


**DATE**  
 1/14/22

**PRESENTING CLINICAL SIGNS**

History: chronic diarrhea, inappetent.

**PATIENT**

Simon Henciak

Lab Results: bloodwork-WNL.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SPECIES**

Canine

Imaging Performed By: Rachel Brillhart, RDMS.

**BREED**

Yorkshire Terrier

**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.

**SEX**

Neutered Male

 The **prostate** was mildly enlarged and mildly heterogeneous, measuring 1.35 cm. Focal mineralization (2.45 cm) was noted in the prostate in the right lobe. If the patient was neutered late in life, this would likely be normal. However, the focal mineralization should be monitored.

**AGE**

4/21/07

 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. The right kidney measured 3.6 cm. The left kidney measured 3.8 cm.

**WEIGHT**

10 Lbs.

**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 2.18 cm x 0.87 cm at the caudal pole and 0.91 cm at the cranial pole. The left adrenal gland measured 1.96 cm x 0.64 cm at the caudal pole and 0.72 cm at the cranial pole.

**INTERPRETED BY**

 Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**HOSPITAL NAME**

Madonna VC

**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.

**REFERRING VET**

Dr. Radebaugh

**Liver**

 The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with moderate chronic inflammatory hepatopathy.

**INVOICE**

13456

**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***

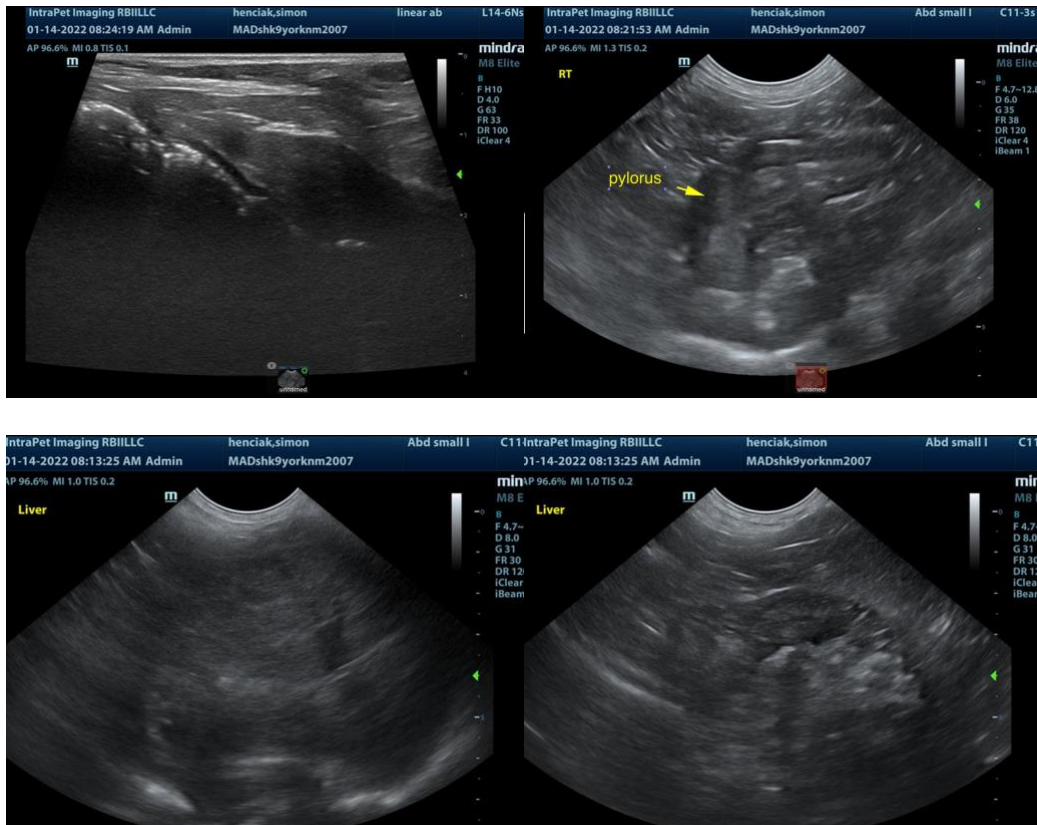
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

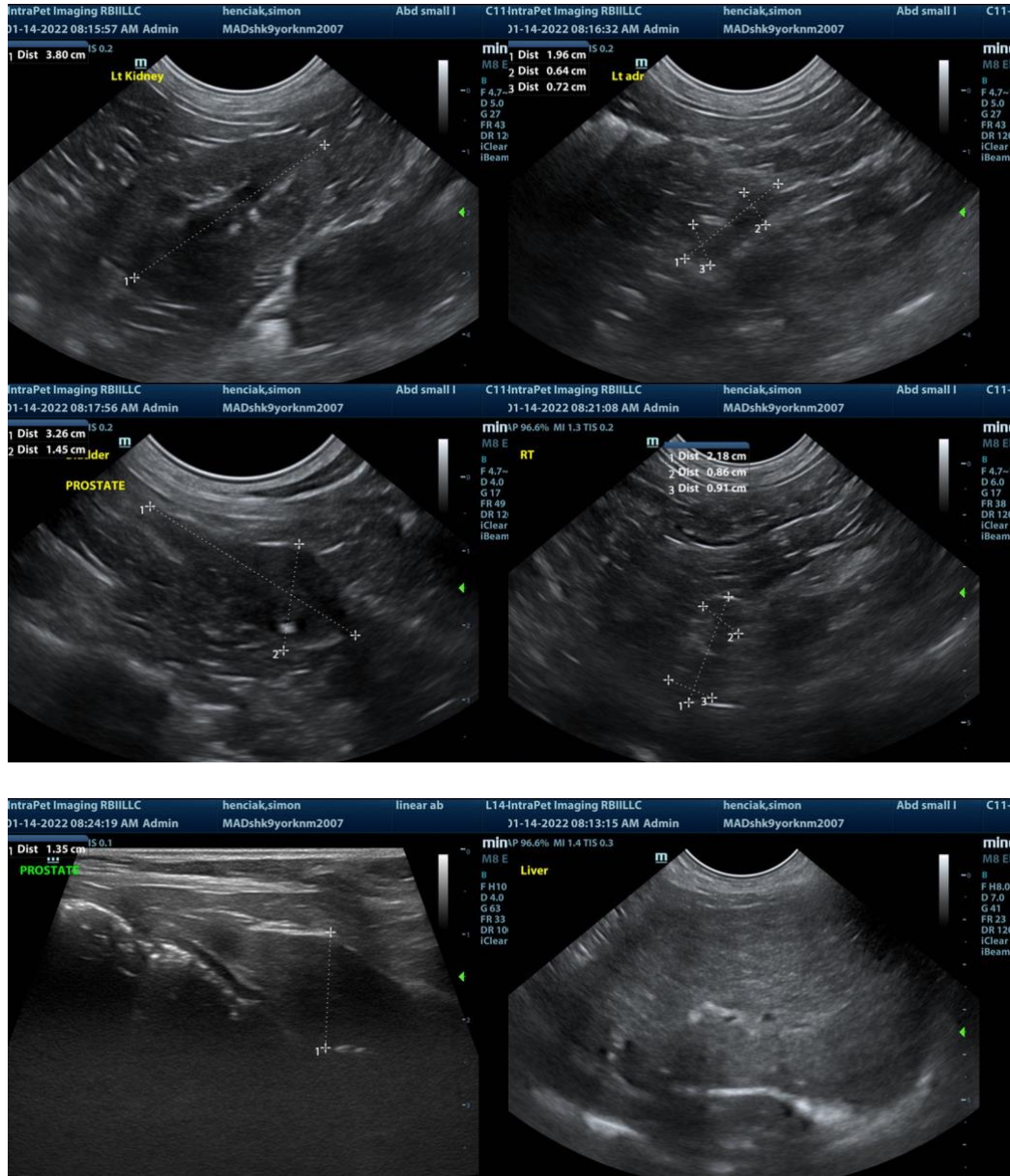
## **ULTRASONOGRAPHIC FINDINGS**

- Hepatic remodeling and uniform swelling
- Prominent prostate and focal mineralization
- Unremarkable gastrointestinal tract
- Unremarkable geriatric abdomen otherwise

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

Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. If any straining to urinate is present, then traumatic catheterization of the prostate is indicated as emerging carcinoma is a potential in this case. Bile acid profile warranted given the amount of hepatic remodeling present.





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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