

**DATE**

1/28/22

PRESENTING CLINICAL SIGNS

History: Anorexia resolve, Addison's.

PATIENT

Zelda O'Gallcobhair

Current Medications: Pred 20 mg SID Cerenia UAD Florinef 0.1 BID.

Date of Previous IntraPet Ultrasound: 9-18-21 & 12-8-21.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

SPECIES

Canine

BREED

Border Collie

SEX

Spayed Female

AGE

7/24/10

WEIGHT

38.4 Lbs.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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 minor 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 left kidney measured 6.05 cm. The right kidney measured 6.05 cm.

Adrenal Glands

The **right adrenal gland** was 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 2.15 cm x 0.37 cm at the caudal pole and 0.54 cm at the cranial pole.

The region of the **left adrenal gland** revealed no evident pathology.

HOSPITAL NAME

Chadwell AH

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. Gold

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

INVOICE

13686

Gastrointestinal

The **gastric wall** was persistently thickened yet mildly improved to 1.42 cm maximal wall thickness. Echogenic remodeling was noted in the gastric wall. The small intestine and colon were unremarkable.

Pancreas

The **pancreas** revealed persistent remodeling. Curvilinear patterns were recognizable yet somewhat obscured throughout the gastric wall.

Free Abdomen

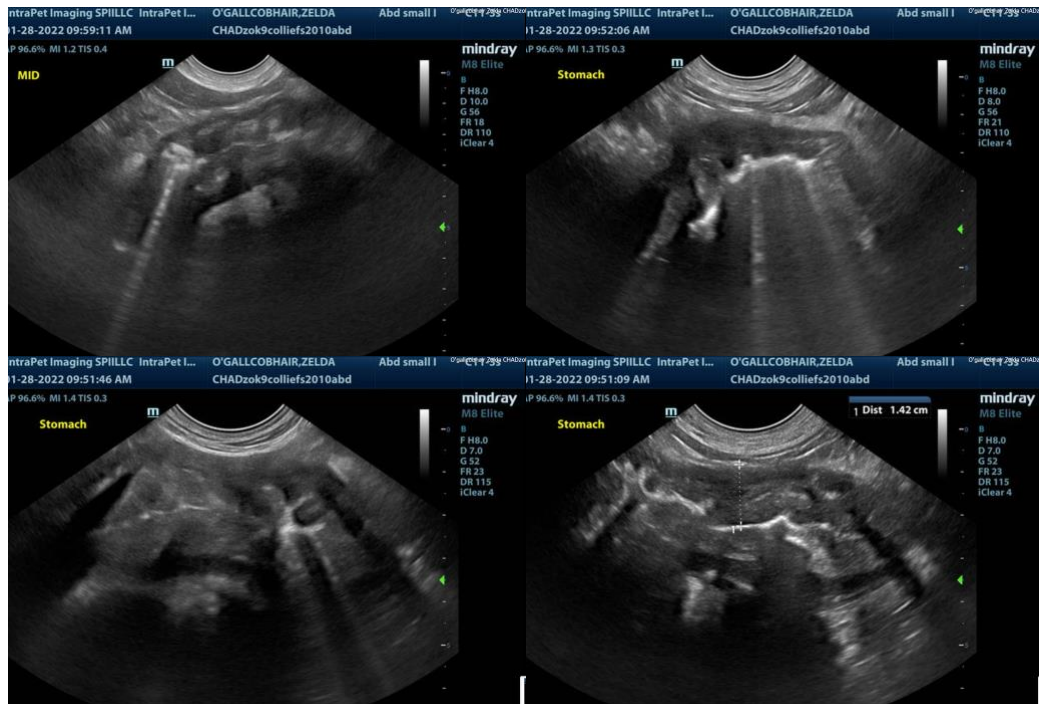
Slight regional **lymphadenopathy** noted, improved from the prior sonogram to approximately 4.0 mm.

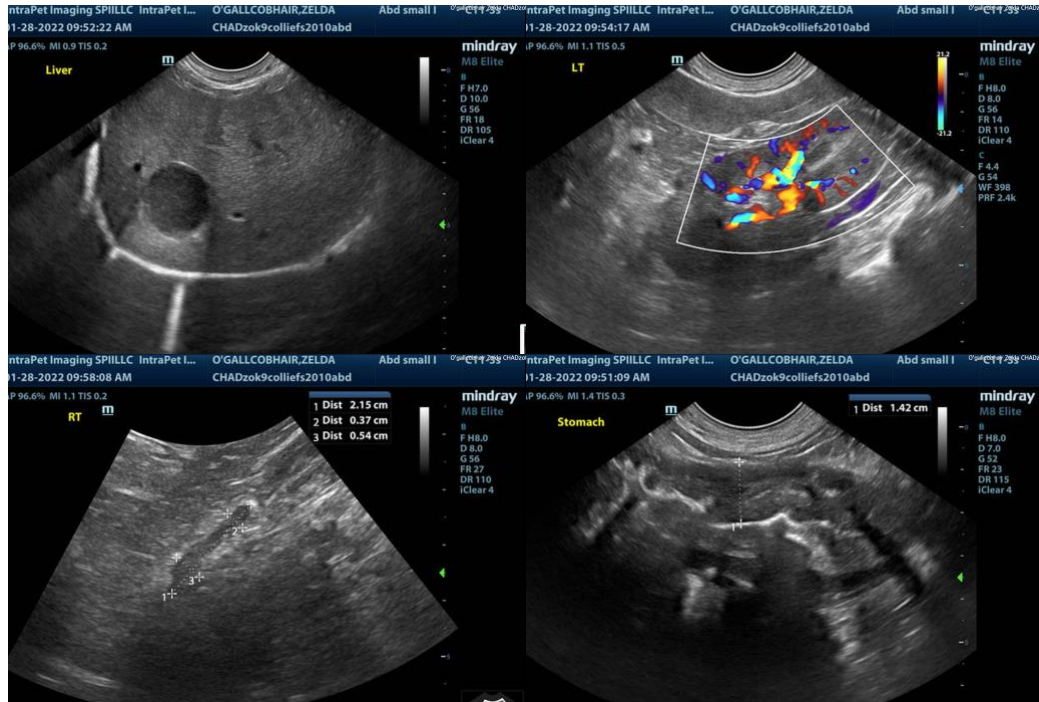
ULTRASONOGRAPHIC FINDINGS

- Chronic gastritis pattern
- Minor pancreatic remodeling
- Slight regional lymphadenopathy (improved from the prior sonogram)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy strongly encouraged in this patient. However, given the positive progress, continuation of gastritis protocol with BID canned feedings warranted. GI protectants and coverage for helicobacter warranted. Recheck sonogram in 1-2 months or earlier if further clinical signs develop.





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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