



**PATIENT**

Jangles Salazar

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Neutered male

**AGE**

7 years

**WEIGHT**

**PRESENTING CLINICAL SIGNS**

History: Elevated liver values on pre dental bw, abd us on 12/16/22 showed coarse architecture and multifocal nodular changes and a large nodule right medial liver Current meds: Denamarin advanced  
Abnormal PE/Chem/CBC/UA Results: T protein 9.0, alb 4.3, glob 4.7, alt 336, alkphos 229, total bili 2.7

**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. Persistent small calculus that measured 0.3 cm. 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 4.5 cm and the left kidney measured 4.5 cm. A 3.0 cm cortical cyst at the caudal pole of the left kidney as well as smaller, cortical cysts that measured 0.88 cm. Blood flow to the kidneys appeared to be adequate.

**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 1.35 x 0.58 cm at the cranial pole and 0.53 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 was noted.

**Liver**

The right medial **liver** revealed a macronodular. The larger nodule at the prior sonogram measured 1.78 x 2.34 cm whereas it measures 2.9 x 3.7 cm, which is technically mass. However, the disruption of architecture is minimal and therefore pronounced hyperplasia is suspected, yet carcinoma cannot be ruled out. The liver was diffusely hyperechoic. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Valeryia Shumskaya

**HOSPITAL NAME**

Ramapo Valley AH

**REFERRING VET**

Dr. Duhr

**INVOICE**

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**DATE**

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## 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.

## 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.

## ULTRASONOGRAPHIC FINDINGS

Polycystic kidneys. Mild to moderate degenerative changes, stable.

Persistent non-obstructive bladder calculus.

Macronodular liver change. The largest nodule appears to have increased in size in this patient with other smaller nodules present.

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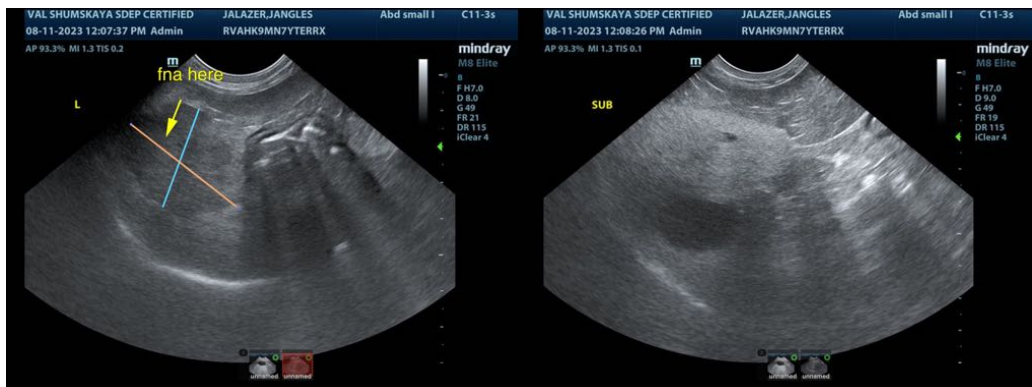
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## DATE

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile +/- FNA of the hepatic nodules would be ideal for further definition. Emerging neoplasia versus nodular hyperplasia are the primary concerns. If bile acids are not elevated then no overt contraindication to anesthetic procedure. Emerging neoplasia versus nodular hyperplasia are primary concerns. If the bile acids are not elevated then there is no overt contraindication to anesthetic procedure. FNA can be performed at the time of the dental procedure if bile acids are not elevated. I recommend Propofol induction, Isoflurane maintenance in order to minimize the hepatic metabolic need.





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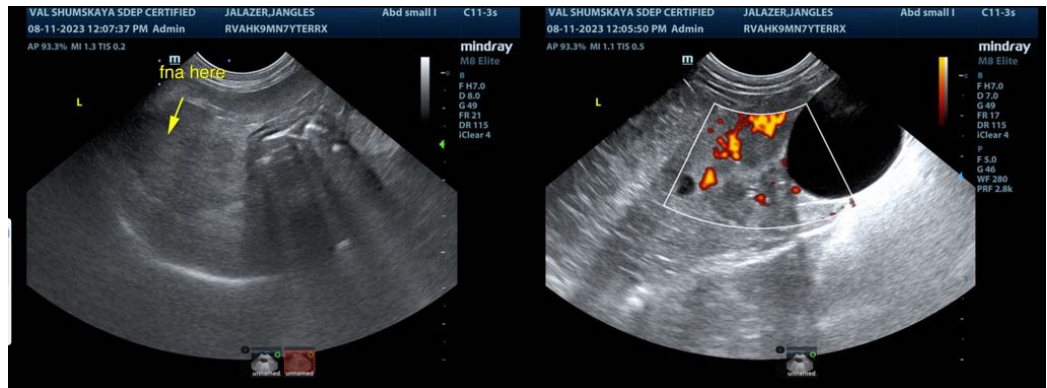
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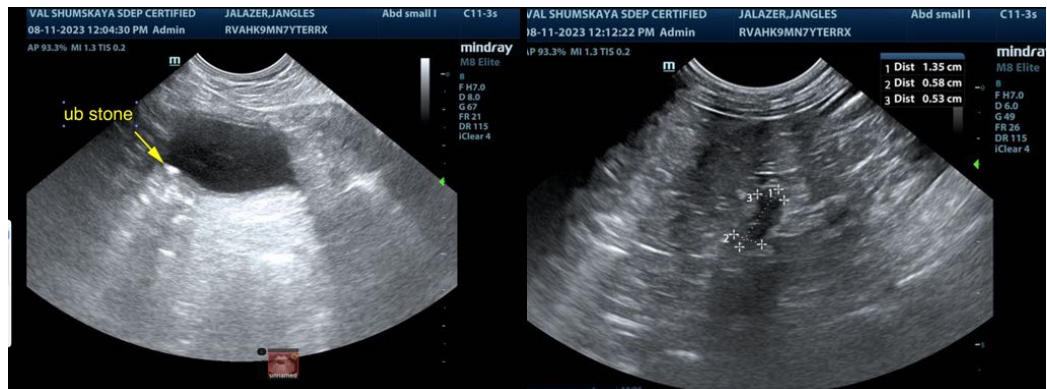
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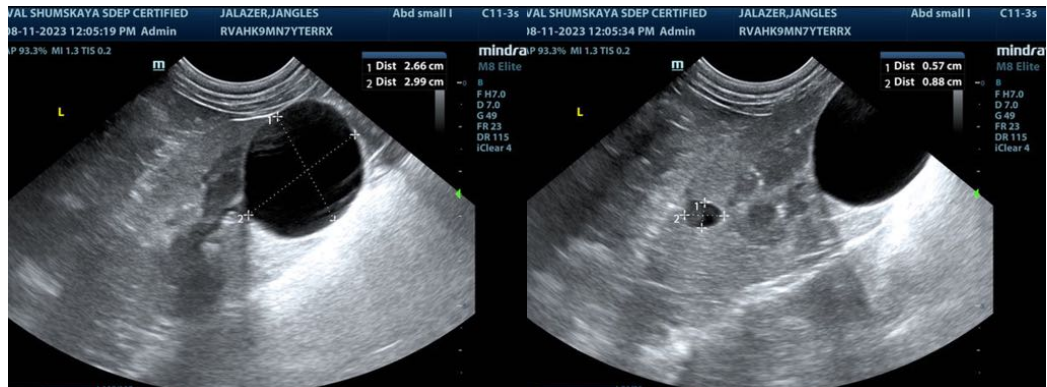
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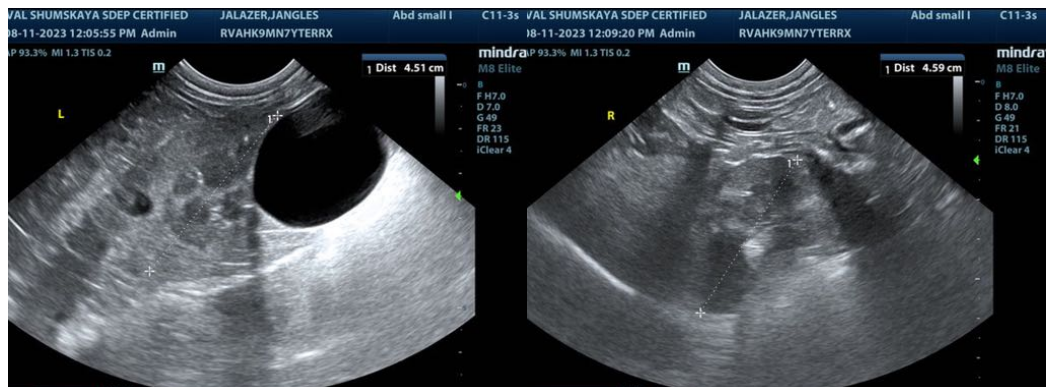
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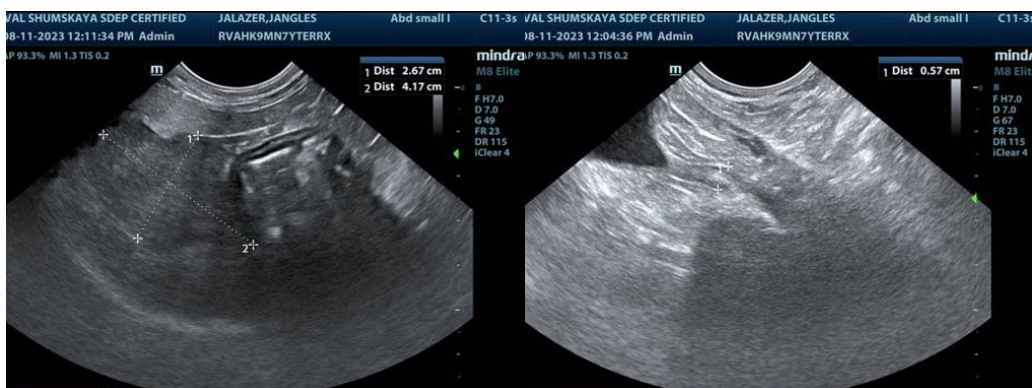
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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