



DATE PRESENTING CLINICAL SIGNS

1/18/22 History: chronic liver and kidney elevations, periodontal disease - needs dental if able to safely go under anesthesia. Per o no changes in urination/drinking, skin looks fine, o has been giving SQ fluids 1-2 times a week.

PATIENT

Allie Ficek Current Medications: amoxicillin 100 mg 1 po BID. Denamarin long term.

SPECIES

Canine

Lab Results: alt 246, ap 1667 (chronic elevations), bun 42 (down from 91/108), cre (1.9, down from 2.7), sdma (17, has been 25/23 in past)
Date of Previous IntraPet Ultrasound: 11-12-2009.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

BREED

Dachshund

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

The **urinary bladder** presented a calculus measuring 1.12 cm, non-obstructive. Other smaller calculi were also present.

AGE

10/27/07

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. Moderate mineralization noted in both kidneys, non-obstructive. Slight pyelectasia noted. The right kidney measured 5.06 cm. The left kidney measured 4.25 cm with cortical cysts noted, secondary to degenerative process.

WEIGHT

12.8 Pounds

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. Similar to prior sonogram, if not slightly increased in size. The right adrenal gland measured 2.1 cm x 0.81 cm at the cranial pole and 0.84 cm at the caudal pole. The left adrenal gland measured 2.18 cm x 0.59 cm at the cranial pole and 0.89 cm at the caudal pole, slightly swollen.

IMAGING PERFORMED BY

Andi Parkinson RDMS

HOSPITAL NAME

Banfield Pet Hospital
of Towson

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. Mike

Liver

INVOICE

34340

The **liver** presented a uniform vacuolar hepatopathy pattern with multifocal heterogeneous nodular and cystic changes. A cystic nodule in the left cranial liver measured 2.65 cm x 2.57 cm, likely benign or low-grade. Some progressive remodeling noted compared to the prior ultrasound.

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

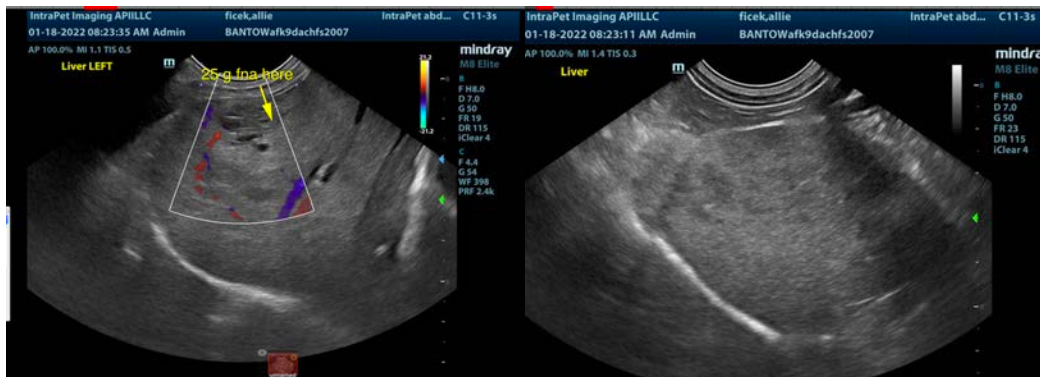
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain 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.

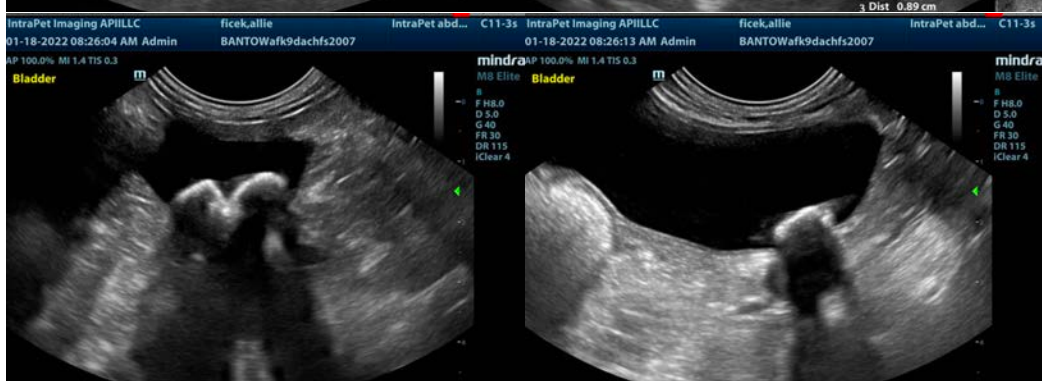
ULTRASONOGRAPHIC FINDINGS

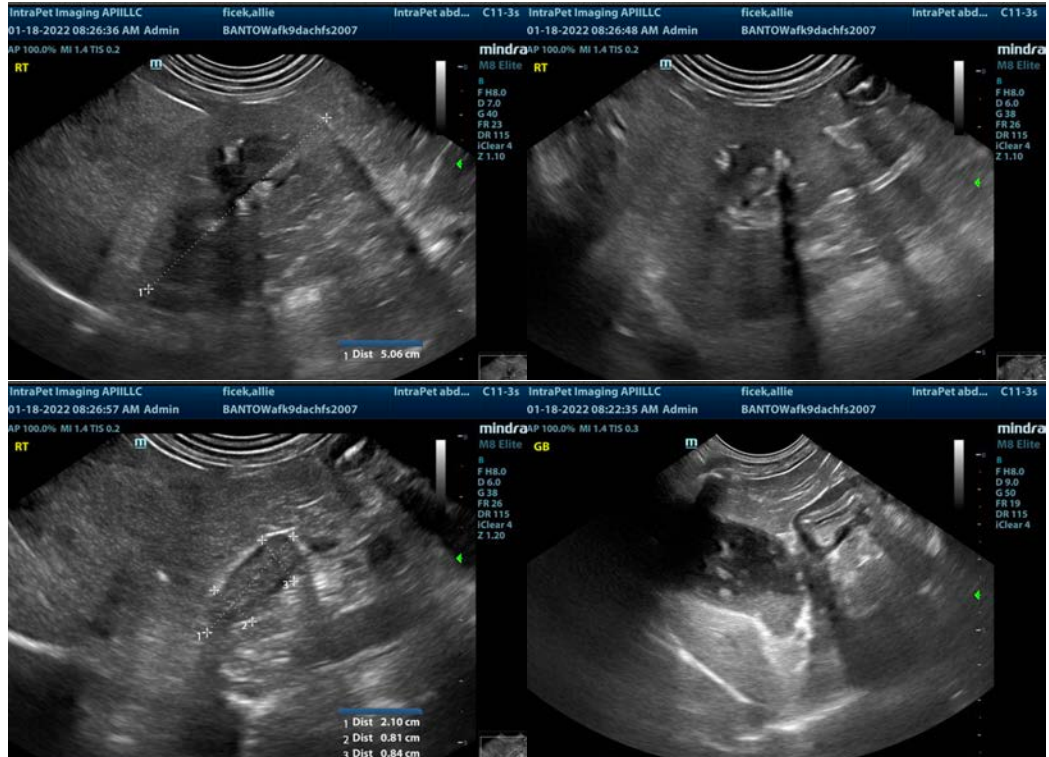
- Nodular hyperplasia/vacuolar hepatopathy likely with minor potential for emerging left cranial carcinoma.
- Moderate degenerative renal changes
- Bladder calculi

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile warranted in this patient prior to any sedation. Ultrasound guided FNA of the parenchymal portion of the left liver nodule recommended. This is potentially resectable with full left lobectomy. However, it is a fairly deep nodule and would be difficult to see surgically. This is progressive change from the prior sonogram. Cystotomy, stone analysis and culture warranted +/- liver biopsy. Periodic renal elevation likely occurs as the patient passes calculi. However, the kidneys do not appear end stage from a subjective standpoint. They are subjectively approximately 50% compromised. Blood pressure measurements warranted.







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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