



PATIENT

Cooper Devanney

SPECIES

Canine

BREED

Scottish Terrier

SEX

Neutered male

AGE

11 years

WEIGHT

19 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Berkley Heights AH

REFERRING VET

Dr. Seltzer

INVOICE

42475

DATE

1/3/23

PRESENTING CLINICAL SIGNS

History: AUS 12/16/22 coarse liver, moth-eaten appearance. FNA.
Abnormal PE/Chem/CBC/UA Results: ALT 1684, ALP 1969

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 residual prostate measured 1.0 cm.

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 his age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia was noted in the left kidney and slight pelvic mineralization. The right kidney measured 4.56 cm. The left kidney measured 4.7 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 1.9 x 0.48 cm at the caudal pole and 0.33 cm at the cranial pole. The right adrenal gland measured 2.03 x 0.42 cm at the caudal pole and 0.92 cm at the cranial pole.

Spleen

The **spleen** was slightly enlarged with mild, swollen contour. The parenchyma was heterogenous, yet non-distorted. This is most consistent with reactive spleen, hyperplasia or splenitis with a minor potential for round cell neoplasia.

Liver

The **liver** revealed persistent increased portal markings that have subjectively progressed from the prior sonogram regarding the level of remodeling. The liver size has reduced. The gallbladder and common bile duct were unremarkable.

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



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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

Progressed, fibrosing cholangiohepatitis liver pattern with reactive spleen.

SEX

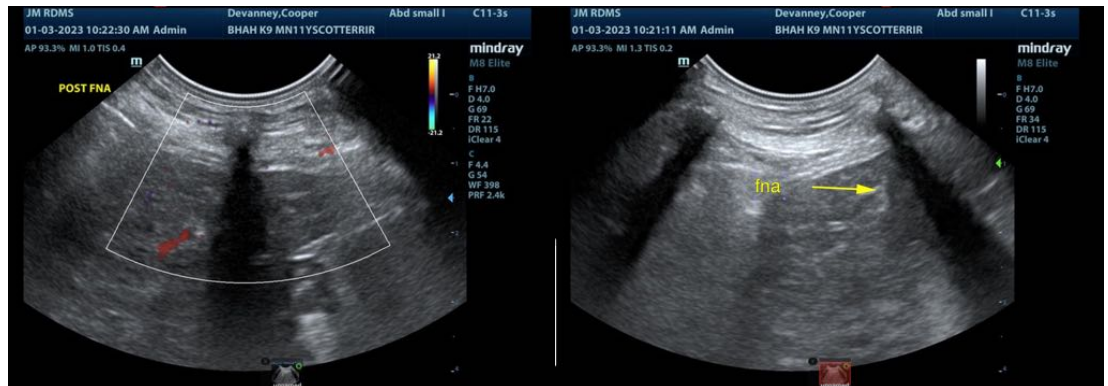
Neutered male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment of the FNA is indicated. Core biopsy may be best for long term management. Ultrasound-guided FNA was performed without complication. Underlying inciting causes such as leptospirosis or toxin exposure should be considered. Bile acid profile is indicated. There is no overt suspicion of neoplasia.

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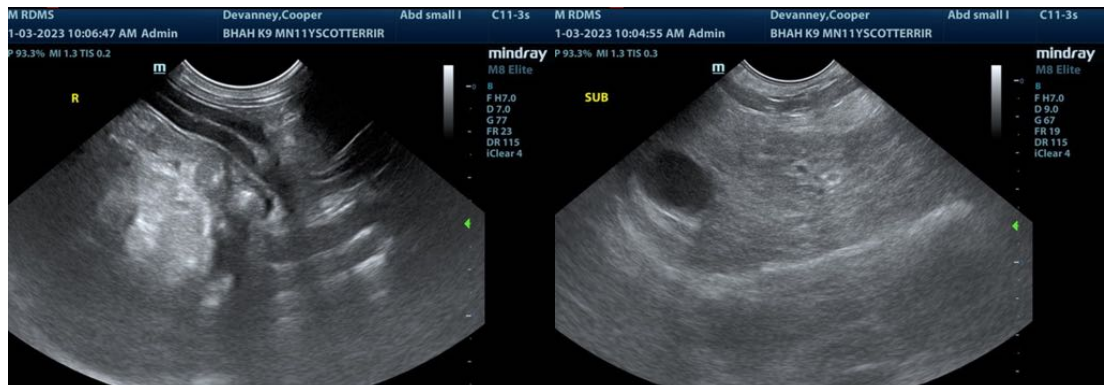
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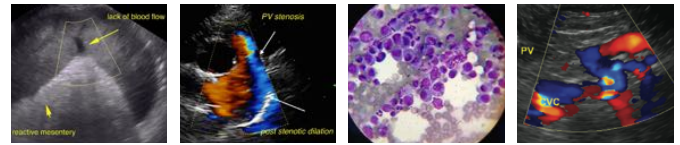
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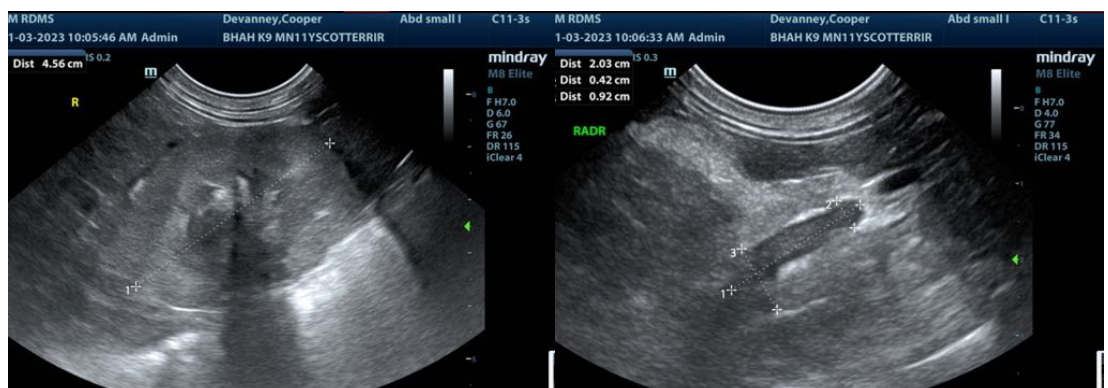
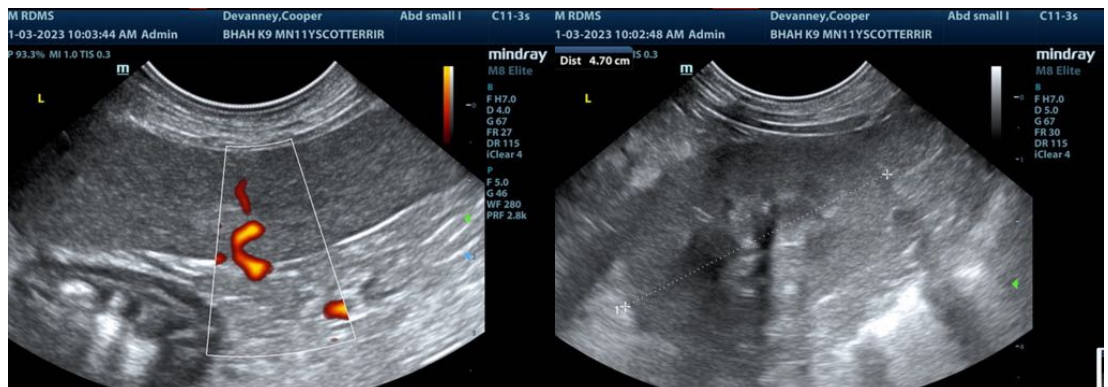
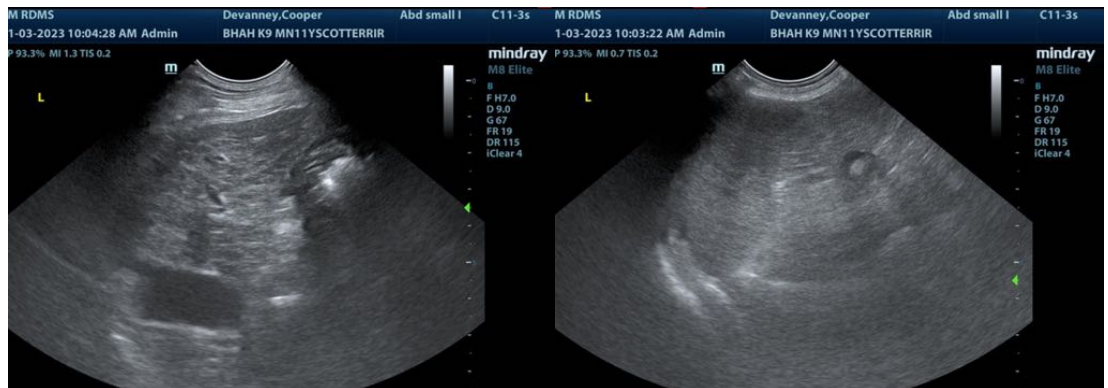
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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