



PATIENT

Bella Detlefson

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

12 Years

WEIGHT

27 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Desen Ertunc

HOSPITAL NAME

Healing Spirit

REFERRING VET

Dr. Desen Ertunc

INVOICE

25402

DATE

9/14/21

PRESENTING CLINICAL SIGNS

Noted elevated liver enzymes on recent annual b/w. Clinically doing well. Does develop multiple ID cysts containing clear transudate confirmed via biopsy, unsure if related to cyst in liver. ALT/AST all WNL 1 year prior.

Abnormal PE/Chem/CBC/UA Results: PE- Multiple cysts, otherwise WNL. ALT= 376 (18 - 121) U/L AST = 68 (16-55) U/L CBC/T4/spec cPL all WNL.

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 3.0 cm beyond the cystourethral junction.

The **kidneys** presented moderate degenerative changes with pyelectasia. The left kidney measured 3.5 cm. The right kidney measured 3.5 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 1.7 cm x 0.35 cm at the cranial pole and 0.38 cm at the caudal pole. The right adrenal gland measured 2.2 cm x 0.91 cm at the cranial pole and 0.50 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 were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. A large complex echogenic cyst was noted in the left cranial liver measuring approximately 7.0 cm. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was unremarkable and impinged upon by the cyst.

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.



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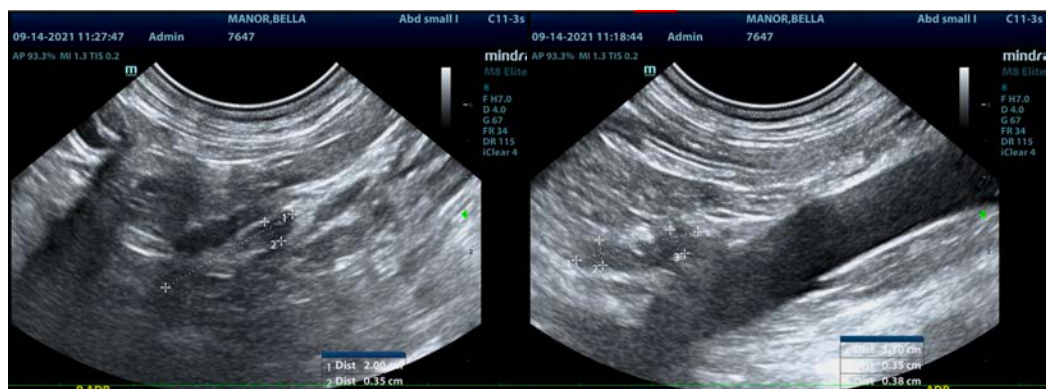
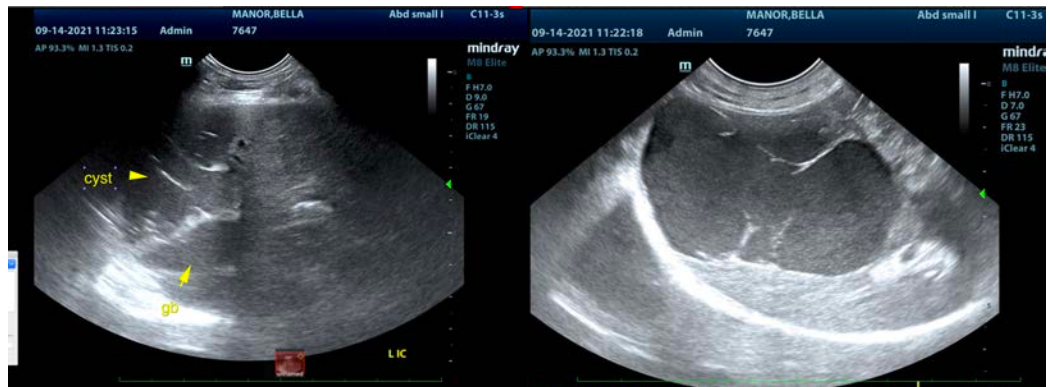
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ULTRASONOGRAPHIC FINDINGS

- Moderate chronic renal changes with pyelectasia
- Left cranial liver cyst
- Unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis warranted to assess for any evidence of UTI. Ultrasound guided drainage, culture and cytology of the hepatic cyst indicated. May be infected/abscess.





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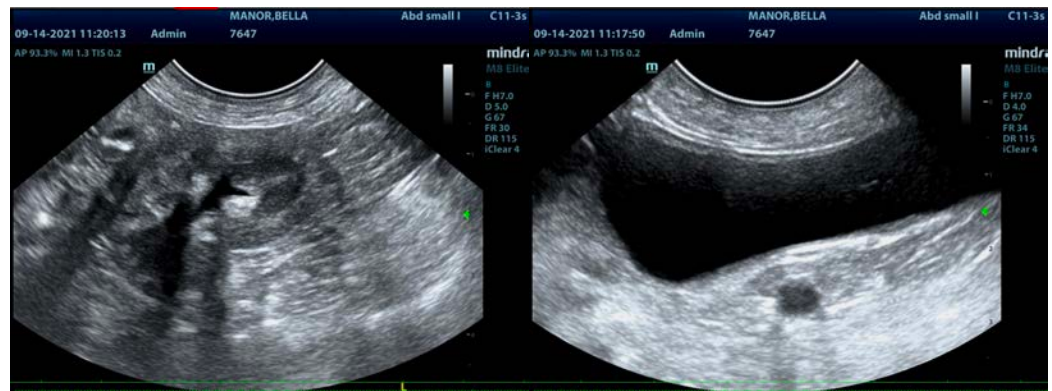
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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