



PATIENT PRESENTING CLINICAL SIGNS

Lily Guevara dx with pancreatitis yesterday Hepatomegaly on rads and note on AUS in 12/21 F/u on liver pathology
Current meds PlasmaLyte

SPECIES Abnormal PE/Chem/CBC/UA Results: CPL abnormal, ALP >2000 LDDST consistent with DDH

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Shih Tzu X 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.

SEX

Spayed Female The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 4.7 cm. The left kidney measured 4.2 cm.

AGE

7 Years

WEIGHT

17 Pounds

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 1.78 cm x 0.98 cm at the cranial pole and 0.74 cm at the caudal pole. The left adrenal gland measured 1.35 cm at the caudal pole and 0.43 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME *Liver*

Rockaway AH

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

REFERRING VET

Dr. Maniar

Gastrointestinal

INVOICE

Some retention of ingesta noted in the **stomach**, minor. The small intestine and colon were unremarkable.

41792

DATE

9/30/22



PATIENT

Pancreas

Lily Guevara

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Shih Tzu X

- Subjectively benign metabolic hepatopathy with remodeling and minor excessive gallbladder debris
- Moderate degenerative renal changes
- Structurally normal adrenal glands

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver indicated for further definition. PDH is still a possibility. However, solid parameters should be present prior to potential treatment.

AGE

7 Years

WEIGHT

17 Pounds

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HOSPITAL NAME

Rockaway AH

REFERRING VET

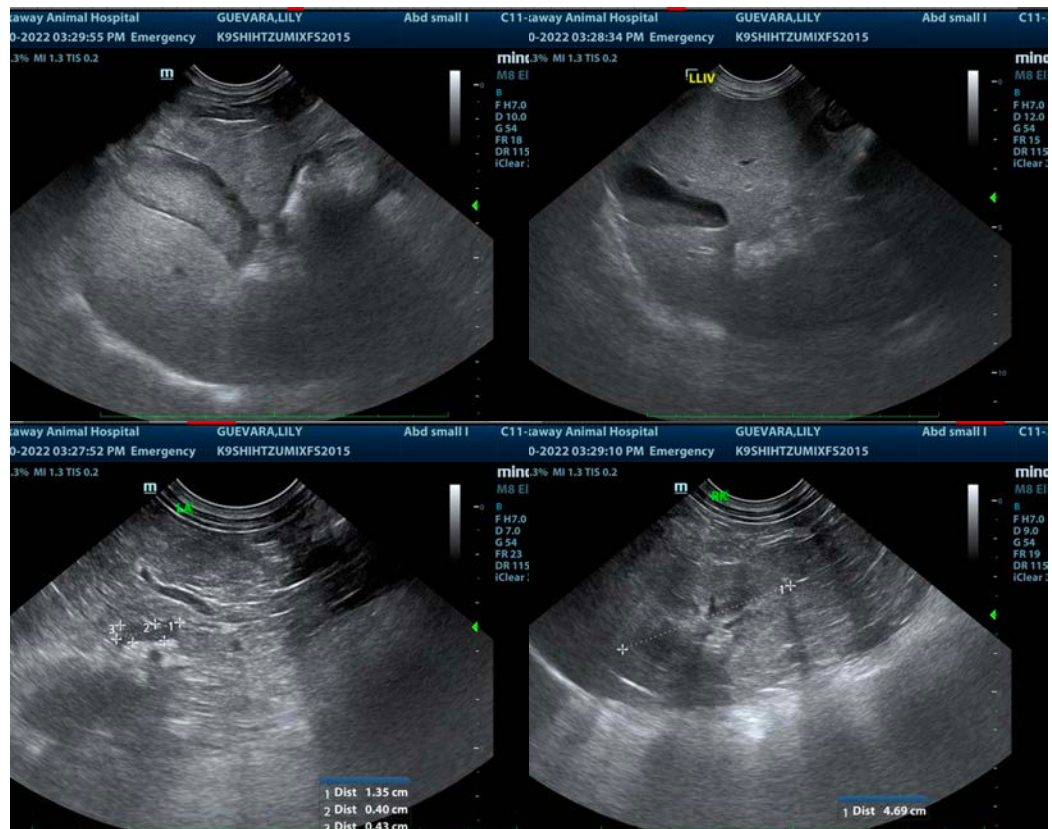
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PATIENT

Lily Guevara

SPECIES

Canine

BREED

Shih Tzu X

SEX

Spayed Female

AGE

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WEIGHT

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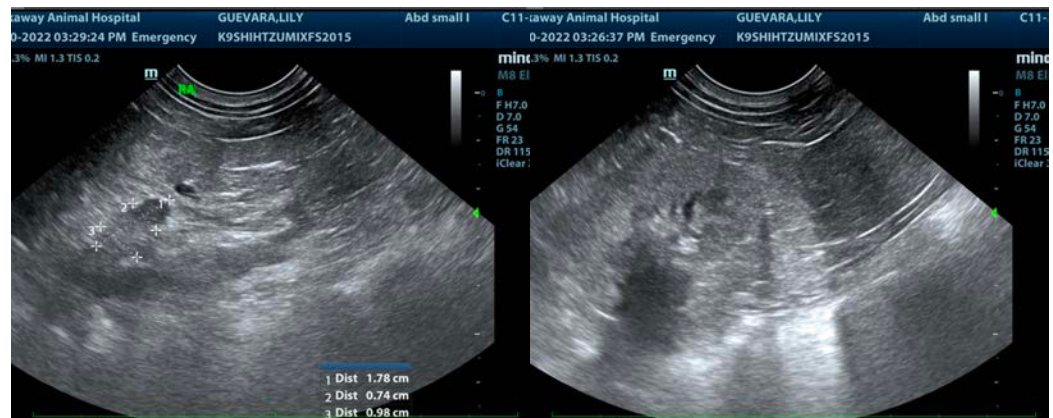
Dr. Maniar

INVOICE

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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.

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