



PATIENT

Sophie Jennings

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

14 Years

WEIGHT

26 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Countryside AC

REFERRING VET

Dr. Cox

DATE

9/16/22

Invoice

17327

PRESENTING CLINICAL SIGNS

History: Increased ALP noted at annual screening. Possibility she had chewed up owners Celecoxib (NSAID). Liver Chemistry rechecked 2 weeks later and values had gotten worse. Current Medications Phenobarbital, KBR

Abnormal PE/Chem/CBC/UA Results: ALT-146 ALP- 5548 GGT- 19

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mild mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **uterine stump** measured 4.0 mm.

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 right kidney measured 5.73 cm. The left kidney measured 5.11 cm.

Adrenal Glands

Both **adrenal glands** were mildly enlarged. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are mild and likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 2.61 cm x 0.74 cm at the cranial pole and 0.68 cm at the caudal pole. The right adrenal gland measured 2.26 cm x 1.57 cm at the cranial pole and 0.77 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



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The **liver** revealed an expansive isoechoic left sided liver mass, measuring approximately 6.0 cm, occupying the majority of the left cranial liver. The margins were somewhat ill-defined. Irregular swelling was noted throughout the liver. The gallbladder revealed minor polypoid changes. The portal vein and vena cava were unremarkable, as was the common bile duct.

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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.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some moderate parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. Some low grade level of inflammation is possible in the right limb.

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ULTRASONOGRAPHIC FINDINGS

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- Bilateral adrenal hypertrophy, potential emerging PDH
- Swollen irregular liver with overt hepatoma type left sided mass formation, possible underlying carcinoma- FNA indicated
- Urinary bladder debris
- Age-related renal changes

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation for potential surgical planning would be ideal. Full left liver lobectomy would be necessary. The right liver appeared subjectively unremarkable. The swelling/mass formation does not appear necessarily aggressive; however, it is expansive. Pronounced hepatoma and nodular hyperplasia versus carcinoma are primary concerns. If the patient appears Cushingoid, concurrent work up for pituitary dependent Cushings is indicated given the bilateral adrenal swelling.

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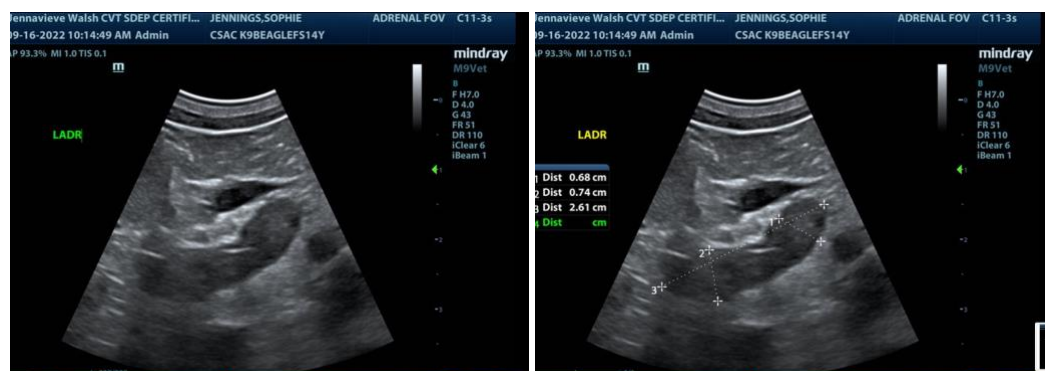
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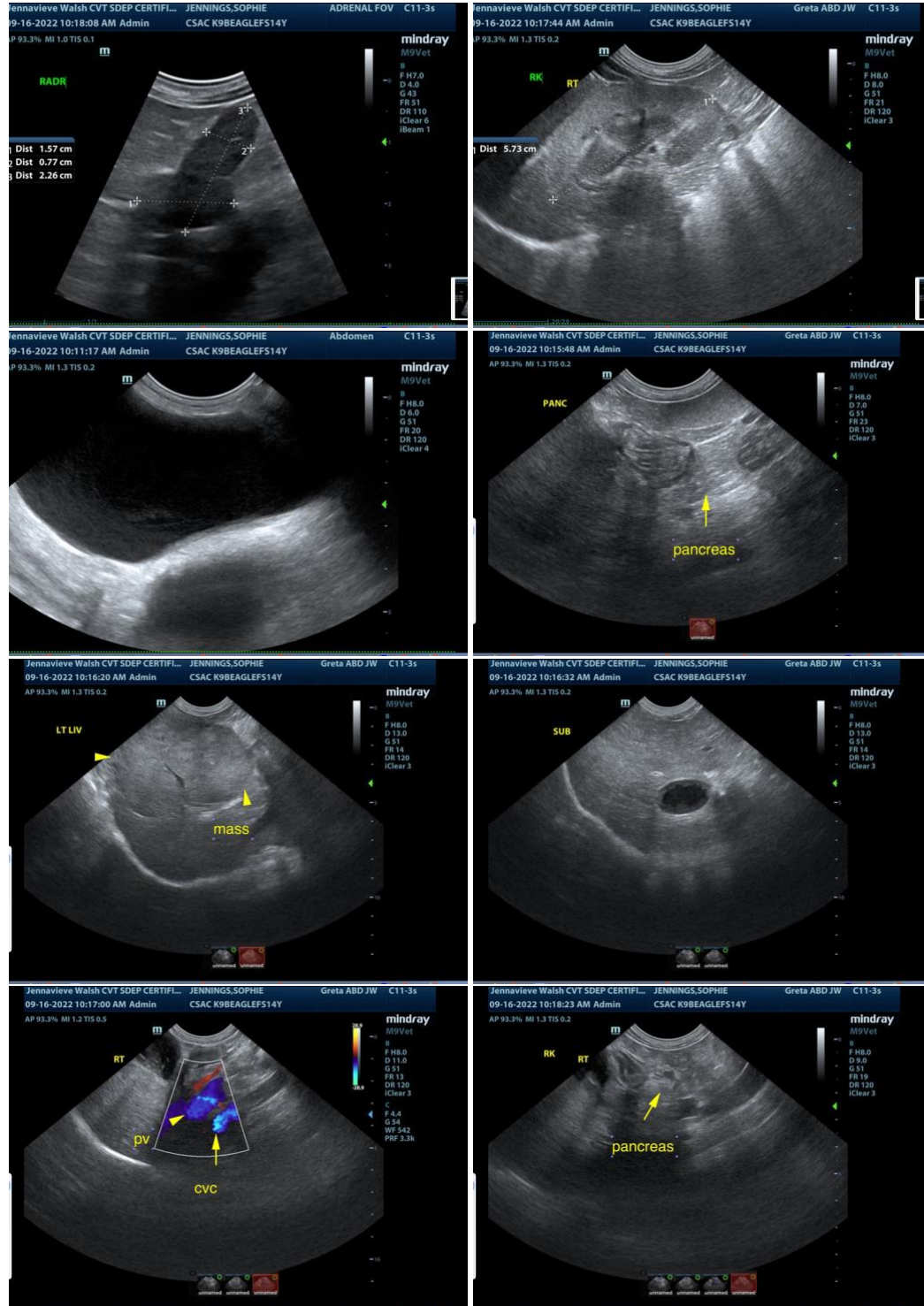
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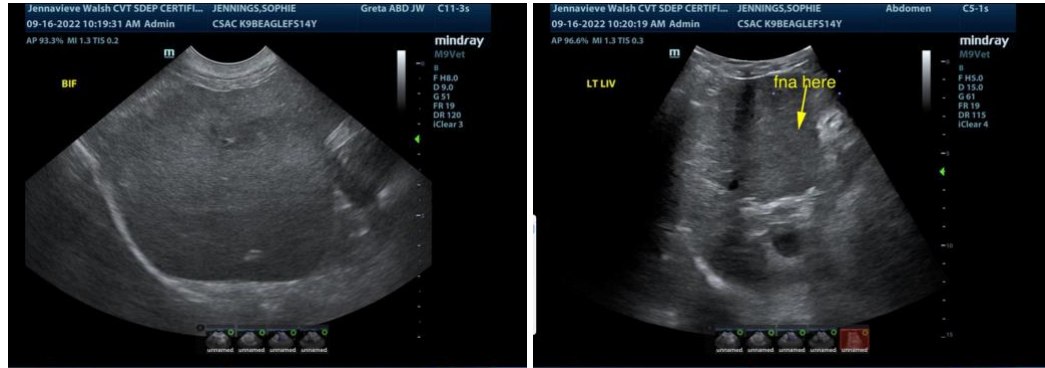
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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