

**DATE PRESENTING CLINICAL SIGNS**

10/15/21

History: weight gain, dry skin, lethargic, increased panting/thirst/appetite
 BAR. Wt: 7.71 kg BCS: 8/9. Abdomen: soft, non-painful. No palpable masses.

PATIENT

Current Medications: None

Ryleigh Burke

Lab Results: ALT 140, ALKP 387. LDDT, 4 hour post 3.3, 8 hour post 3.3

Date of Previous IntraPet Ultrasound: No previous

Sedation: Not needed.

SPECIES

Stat Report: Not requested.

Canine

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

Shih Tzu

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

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 right kidney measured 4.42 cm. The left kidney measured 4.63 cm.

AGE

2009

WEIGHT

16.4 Pounds

Adrenal Glands

The **right adrenal gland** was visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some mild 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. The right adrenal gland measured 2.52 cm x 0.61 cm at the caudal pole and 0.79 cm at the cranial pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUS

The **left adrenal gland** was normal in size and contour, measuring 1.59 cm x 0.51 cm at the caudal pole and 0.45 cm at the cranial pole.

HOSPITAL NAME

Towson Banfield

Spleen**REFERRING VET**

Dr. Lewis

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.

INVOICE

10/15/21

Liver

Variable heterogeneous parenchymal changes note in the **liver** 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 mild vacuolar hepatopathy and some level of remodeling and history of inflammatory component.

Gastrointestinal

The **gastric** wall was slightly thickened with empty lumen. The small intestine and colon were unremarkable.

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.

Free Abdomen

Iliac and lobar **lymph nodes** slightly enlarged, measuring 0.5 cm each. The largest hepatic nodule measured 1.53 cm x 1.1 cm, non-disruptive. A large amount of abdominal fat was noted in this patient.

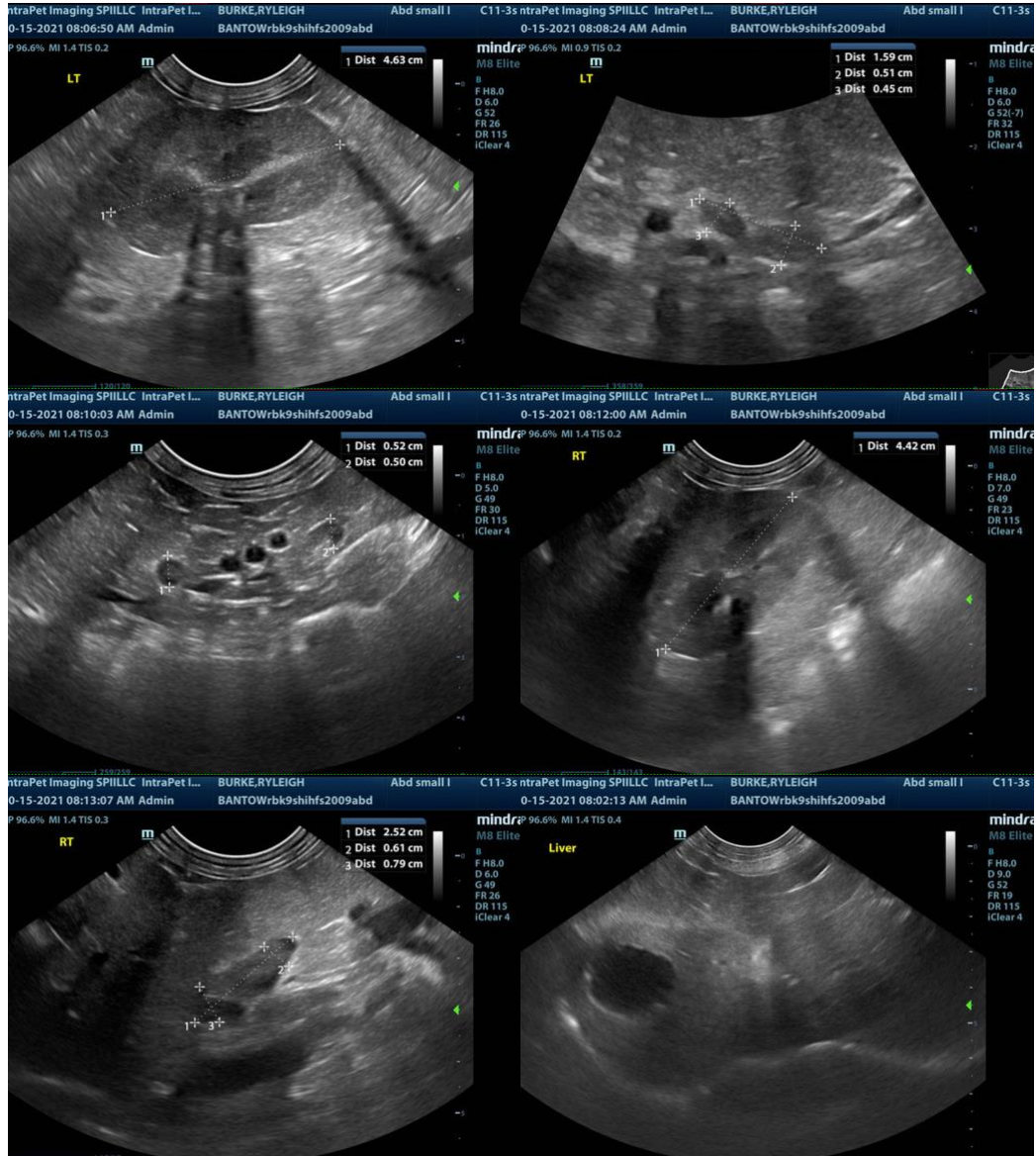
ULTRASONOGRAPHIC FINDINGS

- Hepatic remodeling, not overtly pathological with subjectively benign nodular changes
- Minor gastric hypertrophy
- Slightly heterogeneous right adrenal gland
- Large amount of abdominal fat
- Slight iliac lymphadenopathy, likely reactive

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Essentially geriatric abdomen.





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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