



DATE PRESENTING CLINICAL SIGNS

1/18/22

History: Presented for ear infection and an episode of falling over. Activity and appetite decreased. Exam showed right ear: copious discharge with black debris and ulceration, tympanum difficult to see, AS- NSF; no teeth, missing right eye; 1.5 lb weight loss; questionable petechia in sclera of remaining eye; lab work submitted showed significant thrombocytopenia.

PATIENT

Dani Durham

SPECIES

Canine

BREED

Poodle

SEX

Spayed Female

AGE

12/11/07

WEIGHT

8.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Stephanie Pearce
RDMS, RVT

HOSPITAL NAME

Fullerton AH

REFERRING VET

Dr. Unger

INVOICE

34336

Current Medications: Prednisone 5 mg- 1 tab in am and 1/2 tab in the pm, Famotidine 2.5 mg BID, Sucralfate 1 gm- 1/4 tab TID.

Lab Results: Plate ct 6 (170-400), WBC- 21.4 (4-15.5) due to increased neuts and monos with occasional NRBC, canine 4 dx- neg, elevations in liver enzymes and BUN 1 week post pred use. ALT 242, ALP 509, BUN 56.

Radiographs: Hyperinflated lungs with slight right-sided cardiac enlargement. Normal vasculature. Chronic bronchial changes.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

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 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 3.7 cm. The left kidney measured 3.97 cm.

Adrenal Glands

The **adrenal glands** were subnormal in size and isoechoic to surrounding fat, likely owing to Prednisone therapy. The right adrenal gland measured 1.14 cm x 0.26 cm at the caudal pole and 0.28 cm at the cranial pole. The left adrenal gland measured 1.8 cm x 0.3 cm.

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 with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of

inflammatory component. There was no overt suspicion of neoplasia. An anechoic cyst was noted in the caudal aspect of the left liver measuring 0.94 cm.

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.

Thorax

Rapid view of the heart revealed no evident pathology. Normal contractility. Cranial mediastinal fat noted, yet no masses present.

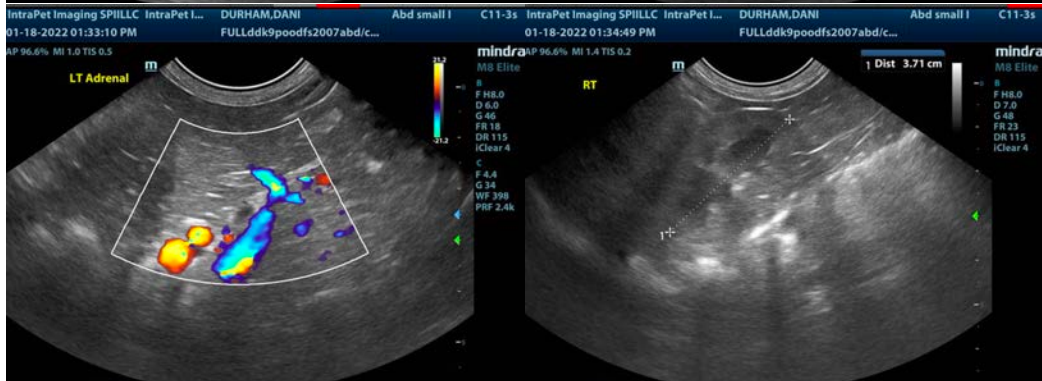
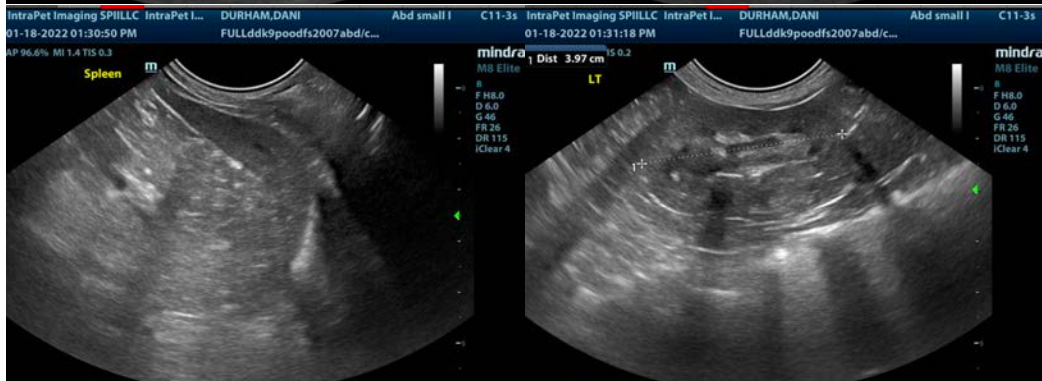
ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy
- Age related renal changes
- Flattened adrenals – likely owing to cortisone therapy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of abdominal disease to be responsible for the clinical signs. Given the patient history, CT of the skull and cervical spine recommended with contrast. Blood pressure measurements also 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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com