



DATE
1/14/22

PRESENTING CLINICAL SIGNS

PATIENT

Maggie Mohler

SPECIES

Canine

BREED

Puggle

SEX

Spayed Female

AGE

10/31/08

WEIGHT

16.2 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Northwind AH

REFERRING VET

Dr. Repsher

INVOICE

13449

History: diarrhea off and on for a few months – seen and treated with antibiotics with no response - radiographs show possible mass in cranial abdomen, some light mineral deposits at edge of mass, gut appears somewhat thickened - started with occasional vomiting too.

Current Medications: Metronidazole 250mg, Provable caps, Amoxicillin 100mg, Pred 5mg - 1/2-tab sid for 3 days then EOD.

Lab Results: mild increase in ALP. Attached separately.

Radiographs: Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Declined by Dr. Repsher.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

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 were 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 mild 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 4.62 cm. The left kidney measured 4.52 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 1.51 cm x 0.34 cm at the caudal pole and 0.36 cm at the cranial pole. The left adrenal gland measured 1.3 cm x 0.44 cm at the caudal pole and 0.34 cm at the cranial 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 were noted.

Liver

The **liver** was uniformly swollen. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with moderate vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. The gallbladder presented rounded appearance and striating bile, consistent with emerging mucocele. The gallbladder measured approximately 2.0 cm x 4.0 cm.

Gastrointestinal

Gastric stasis was noted. A large amount of gastric content was noted. The pylorus revealed polypoid changes and mucosal hypertrophy may be contributing to the delayed outflow presentation. Presuming this

is a post prandial presentation, however, delayed outflow may be an issue depending on when the patient was fed prior to the sonogram. The small intestine and colon were unremarkable.

Pancreas

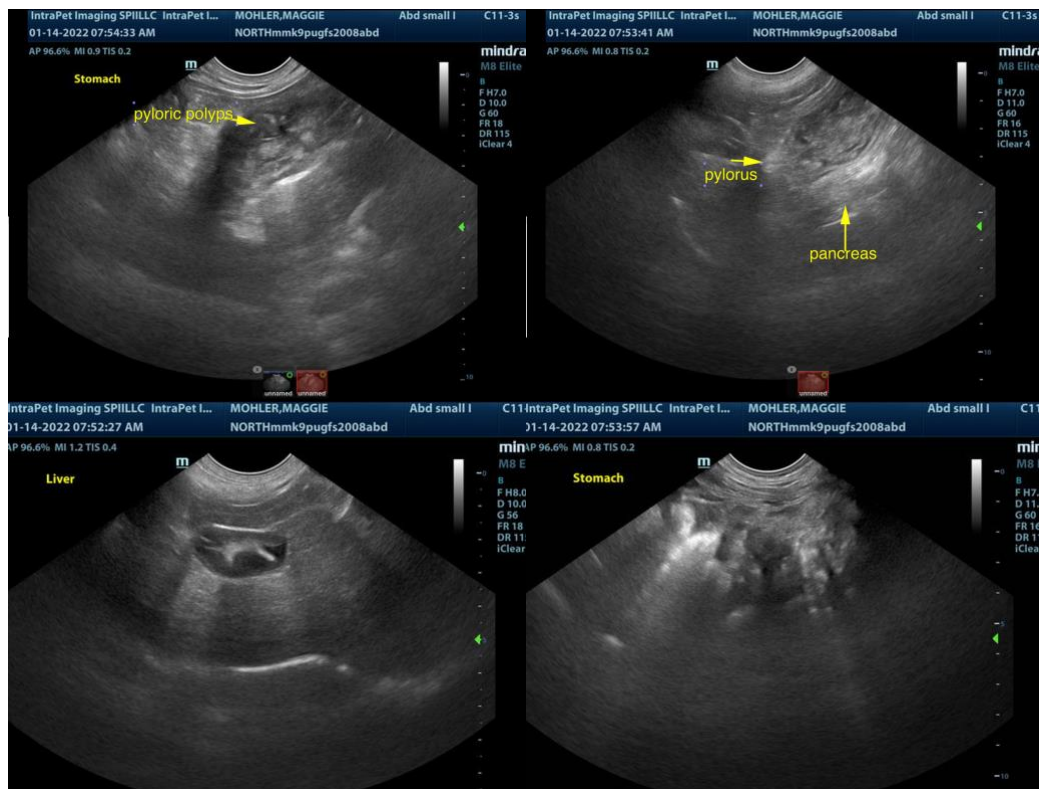
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

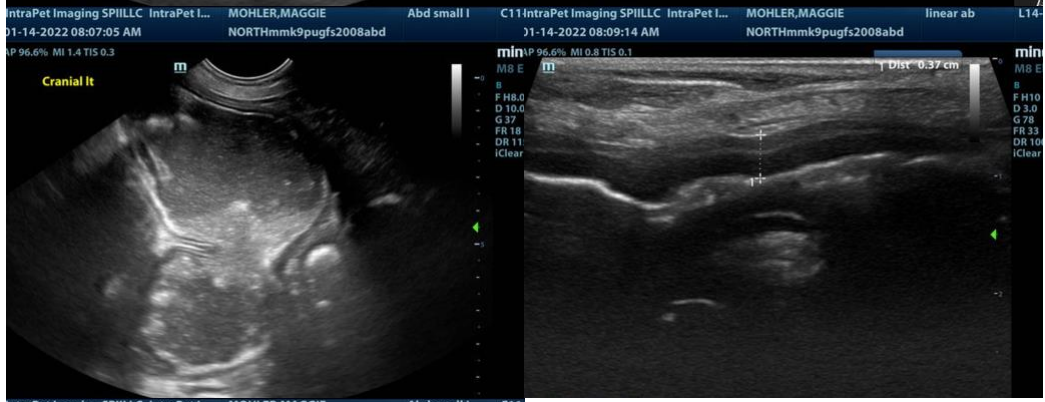
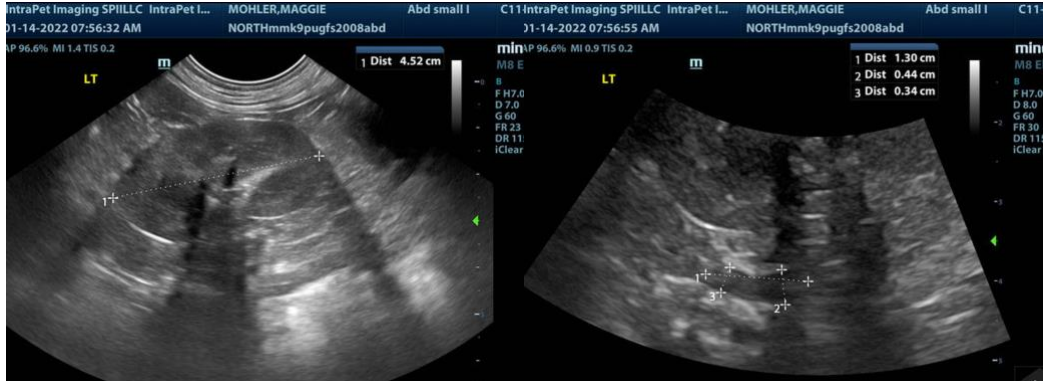
ULTRASONOGRAPHIC FINDINGS

- Pyloric hypertrophy with polypoid mucosal changes. Delayed outflow pattern
- Benign hepatopathy with immature mucocele formation
- Geriatric abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

24-hour NPO and diet change to hydrolyzed geriatric diet (canned BID feedings) recommended. Some level of pancreatitis may be present. No overt evidence of foreign body noted. The content within the stomach would be most consistent with undigested kibble and postprandial presentation. Ursodiol therapy recommended over the 6 weeks and recheck sonogram at that time. Antiparasitic protocol should also be considered as well as fecal test.





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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