



**PATIENT**

Jodi Ryerson

**PRESENTING CLINICAL SIGNS**

History: V/D hx of liver dz

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Labrador

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.

**SEX**

Spayed Female

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 left kidney measured 5.17 cm. The right kidney measured 5.0 cm.

**AGE**

8 years

**Adrenal Glands**

**WEIGHT**

58 lbs

The left **adrenal gland** was 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 1.66 x 0.29 cm at the caudal pole and 0.4 cm at the cranial pole. The region of the right adrenal gland was imaged with no evidence of pathology,

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

**IMAGING PERFORMED BY**

Jenn

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.

**HOSPITAL NAME**

Rockaway AH

**Liver**

**REFERRING VET**

Dr. Maniar

The **liver** is subnormal in size with multi-focal, isoechoic, nodular changes with increased portal markings. Capsular retraction was noted in the liver. The gallbladder and common bile duct were unremarkable.

**INVOICE**

91649

**Gastrointestinal**

**DATE**

9/6/21

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**SPECIES**

Canine

**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.

**BREED**

Labrador

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

Microhepatica with undefined nodular changes.

**AGE**

8 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I am concerned for cirrhosis or potential pronounced nodular hyperplasia. Bile acid profile is warranted if bile acids are elevated then a core liver biopsy is indicated. Otherwise, the abdomen is unremarkable.

**WEIGHT**

58 lbs

Dietary indiscretion, food intolerance/indiscretion, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

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**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

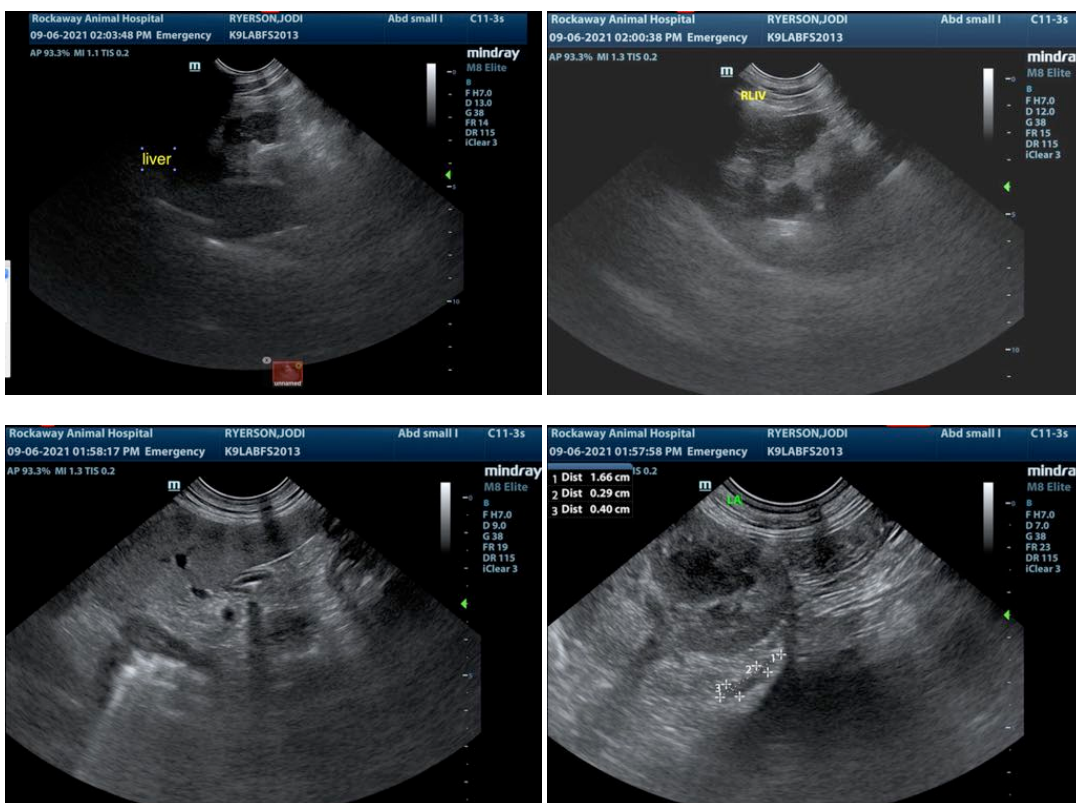
Dr. Maniar

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**SPECIES**

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**BREED**

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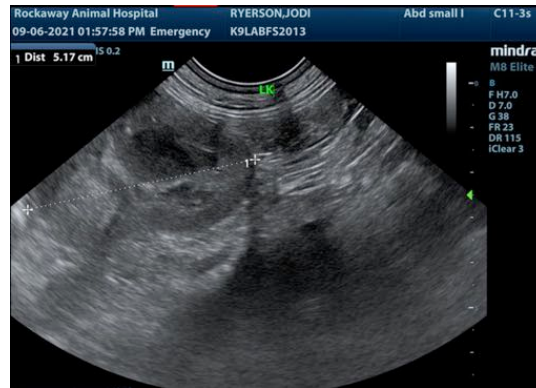
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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