

**DATE PRESENTING CLINICAL SIGNS**

10/1/21

History: Recently diagnosed with Ehrlichiosis and treated with round of Doxycycline on 08/13/2021. GHP1 done at same time which demonstrated an elevated ALP (at 330). Recheck of ALP done 5 weeks later (after treatment with doxycycline): value increased to 497

PATIENT

Penny Lane Katz

Current Medications: N/A at the moment

Lab Results: Elevated ALP (went from 330 to 497). Ehrlichia pos (remainder neg).

SPECIES

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

Canine

Stat Report: not requested

BREED**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Terrier Mix

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

Spayed Female

AGE

2008

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 4.75 cm.

WEIGHT

19.1 Pounds

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 left adrenal gland measured 1.9 cm x 0.71 cm at the caudal pole and 0.62 cm at the cranial pole. The right adrenal gland measured 2.06 cm x 0.62 cm at the caudal pole and 0.68 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

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

Churchville for Swan
Creek VC

REFERRING VET

Dr. Receski

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 mild 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. Hyperechoic left cranial liver nodule noted, non-disruptive, measuring 2.24 cm x 2.23 cm.

INVOICE

13444

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

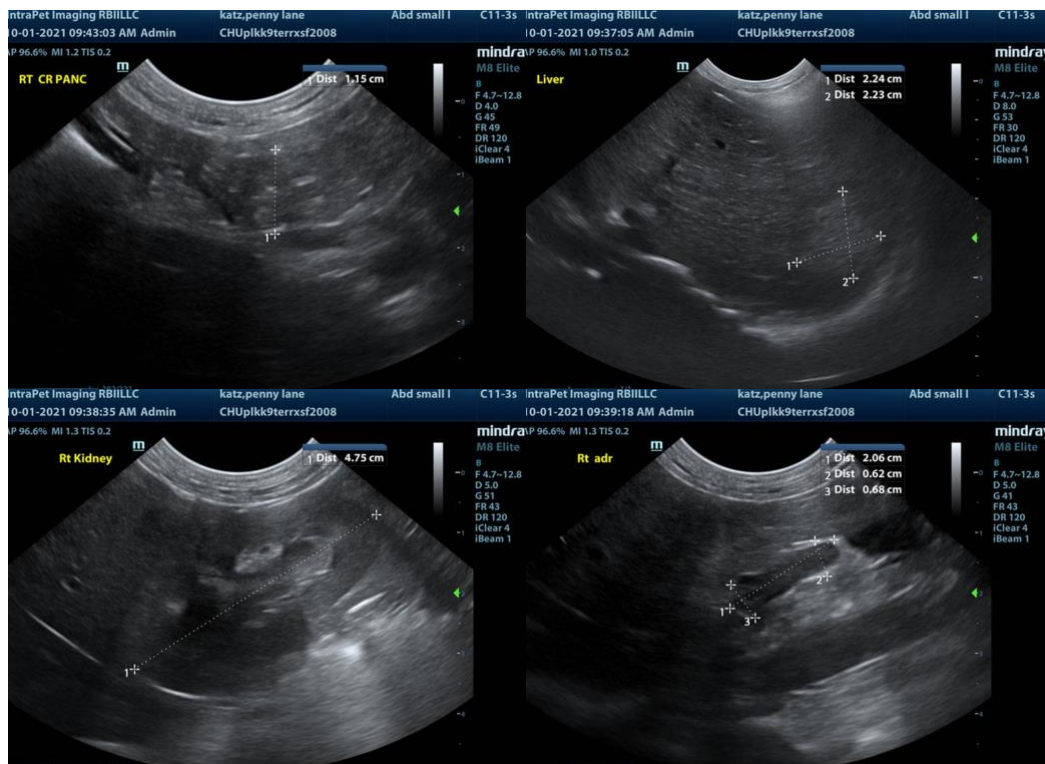
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some moderate parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes.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

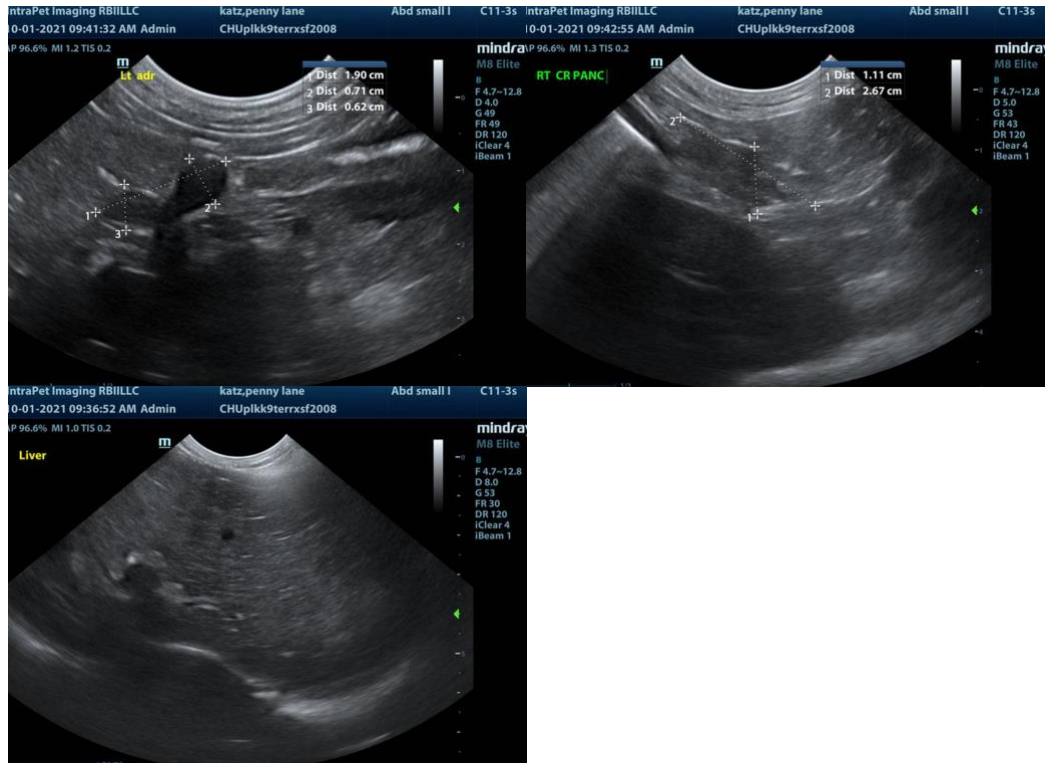
ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy with minor remodeling
- Pancreatic remodeling
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If liver enzymes are an issue then FNA indicated. No suspicion of neoplasia. Subxyphoid palpation recommended to assess for discomfort of the pancreas.





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