



PATIENT

Lea Lundin

PRESENTING CLINICAL SIGNS

History: Elevated ALT, asymptomatic, currently on Denamarin. Current meds: Denamarin
Abnormal PE/Chem/CBC/UA Results: ALT 227

SPECIES

Canine

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.

BREED

Papillion Mix

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 right kidney measured 4.06 cm. The left kidney measured 3.88 cm.

AGE

12 years

WEIGHT

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 1.95 x 0.56 cm at the caudal pole and 0.49 cm at the cranial pole. The right adrenal gland measured 1.45 x 0.46 cm at the caudal pole and 0.83 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 was noted.

IMAGING PERFORMED BY

Jessica Miller, RDMS

Liver

The **liver** revealed coarse architecture with mild, uniform swelling. Multi-focal, hypoechoic, non-disruptive nodular changes were noted. The parenchymal integrity was fairly maintained, yet significant nodular changes were present. The gallbladder revealed a minor amount of debris, yet was not pathological.

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Wyman

INVOICE

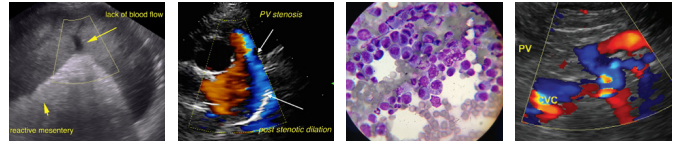
42256

Gastrointestinal

DATE

12/20/22

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



PATIENT

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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SPECIES

Pancreas

Canine

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

Papillion Mix

ULTRASONOGRAPHIC FINDINGS

SEX

Nodular hyperplasia, inflammatory liver pattern.

Spayed female

Age related renal changes.

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

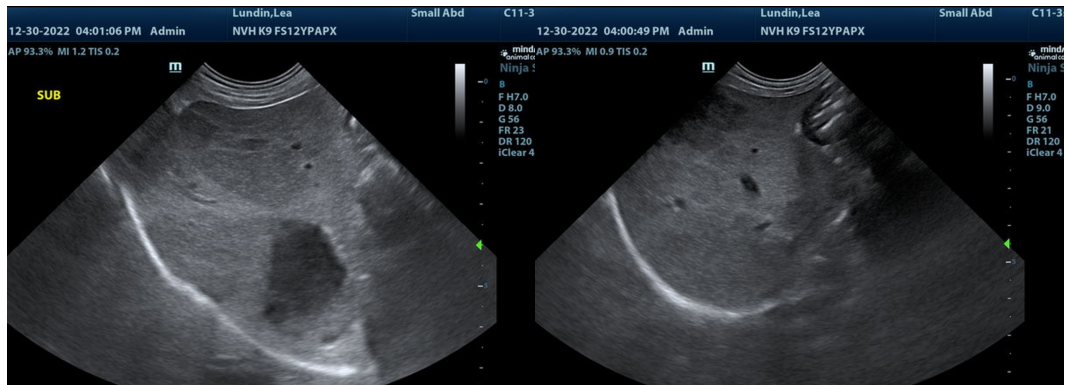
12 years

FNA of the liver is indicated as a baseline with cytology +/- culture. There is no overt suspicion of neoplasia.

WEIGHT

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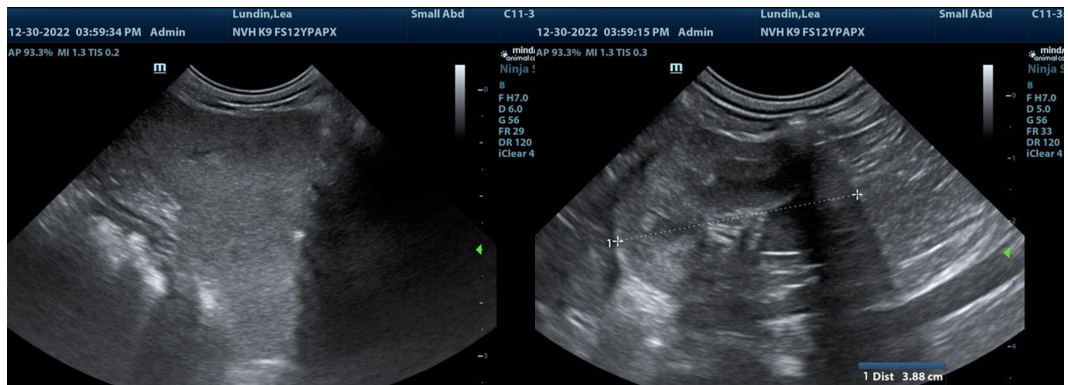


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HOSPITAL NAME

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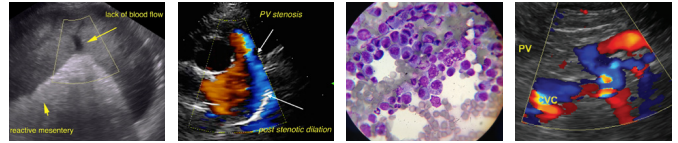
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SPECIES

Canine

BREED

Papillon Mix

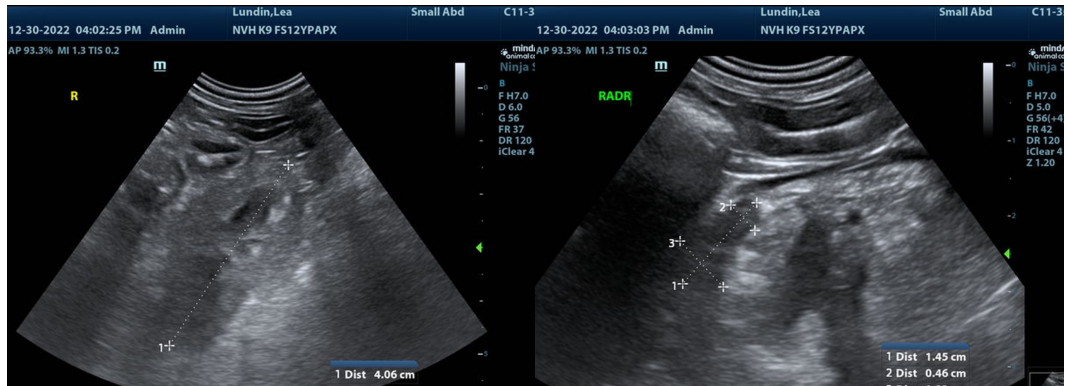
SEX

Spayed female

AGE

12 years

WEIGHT



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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.

IMAGING PERFORMED BY

Jessica Miller, RDMS

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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