

**DATE PRESENTING CLINICAL SIGNS**

2/6/23 History: Generalized lethargy, increased panting. Chronic hx hindend DJD, allergy & Bronchitis.

**PATIENT**

Splash Rhodes

Current Medications: Carprofen, Apoquel  
 Date of Previous IntraPet Ultrasound: 10/2/17. See attached.  
 Sedation: Not required to complete full diagnostic ultrasound.  
 Stat Report: Not requested.

**SPECIES**

Canine

Imaging Performed By: Stephanie Warga RDCS, RVT.

**BREED**

Golden Retriever

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

**SEX**

Neutered Male

Prostate is normal in size, echotexture and echogenicity for a neutered male.

**AGE**

2/19/12

Left kidney is normal is size (7.89 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**WEIGHT**

107 Pounds

Right kidney is normal is size (7.79 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**Adrenal Glands**

Left adrenal gland is normal in size (3.19 cm long x 0.67 cm at cranial pole and 0.64 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**HOSPITAL NAME**

Essex Middle River  
 VC

Right adrenal gland is normal in size (2.81 cm long x 0.48 cm at cranial pole and 0.58 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**REFERRING VET**

Dr. Zulty

**Spleen**

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

**INVOICE**

21043

**Liver**

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as mild suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

### ***Gastrointestinal***

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

### ***Pancreas***

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

### ***Free Abdomen***

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

## **ULTRASONOGRAPHIC FINDINGS**

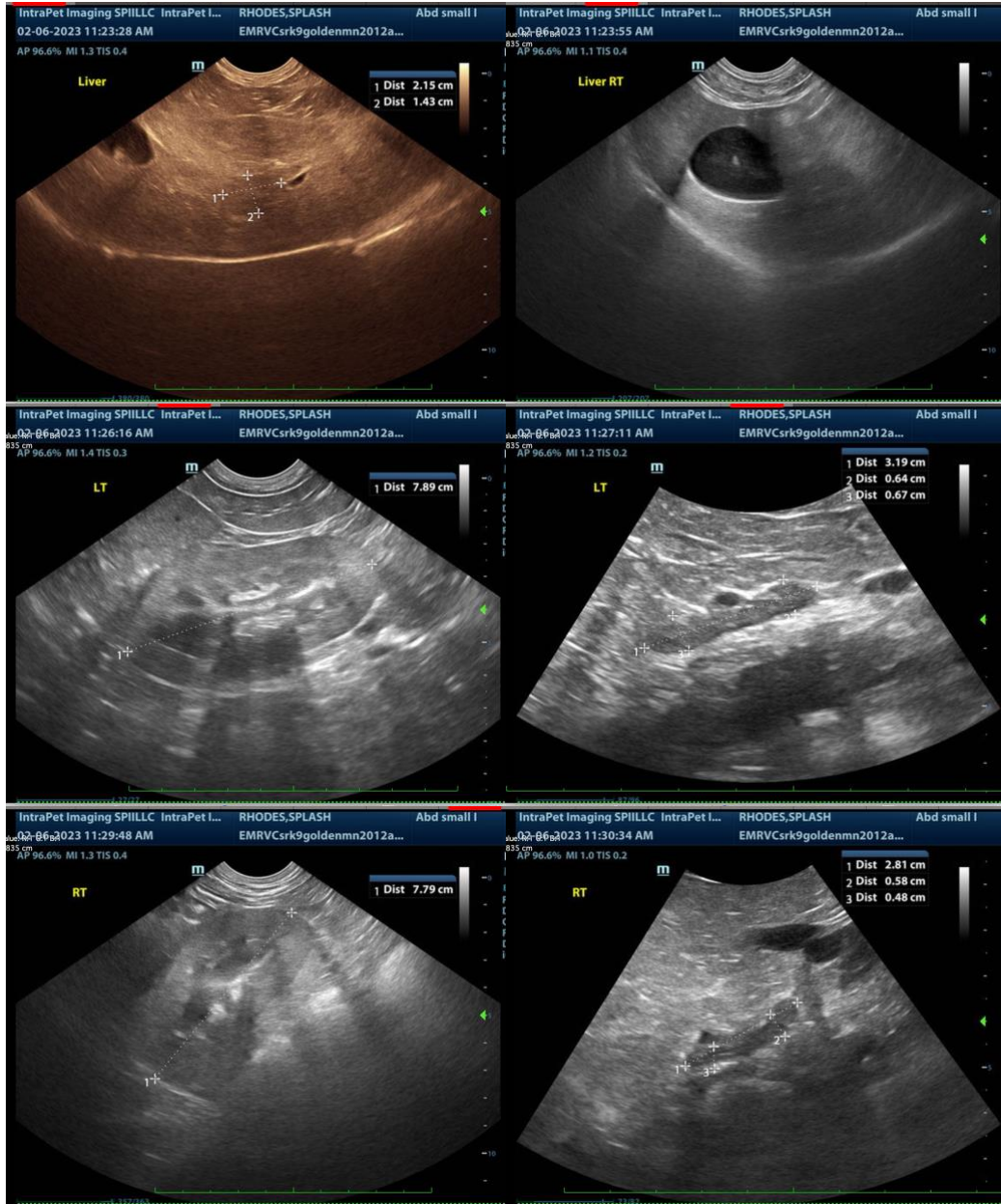
- Heterogenous Liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
- Mild gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.

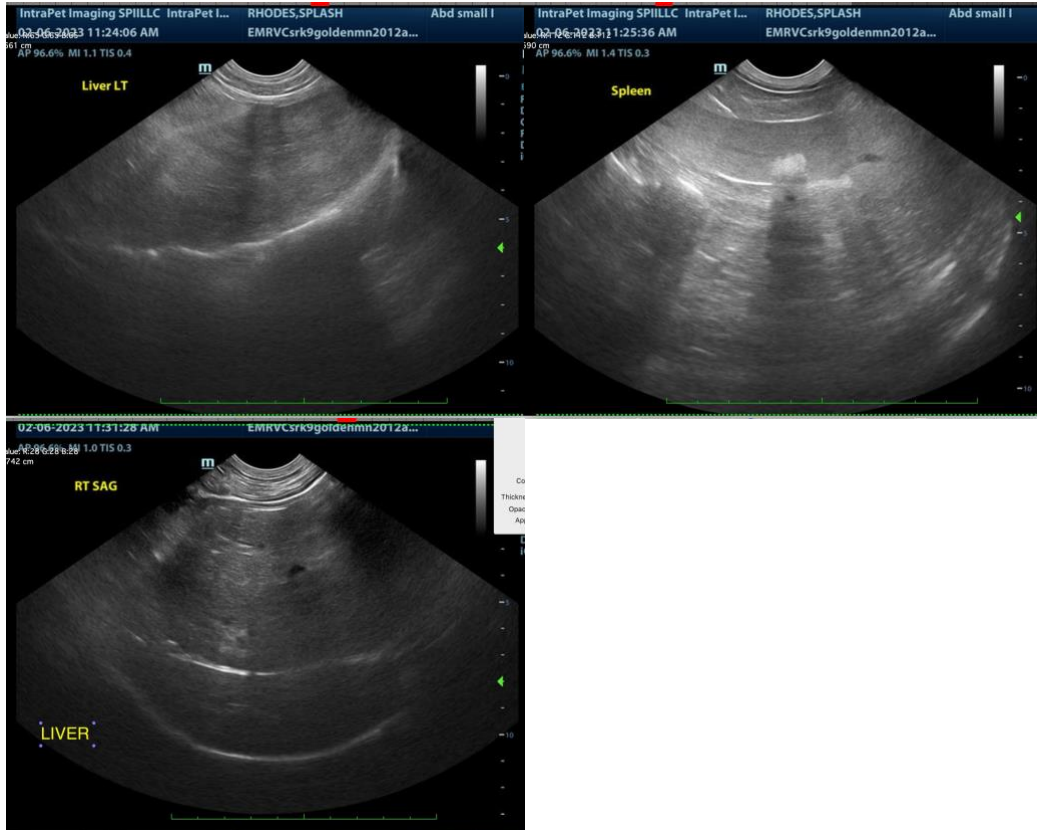
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no significant obvious intraabdominal pathology to explain this patients clinical signs.

Recommendations, if not recently evaluated, include a general metabolic health screen, including CBC/chemistry panel, electrolytes and urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

A fine needle aspirate of the liver could be considered if patients coagulation status is appropriate and should be evaluated if there is supportive evidence on the chemistry panel of a hepatopathy. Having said that, both the liver and spleen trend in appearance toward benign, and this patients lethargy, panting, etc., is believed to most likely be related to arthritis, bronchitis, etc. reported historically.





**The information and recommendations provided are based on the images presented by the referring veterinarian. 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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