



**PATIENT** **PRESENTING CLINICAL SIGNS**

Sally McGuire

History: scheduled for dental with extractions today (loose incisors, moderate calculus, but not expecting too many extractions), pre-op bloodwork showed high ALP and mildly elevated ALT after discussing with owner, owner does report that patient pees more often than she used to, not urinating in the house but asks to go out a lot want to make sure nothing obvious to preclude anesthesia for the dental, check for possible causes and next steps going to collect urine for UA when able to (patient is boarding with us for the week) we have not appreciated any urinary abnormalities while boarding  
Abnormal PE/Chem/CBC/UA Results: ALP 634 ALT 157 last BW in 2018 for last dental was WNL

**SPECIES**

Canine

**BREED**

Maltese Mix

**SEX**

Spayed female

**AGE**

8 years

**WEIGHT**

12 lbs

**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. Minor cortical mineralization was noted. The left kidney measured 3.55 cm with non-obstructive mineralization. The mineralization is in position to potentially move. The largest calculus measured 0.5 cm. The right kidney measured 3.6 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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 0.5 cm. The right adrenal gland measured 0.5 cm at the cranial pole and 0.5 cm at the caudal pole.

**IMAGING PERFORMED BY**

Dr. Rosen

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**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.

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**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. A hypoechoic nodule was noted in the left cranial liver. The nodule measured 1.12 cm at maximum width. There was mild disruption of architecture. Some age-related

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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.

**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. 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.

**ULTRASONOGRAPHIC FINDINGS**

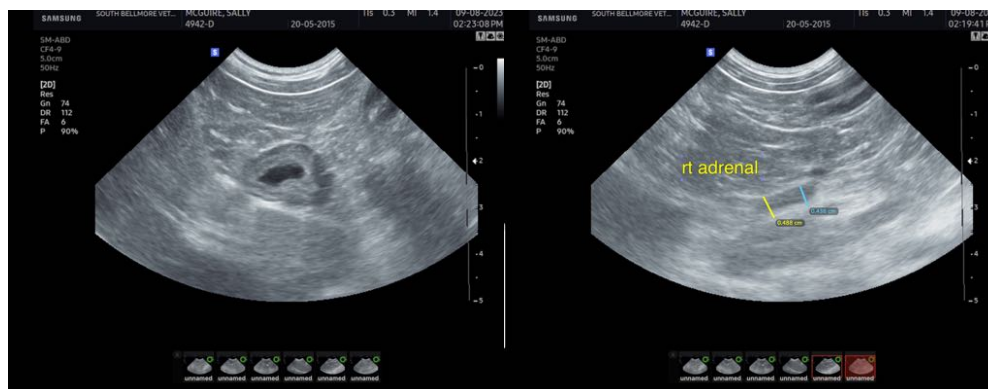
Subjectively benign hepatopathy with nodule. Nodular hyperplasia versus emerging carcinoma with a minor potential for abscessation.

Non-obstructive nephrolithiasis.

Structurally normal adrenal glands.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of the liver nodule would be ideal. If a FNA is not obtained a follow-up is recommended in a month to assess for any growth. The patient may be passing calculi periodically, yet no obstructive disease was noted at this time.





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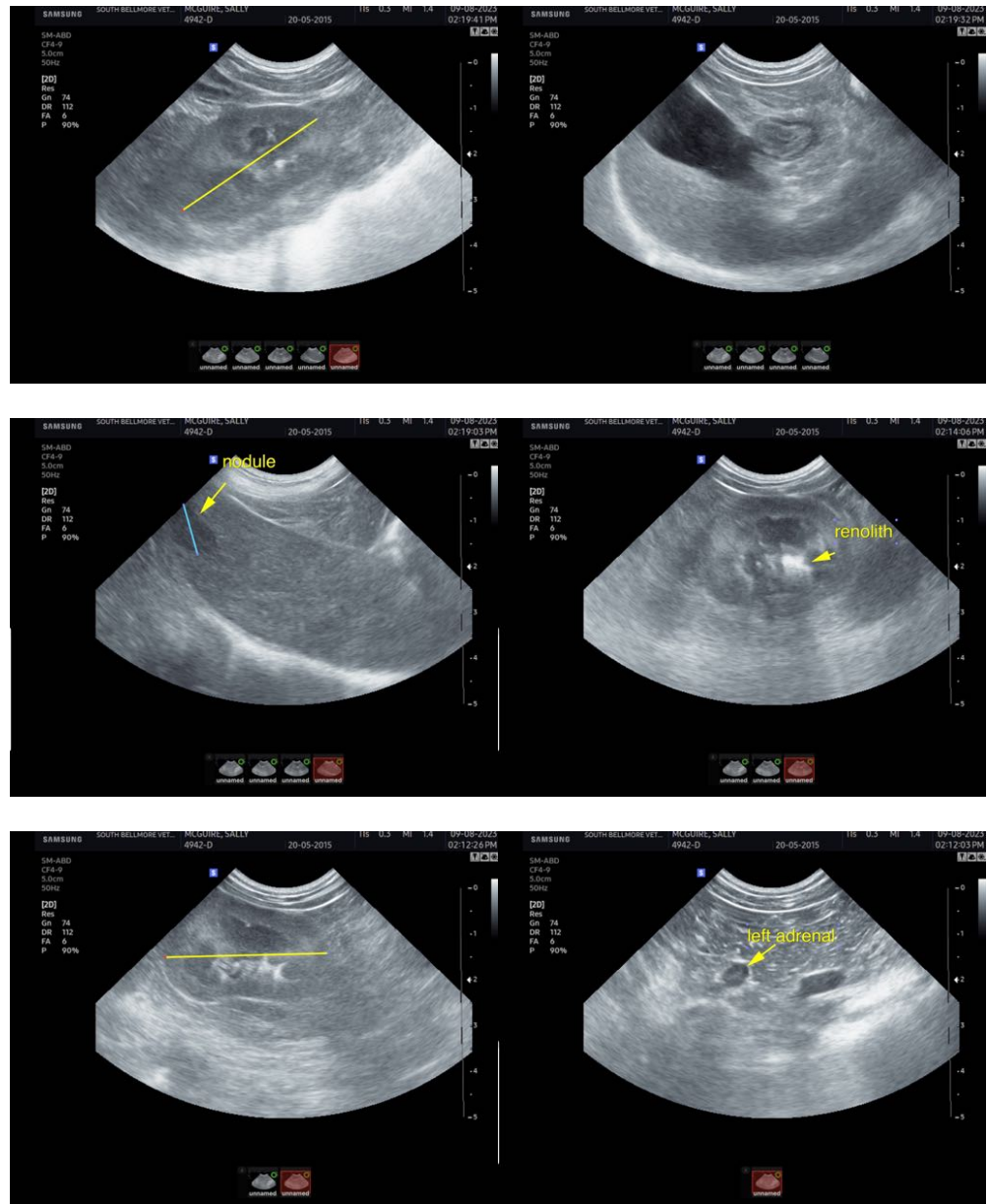
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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