No evidence or suspicion of neoplasia.

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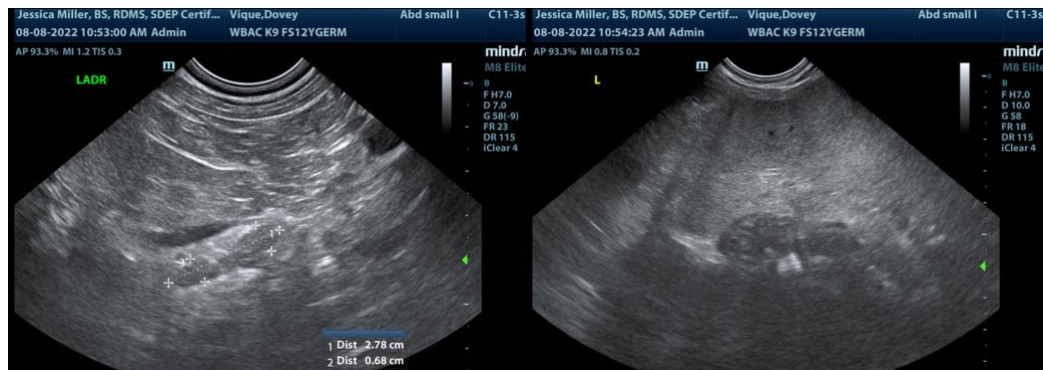


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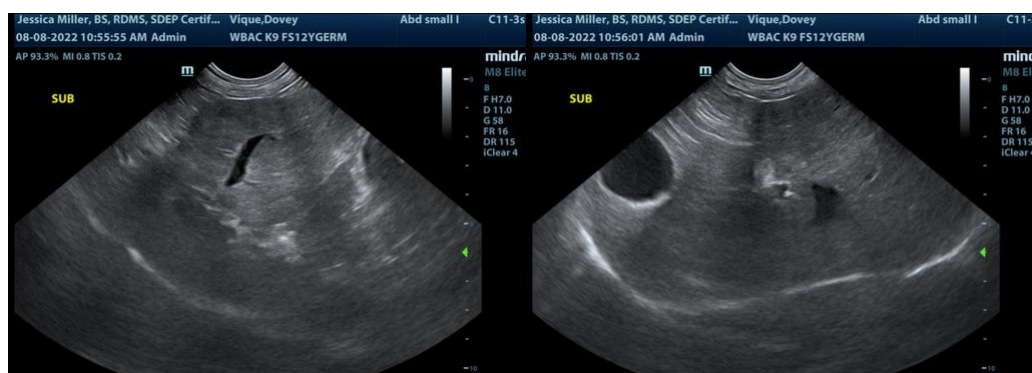
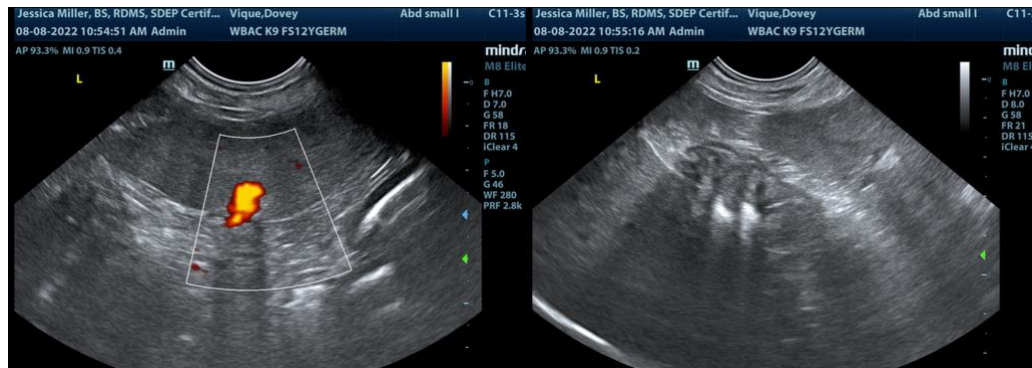
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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