



PATIENT

Maxwell Foreman

SPECIES

Canine

BREED

Cockapoo

SEX

Netuered male

AGE

13 years

WEIGHT

10.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Barthelemy

HOSPITAL NAME

Alpine 24 hour Pet
Hospital

REFERRING VET

Dr. Nielsen

INVOICE

42120

DATE

1/13/23

PRESENTING CLINICAL SIGNS

History: Hx of back pain with concern for onset of abdominal pain as well. Moderate liver enzyme elevations, periods of lethargy, hyporexia, vomiting and straining to defecate.
Abnormal PE/Chem/CBC/UA Results: ALP 1400, ALT 300. Abdominal pain.

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 5.29 cm. The left kidney measured 4.0 cm.

Adrenal Glands

The right adrenal gland was uniform and measured 0.49 cm at the cranial pole and 0.44 cm at the caudal pole. The left adrenal gland was slightly irregular and measured 0.44 cm at the cranial pole and 0.43 cm at the caudal pole. Slight mineralization was noted in the left adrenal gland.

Spleen

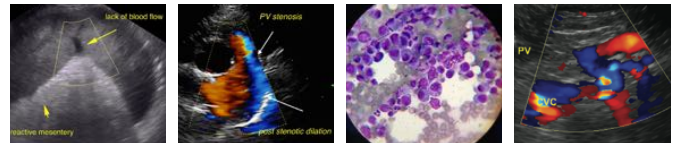
The **spleen** revealed focal, hypoechoic nodule at caudal pole measuring 0.63 cm with minor remodeling noted elsewhere.

Liver

The **liver** revealed multi-focal, hyperechoic nodular changes with increased portal markings and remodeling. The gallbladder and common bile duct were unremarkable.

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.



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Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Micronodular changes were noted in the parenchyma. This is consistent with remodeling and possible low-grade abscessation. The right pancreatic base revealed a mildly echogenic cyst that measured 2.0 cm. This may represent a suppurative lesion. However, it is adjacent to the duodenum and difficult to aspirate. However, if accessible ultrasound-guided drainage is indicated.

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ULTRASONOGRAPHIC FINDINGS

Pancreatic remodeling and cyst or abscess.

Nodular hyperplasia splenic and hepatic changes.

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Age related renal changes.

Slight, irregular left adrenal gland with mineralization.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

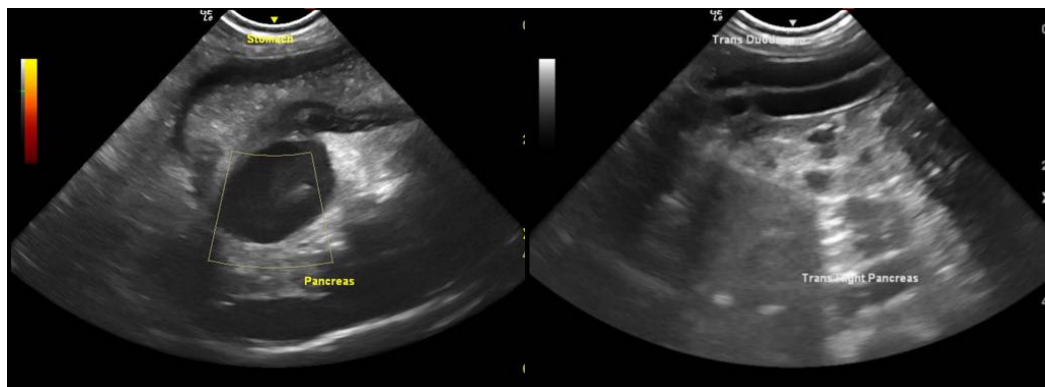
FNA of the spleen and liver +/- pancreatic cyst or abscess drainage is recommended. There was no overt evidence of neoplasia; however, this cannot be completely ruled out.

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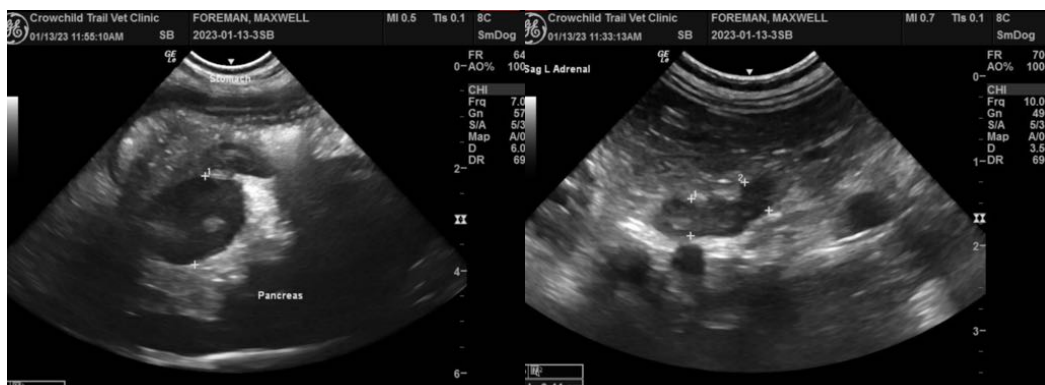
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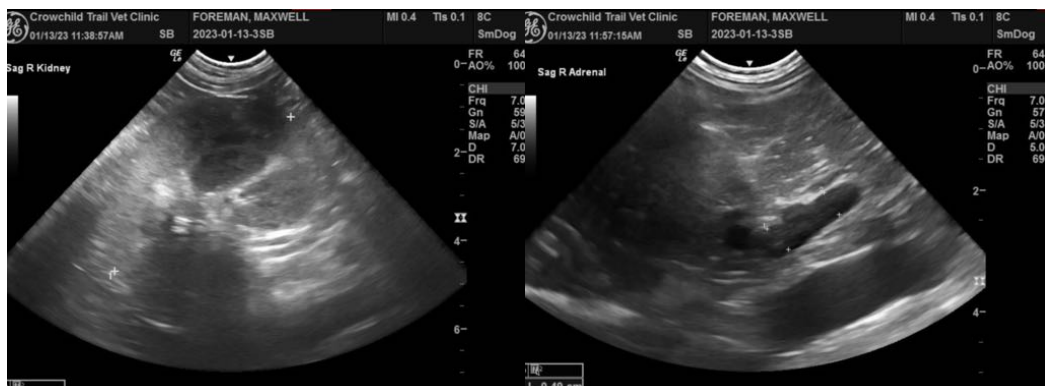
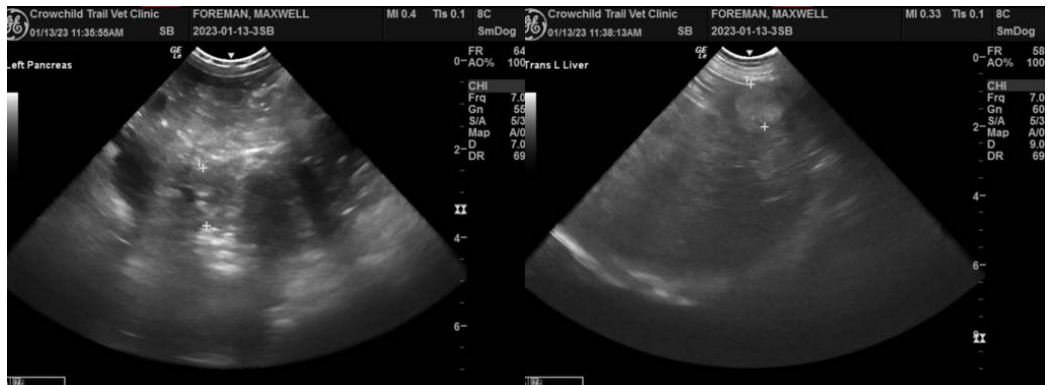
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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