

**DATE PRESENTING CLINICAL SIGNS**

1/21/22 History: Poor appetite, lethargic last week. Body condition score- 1/5, severe generalized muscle atrophy.

PATIENT

Dougie Perry

Current Medications: Cerenia 80mg, 1 by mouth once a day, Prilosec (over the counter) 1 by mouth every 12 hours, Metronidazole 750mg, 1 by mouth every 12 hours,
Lab Results: (1/15/2022) Low Albumin: 1.4, (1/18/2022) Urinalysis, RBC:4-10, (September 2018) Albumin: 2.2. Attached separately.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

BREED

Labrador Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****SEX**

Neutered Male

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.

AGE

5/13/11

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 7.16 cm.

WEIGHT

81.2 Pounds

Adrenal Glands**INTERPRETED BY**Eric Lindquist, DMV
DABVP, Cert. IVUSS

The **adrenal glands** were subnormal in size. The left adrenal gland measured 1.98 cm x 0.31 cm at the caudal pole and 0.28 cm at the cranial pole. The right adrenal gland measured 3.35 cm x 0.49 cm at the caudal pole and 0.47 cm at the cranial pole.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

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.

HOSPITAL NAME

Bel Air Vet Hospital

Liver**REFERRING VET**

Dr. Schmidt

The **liver** was significantly subnormal in size and presented diffuse mixed echogenic nodular changes and increased portal markings. The gallbladder was thickened, consistent with hepatic cirrhosis. Hepatic lymphadenopathy noted.

INVOICE

35033

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. Mesenteric lymphadenopathy noted, reactive pattern.

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.

Other

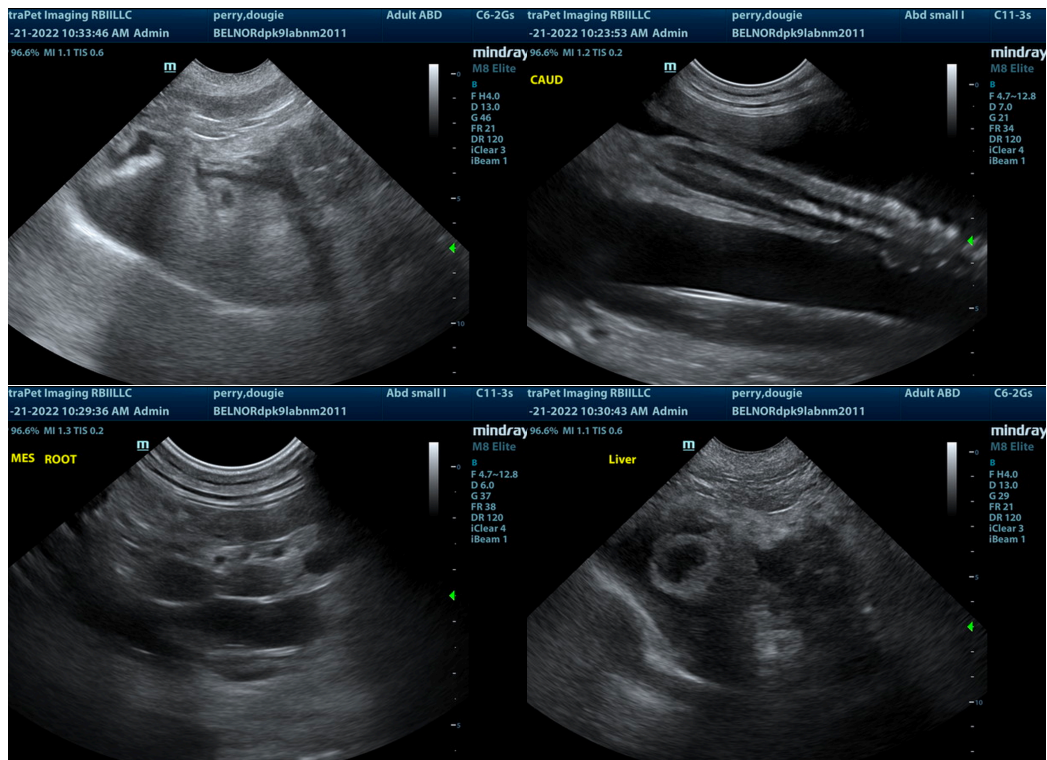
Large amount of ascites present. Concurrent pericardial and pleural effusion noted.

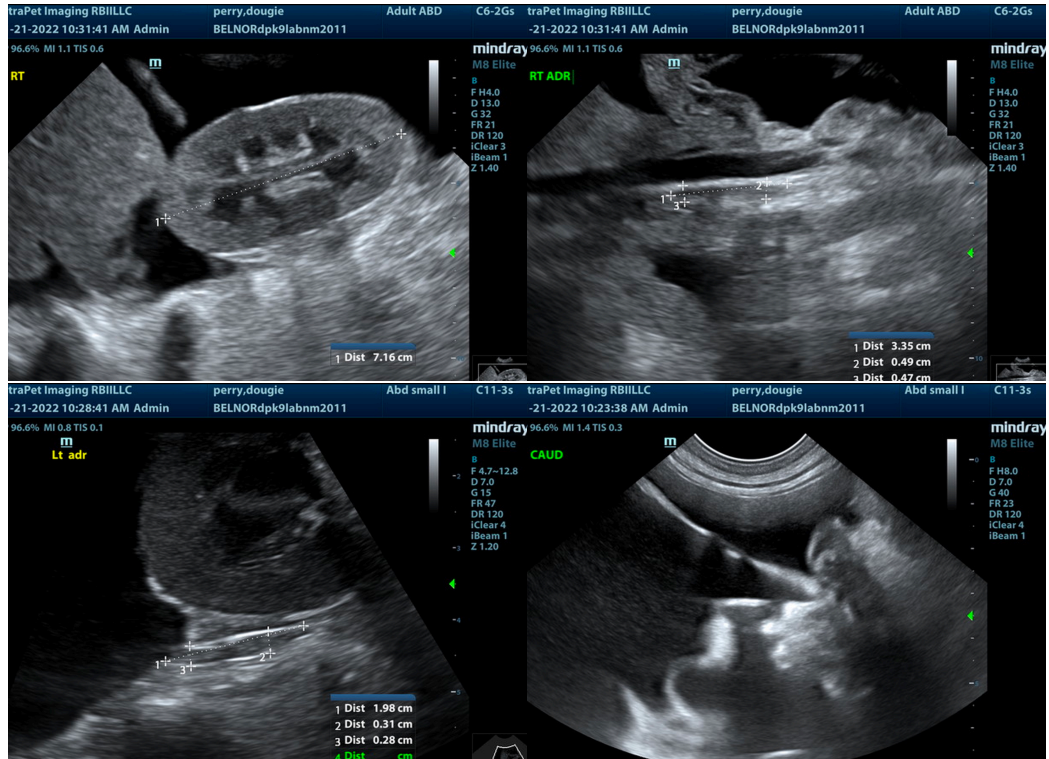
ULTRASONOGRAPHIC FINDINGS

- Hepatic cirrhosis pattern and secondary ascites, likely owing to portal hypertension, complicated by poor oncotic pressure given the low albumin levels.
- Pericardial and pleural effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

End stage liver failure. Prognosis is poor. Echocardiogram recommended.





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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