



**PATIENT**

Sugar Gallagher

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Spayed female

**AGE**

11 years

**WEIGHT**

75 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Andover AH

**REFERRING VET**

Dr. Hummel

**INVOICE**

42284

**DATE**

12/21/22

**PRESENTING CLINICAL SIGNS**

History: Elevated liver enzymes, slight abdominal fluid wave.  
Abnormal PE/Chem/CBC/UA Results: ALT 425 (118 H); AST 129 (66 H); SAP 171 (131 H); TBili 1.2 (0.3 H); PLT 99k; USG 1.011

**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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.8 cm. The left kidney measured 6.63 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 right adrenal gland measured 1.75 x 0.41 cm at the cranial pole and 0.33 cm at the caudal pole. The left adrenal gland measured 2.53 x 0.52 cm at the cranial pole and 0.64 cm at the caudal pole.

**Spleen**

The **spleen** presented slight scalloping contour and slight heterogenous parenchymal changes. The spleen was mildly congested.

**Liver**

The **liver** revealed diffusely coarse architecture with increased portal markings. The liver was subnormal in size. There was a significant amount of remodeling. The gallbladder was unremarkable. There was no evidence of post hepatic obstruction.

**Gastrointestinal**

The upper **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. The colonic wall was slightly



**PATIENT**

Sugar Gallagher

thickened. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**SPECIES**

Canine

**Pancreas**

The right **pancreatic** limb revealed hypoechoic, irregular, undifferentiated tissue formation. The pancreatic pathology appeared to be occupying the majority of the right limb with regional and hyperechoic inflammatory pattern.

**BREED**

Labrador Retriever

**Free Abdomen**

**SEX**

Spayed female

Slight free fluid was noted adjacent to the spleen.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

11 years

Diffuse hepatic fibrosis.

Fibrosing cholangiohepatitis pattern with concurrent pancreatitis and pancreatic necrosis and swollen spleen with free fluid.

**WEIGHT**

75 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

Portal hypertension and pancreatitis with reactive spleen is possible; however, underlying neoplasia is a strong potential in this patient. Ultrasound-guided FNA of the liver, pancreas, spleen and abdominocentesis of the free fluid with cytopsin is all indicated in this patient. Leptospirosis titers are warranted. Eventual core biopsy may be necessary in the liver for a definitive diagnosis; however, I recommend screening FNA at this point to assess for underlying neoplasia. Treatment for pancreatitis and cholangiohepatitis is warranted in the meantime. The prognosis is guarded.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Andover AH

**REFERRING VET**

Dr. Hummel

**INVOICE**

42284

**DATE**

12/21/22





**PATIENT**

Sugar Gallagher

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Spayed female

**AGE**

11 years

**WEIGHT**

75 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Andover AH

**REFERRING VET**

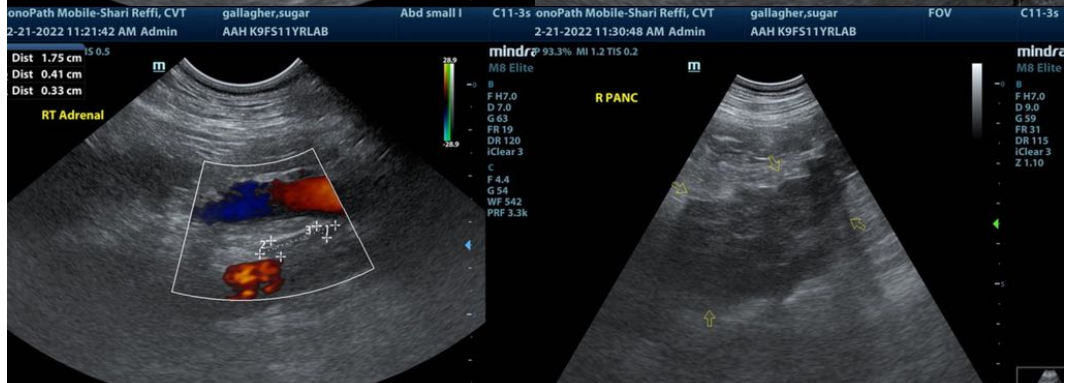
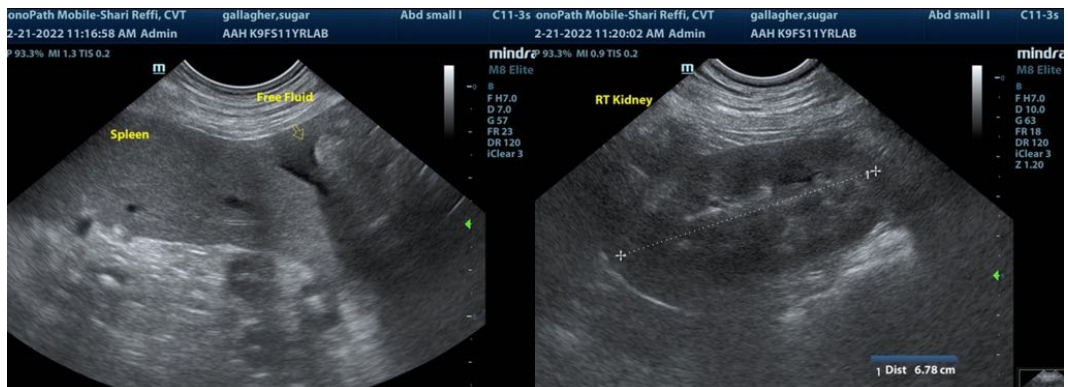
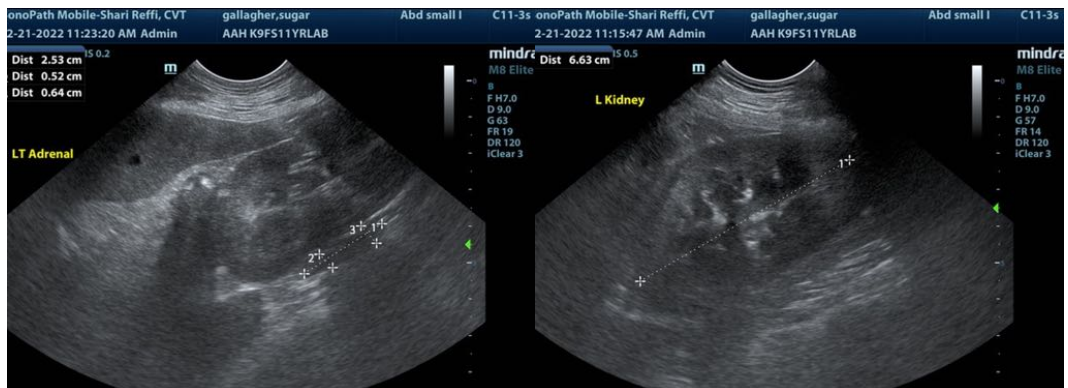
Dr. Hummel

**INVOICE**

42284

**DATE**

12/21/22





**PATIENT**

Sugar Gallagher

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.

**SPECIES**

Canine

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.

**BREED**

Labrador Retriever

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
Info@SonoPath.com

**SEX**

Spayed female

**AGE**

11 years

**WEIGHT**

75 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Andover AH

**REFERRING VET**

Dr. Hummel

**INVOICE**

42284

**DATE**

12/21/22