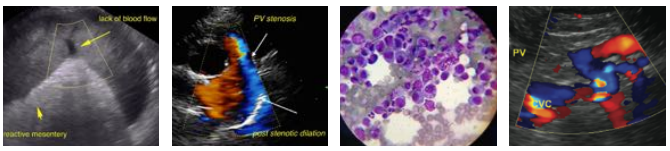

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Chuie Caballero

SPECIES

Canine

BREED

Yorkie

SEX

Neutered male

AGE

13 years

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Rockaway AH

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INVOICE

32146

DATE

8/4/22

PRESENTING CLINICAL SIGNS

Tense abdomen, elevated liver enzymes.

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. The urinary bladder revealed a 0.72 cm, non-obstructive calculus. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

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. Calculi were noted in both kidneys and was non-obstructive. The left kidney measured 4.9 cm. The right kidney measured 4.9 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 1.9 x 0.92 cm at the cranial pole and 0.6 cm at the caudal pole. The left adrenal gland measured 2.38 x 0.6 cm.

Spleen

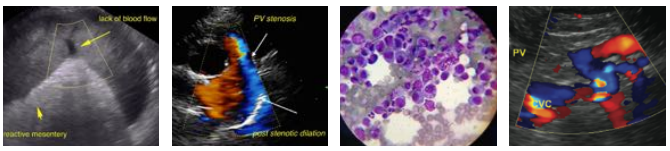
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** was enlarged with isoechoic nodular changes. The vena cava was dilated and appeared to have thrombosis. The largest of which was adjacent to the diaphragmatic inlet and measured 3.8 x 1.7 cm. A separate cystic lesion appears to be deriving from the caudal aspect of the caudate process and measures 3.0 cm. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

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.

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.

Free Abdomen

Free fluid was noted in the abdomen owing to portal hypertension or potential carcinomatosis.

ULTRASONOGRAPHIC FINDINGS

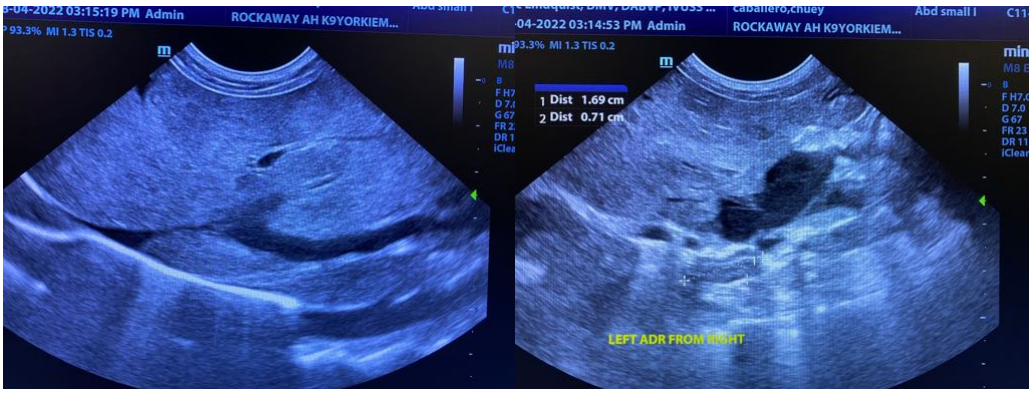
Free fluid.

Dilated vena cava with possible thrombosis.

Cystic lesion at the caudate process.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full coagulation panel is warranted with D-Dimers and FDP products. Assessment for protein losing disease is recommended along with full CBC, UA and chem work-up. Chest radiographs and blood pressure measurements are warranted. Once coagulation panel is done and safe parameters are present then FNA of the liver is indicated to assess for a primary neoplastic event. Eventual Plavix therapy may be appropriate; however, sampling should be performed first.



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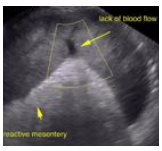
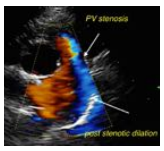
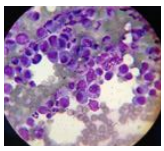
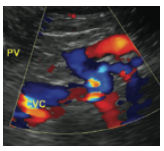

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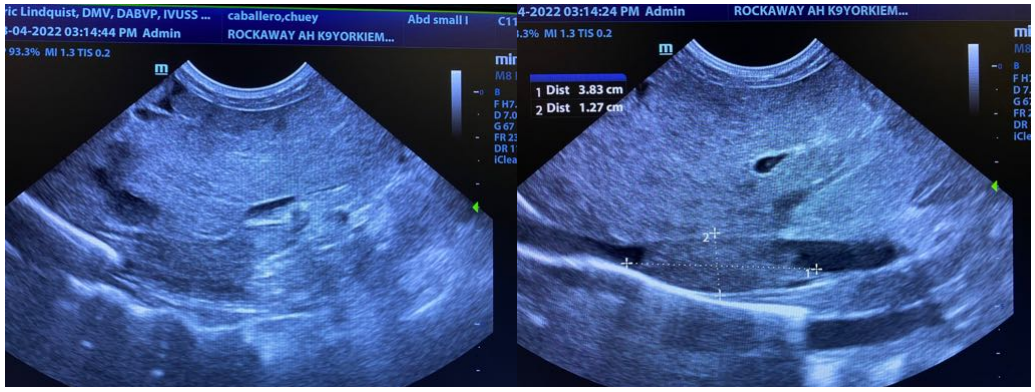

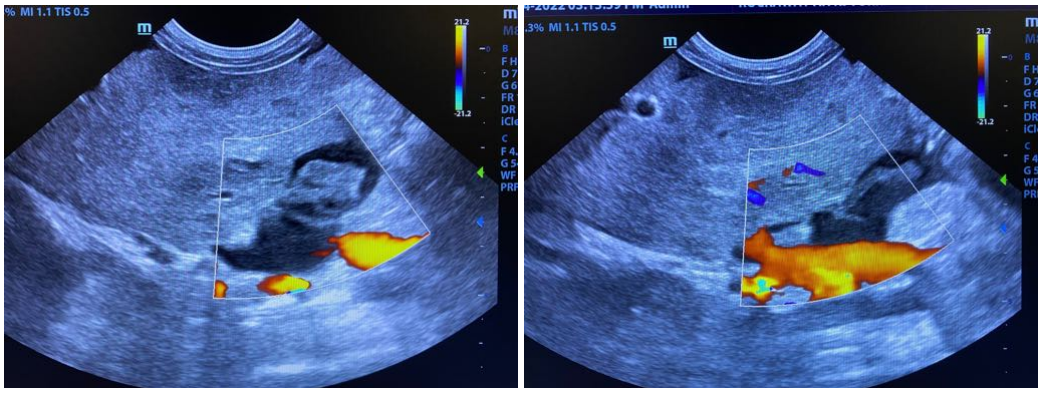

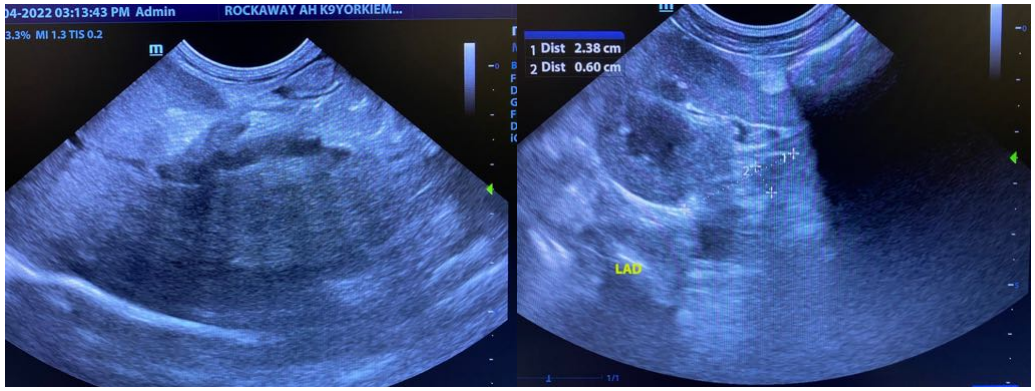

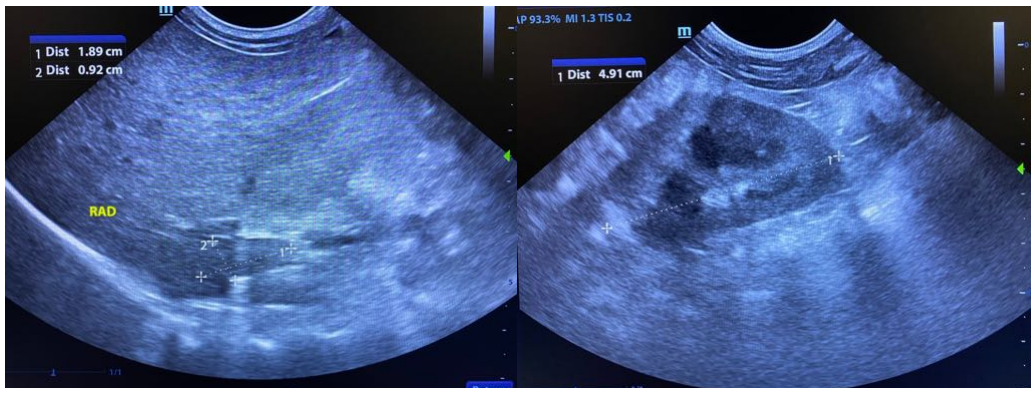

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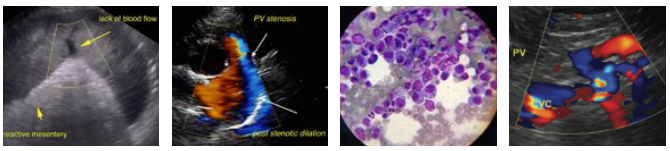

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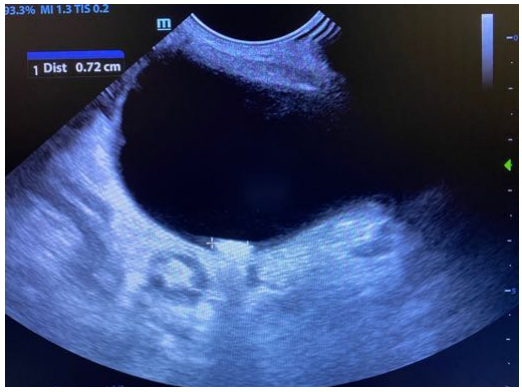

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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