



**PATIENT**

Bello Nardini

**PRESENTING CLINICAL SIGNS**

Referred to us for TTA-2; Has Hx of chronically elevated liver enzymes. Owner want to assess liver prior to Sx.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Doberman

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.

**SEX**

Neutered Male

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. The right kidney measured 8.36 cm. The left kidney measured 7.62 cm.

**AGE**

8 Years

**Adrenal Glands**

Both **adrenal glands** were flattened and slightly subnormal in size. The right adrenal gland measured 0.57 cm at the cranial pole and 0.47 cm at the caudal pole. The left adrenal gland measured 0.51 cm at the caudal pole and 0.38 cm at the cranial pole.

**WEIGHT**

100 Pounds

**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.

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**Liver**

The **liver** revealed coarse architecture and increased portal markings. The gallbladder and common bile duct were unremarkable.

**IMAGING PERFORMED BY**

Dr. Sam Doverspike

**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.

**HOSPITAL NAME**

Franklin Animal Clinic

**REFERRING VET**

Dr. Sam Doverspike

**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.

**INVOICE**

41782

**ULTRASONOGRAPHIC FINDINGS**

**DATE**

9/30/22

- Non-specific chronic inflammatory hepatopathy
- Flattened adrenal glands



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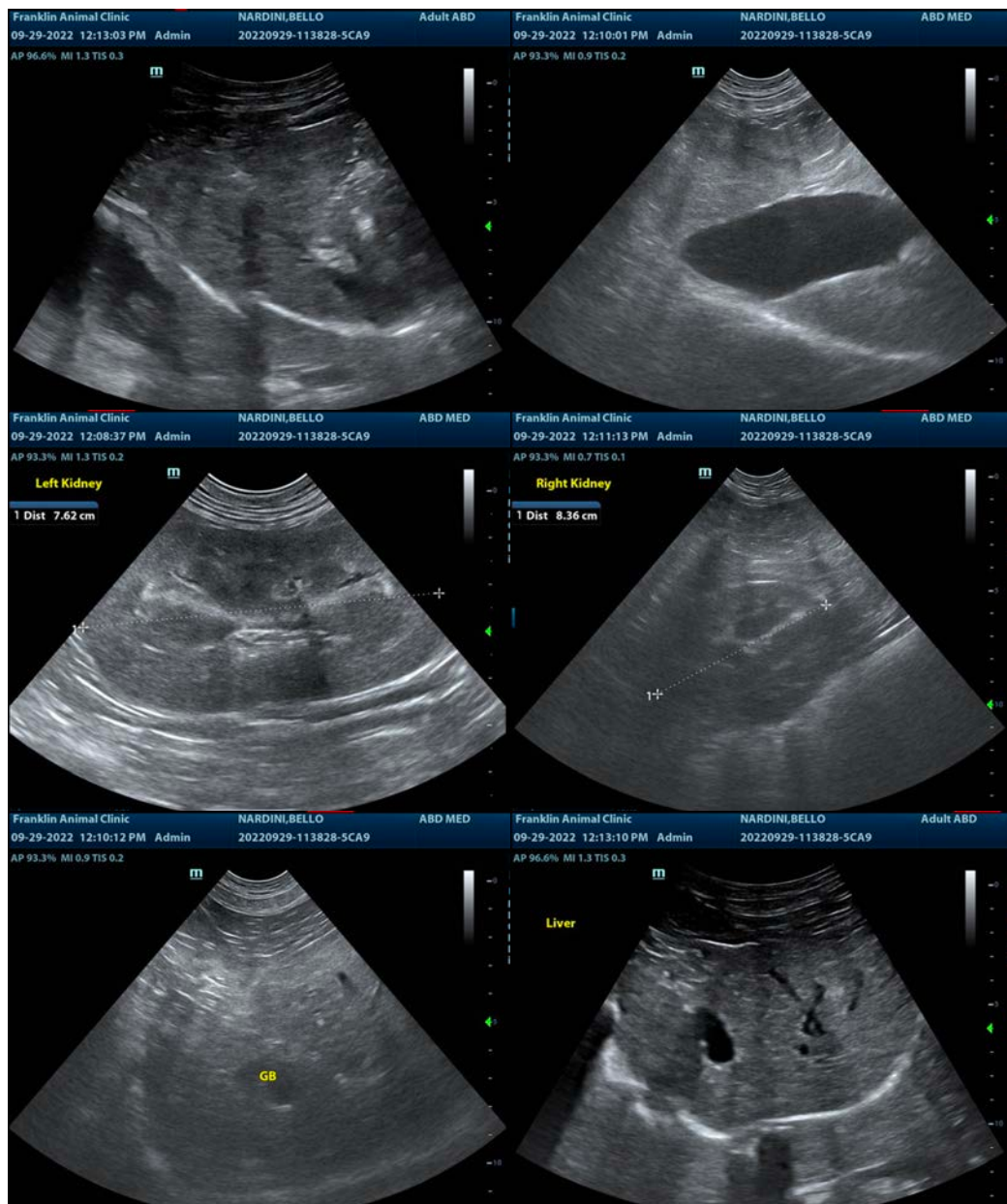
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Coagulation panel and ultrasound guided FNA or better yet core biopsy would be indicated in this patient for further definition. Bile acid profile warranted to assess for any dysfunction prior to anesthetic procedure. Quantitative copper evaluation warranted. Baseline cortisol warranted to ensure a subclinical Addisonian state is not present, given the flattened adrenal glands. Full coagulation panel with vonn willebrand's factor evaluaton indicated. Leptospirosis warranted to rule out subclinical disease.





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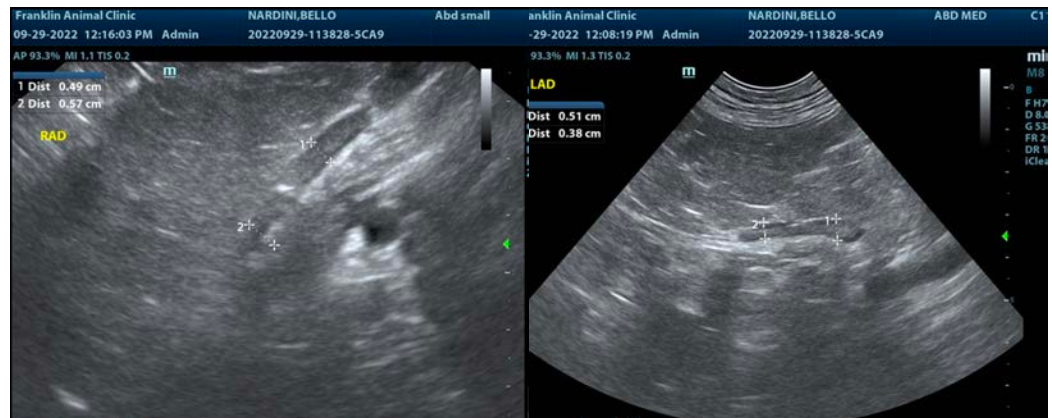
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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