



PATIENT

Khloe Hansberry

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

12 years

WEIGHT

4.5 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Hallden

DATE

12/21/21

Invoice
94794

PRESENTING CLINICAL SIGNS

Obese spayed female with chronic ALP elevation. Possible hepatomegaly per palpation. Prior history of repeated struvite bladder stones/cystotomy procedures resulting in chronic use of Royal Canin SO diet. No recognized PU/PD (may be masked by diet). Tracheal collapse could contribute to ALP increase. Value elevation persisted despite dentistry with abscessed tooth extractions in 10/2021. Lacking use of NSAIDs or seizure medications.

Abnormal PE/Chem/CBC/UA Results: Alkaline phosphatase 878 IU/L (12/2/2021), 716 (10/2/2021 preop), 244 (8/29/2020). New proteinuria with quiet sediments in 2021: 2+ with USG 1.031 (8/2021) and 1+ with USG 10/16/21. Thrombocytosis 930 10^3 uL (12/2/2021), 808 (10/2/2021), 628 (8/29/2020) Current Medications Phenylpropranolamine HCl 12.5 mg BID, ophthalmic cyclosporine BID, prn Apoquel, Fish Oil EOD, Cosequin joint supplement q 24hr, Bravecto q 12wk, monthly Interceptor Plus

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 was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.9 cm. The right kidney measured 4.11 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 2.28 x 0.7 cm at the caudal pole and 0.76 cm at the cranial pole. The left adrenal gland measured 1.73 x 0.63 cm at the caudal pole and 0.54 cm at the cranial 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



PATIENT

Khloe Hansberry

congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

SPECIES

Canine

Liver

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. Occasional hypoechoic nodular change and minor irregular swelling was noted. 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.

BREED

Yorkie

SEX

Spayed Female

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.

AGE

12 years

WEIGHT

4.5 kg

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.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

ULTRASONOGRAPHIC FINDINGS

Subjectively benign hepatopathy with mild, irregular lobar swelling.
Occasional, non-disruptive nodule.

**IMAGING
PERFORMED BY**

Jenna Walsh, CVT

Minor renal mineralization.

HOSPITAL NAME

VCA Salem AH

Bilateral adrenal hypertrophy.

REFERRING VET

Dr. Hallden

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Reassessment of the urine specific gravity is warranted to assess if PU/PD is present, if so then work-up for PDH is indicated. . The renal changes are non-specific. Subjectively the liver appears benign.

DATE

12/21/21

Invoice
94794



PATIENT

Khloe Hansberry

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

12 years

WEIGHT

4.5 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Salem AH

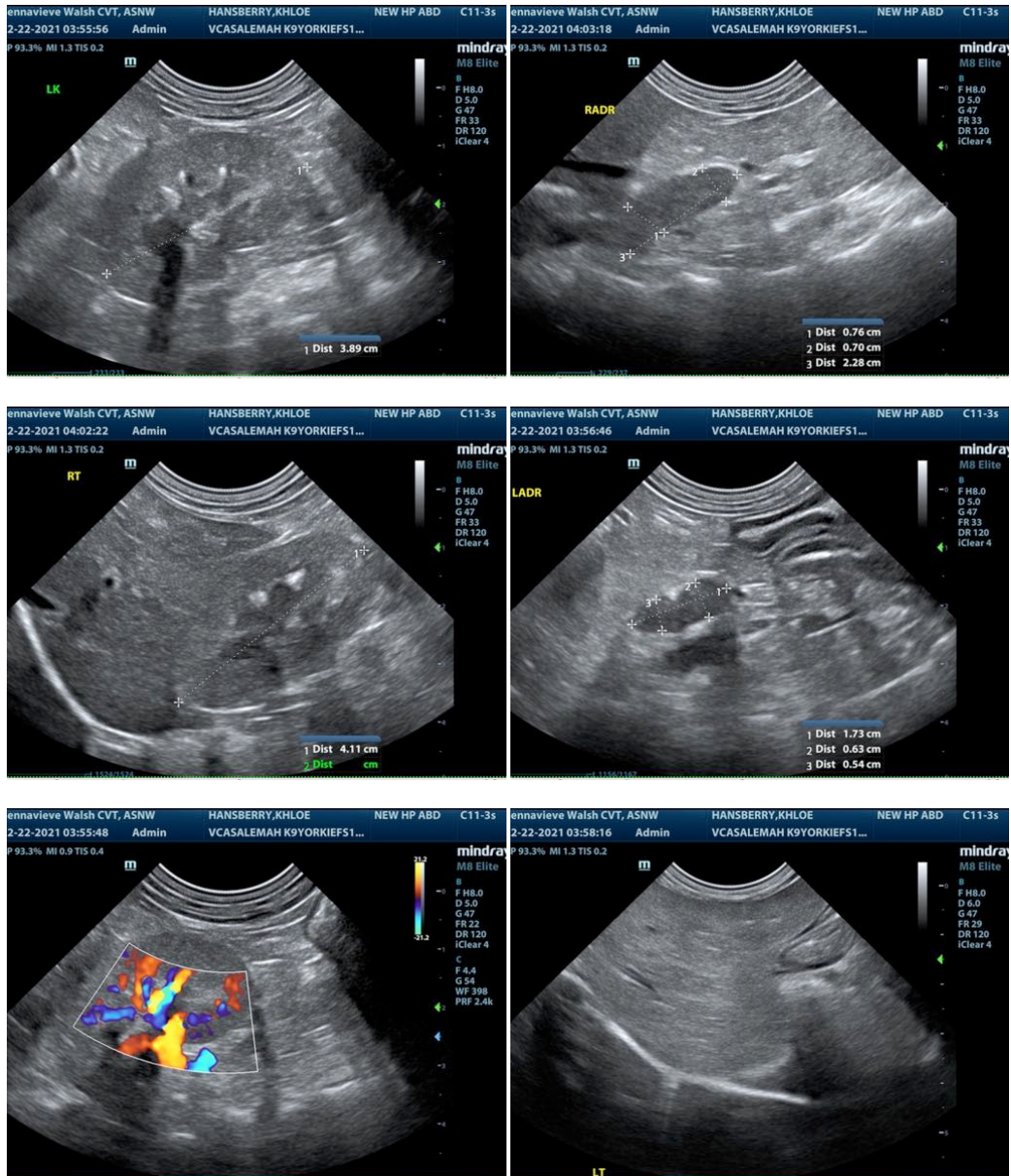
REFERRING VET

Dr. Hallden

DATE

12/21/21

Invoice
94794





PATIENT

Khloe Hansberry

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

12 years

WEIGHT

4.5 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Hallden

DATE

12/21/21

Invoice
94794



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

Eric.Lindquist@SonoPath.com