PATIENT

Paisley Sinclair

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Spayed female

AGE

11 years

WEIGHT

25 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ginny Dodd DVM, DABVP (CFP

HOSPITAL NAME

Ironton AH

REFERRING VET

Dr. Levine

INVOICE

77973

DATE

5/27/26

PRESENTING CLINICAL SIGNS

History: ON KEPPRA FOR SEIZURES, WEIGHT LOSS, HAS MICROOPHTHALMIA- POSSIBLE CONGENITAL
Abnormal PE/Chem/CBC/UA Results: No palpable masses CBC- ^MCV, relic 138 CHEM 3/26. 5/26 ALT 927 1120- ALP. 508. 467 GGT. 51. 61 AST 130 T bil 0.5. conj 0.2. unconj 0.3 alb 3.5 glob. 2.6

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 were 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. Slight mineralization was noted in the kidneys. The right kidney measured 4.9 cm. The left kidney revealed a mineralized nodule at the dorsal cortex measuring 1.9 x 0.9 cm with pinpoint mineralization. The left kidney measured 4.87 cm.

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 left adrenal gland measured 2.37 x 0.49 cm at the caudal pole and 0.5 cm at the cranial pole. The right adrenal gland measured 1.95 x 0.8 cm at the cranial pole and 0.54 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

The **liver** revealed expansive, isoechoic to hypoechoic 4.23 cm mass. The majority of the liver was largely with slightly increased portal markings. The gallbladder revealed dependent sand and mineralized and fibrosed echogenic wall. Ectasia of the common bile duct was noted and measured 1.5 cm with an echogenic tissue structure measuring 1.08 cm.

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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

Pancreas

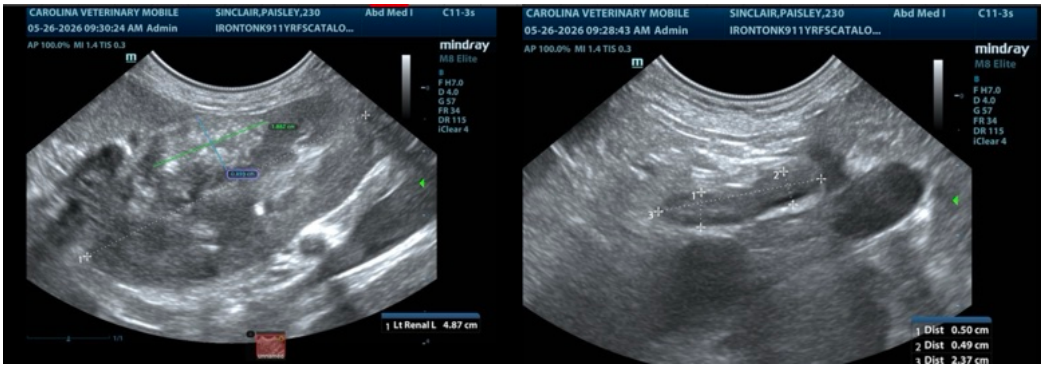
The regional **pancreas** was mildly heterogenous.

ULTRASONOGRAPHIC FINDINGS

- Mineralized nodule/mass in the left renal cortex, may be benign or dystrophic mineralization versus carcinoma of left kidney.
- Common bile duct ecatasia with tissue thickening. Dependent gallbladder sand with dependent, mineralized and fibrosed echogenic wall.
- Isoechoic and hypoechoic liver nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the renal lesion and liver structure is recommended or direct surgical exploratory with potential left nephrectomy. Exploratory of the common bile duct pathology and potential removal of the gallbladder. Left nephrectomy may also be appropriate.



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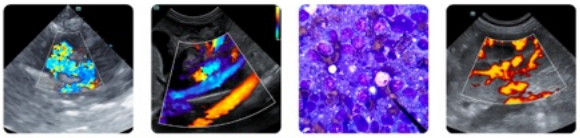

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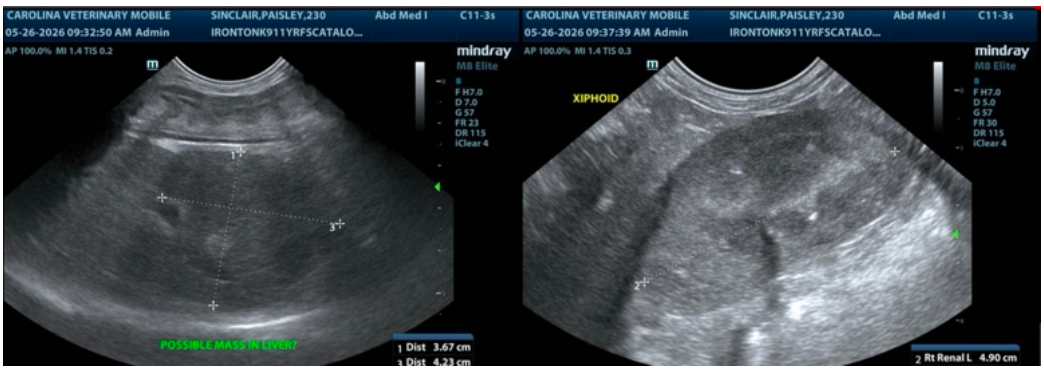

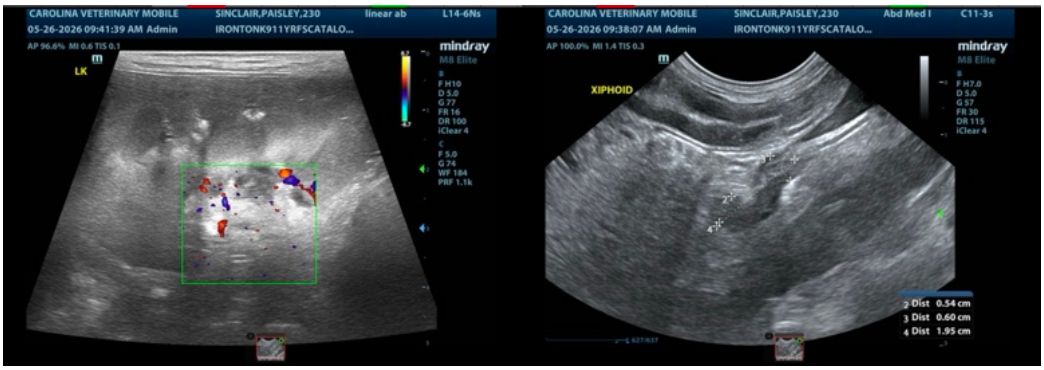

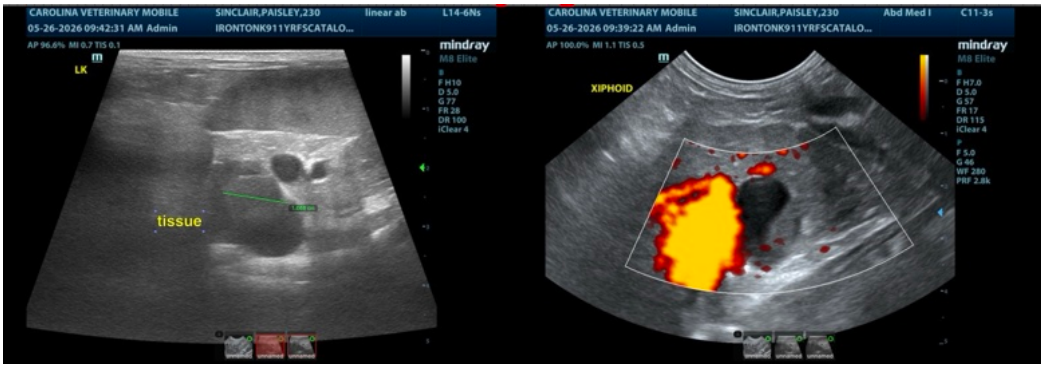

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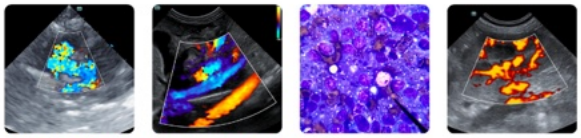

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com