



PATIENT PRESENTING CLINICAL SIGNS

Rhockey Rhoda

History: 0.01dexdormitor/0.05mltorb-IV Bile acids test: Pre-prandial test normal. Postprandial significantly increased at about 79. A: DDX: Liver shunt, hepatobiliary disease. Chemistry screen: Slight increased ALT. Alkaline phosphatase almost 6 times the upper end of normal. Increased cholesterol. CBC: No significant finding Heartworm test antigen: Negative Fecal: No eggs or parasites seen Urinalysis: Decreased specific gravity Fructosamine: Normal A: Hepatic disease: Idiopathic, infection, inflammation, neoplasia. Metabolic. A: Mild hepatomegaly on RADS (attached as supplemental use)

SPECIES

Canine

BREED

Maltese Mix

Abnormal PE/Chem/CBC/UA Results: Cortisol Serial 3 DEX 10/19/2021 7:13a Time 1 Pre Time 2 Post Time 3 Post2 CORTISOL SAMPLE 7.2 H 1.0 5.0 mg/dL CORTISOL SAMPLE<0.2 0.0 1.4 mg/dL Result Verified CORTISOL SAMPLE<0.2 0.0 1.4 mg/dL

SEX

Neutered Male

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.

AGE

13 Years

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 4.0 cm. The left kidney measured 4.0 cm.

WEIGHT

13.1 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.64 cm at the cranial pole and 0.65 cm at the caudal pole. The right adrenal gland measured 0.7 cm at maximum width.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

South Reno VH

Spleen

The **spleen** was largely smooth with mild subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

REFERRING VET

Dr. Schmitt

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Liver

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The **liver** presented increased portal markings throughout the liver (suggestive for chronic inflammatory disease), coarse architecture, and multifocal hypoechoic nodules (the largest of which measured 0.78 cm) consistent with lipogranulomas. Hypoechoic macronodular changes were noted in



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the right liver, measuring 3.16 cm x 1.56 cm. The gallbladder was overdistended with a thickened wall and striating bile consistent with emerging mucocele. Intrahepatic vascularity appeared normal. Portal vein to vena cava ratio was 1:1. Portal vein measured 6.0 mm. Vena Cava measured 6.0 mm.

SPECIES

Canine

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.

BREED

Maltese Mix

Pancreas

Diffuse hyperechoic changes were present in the area of the **pancreas**. The moderate pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxyphoid palpation reveals pain response. No overt masses were noted. Heterogenous changes noted suggestive for chronic active inflammation.

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AGE

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ULTRASONOGRAPHIC FINDINGS

- Pancreatic remodeling, chronic active pancreatitis likely
- Hepatic remodeling with chronic inflammatory hepatopathy pattern and emerging mucocele
- Regenerative nodules- no overt suspicion of neoplasia
- Age-related renal and splenic changes

WEIGHT

13.1 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of intrahepatic shunts, however, both the parenchymal disease and gallbladder are likely playing a role in the bile acid elevations. Subxyphoid palpation recommended to assess for discomfort associated with the right pancreatic limb. Ultrasound guided FNA of the liver recommended. Empirical trial of enrofloxacin/metronidazole over 10-day period with ursodiol over the next 6-8 weeks recommended. If any pain and clinical signs of pancreatitis are present, then hydrolyzed diet (long term) would be recommended. Recheck sonogram in 2-4 weeks depending upon clinical status.

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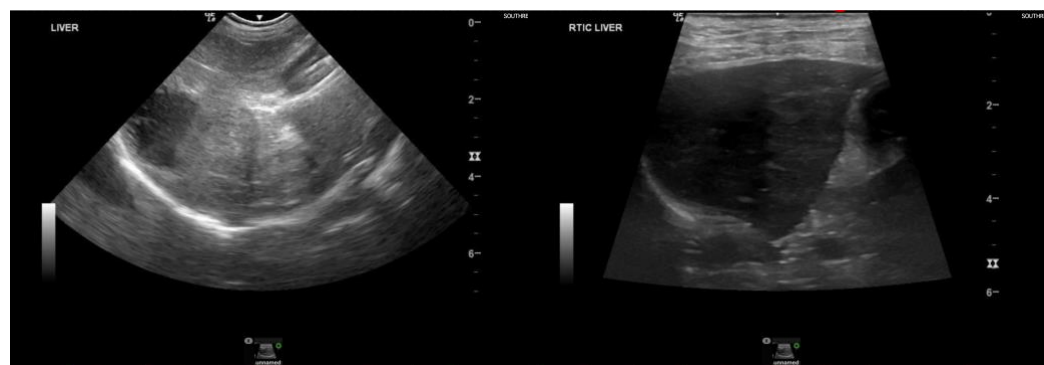
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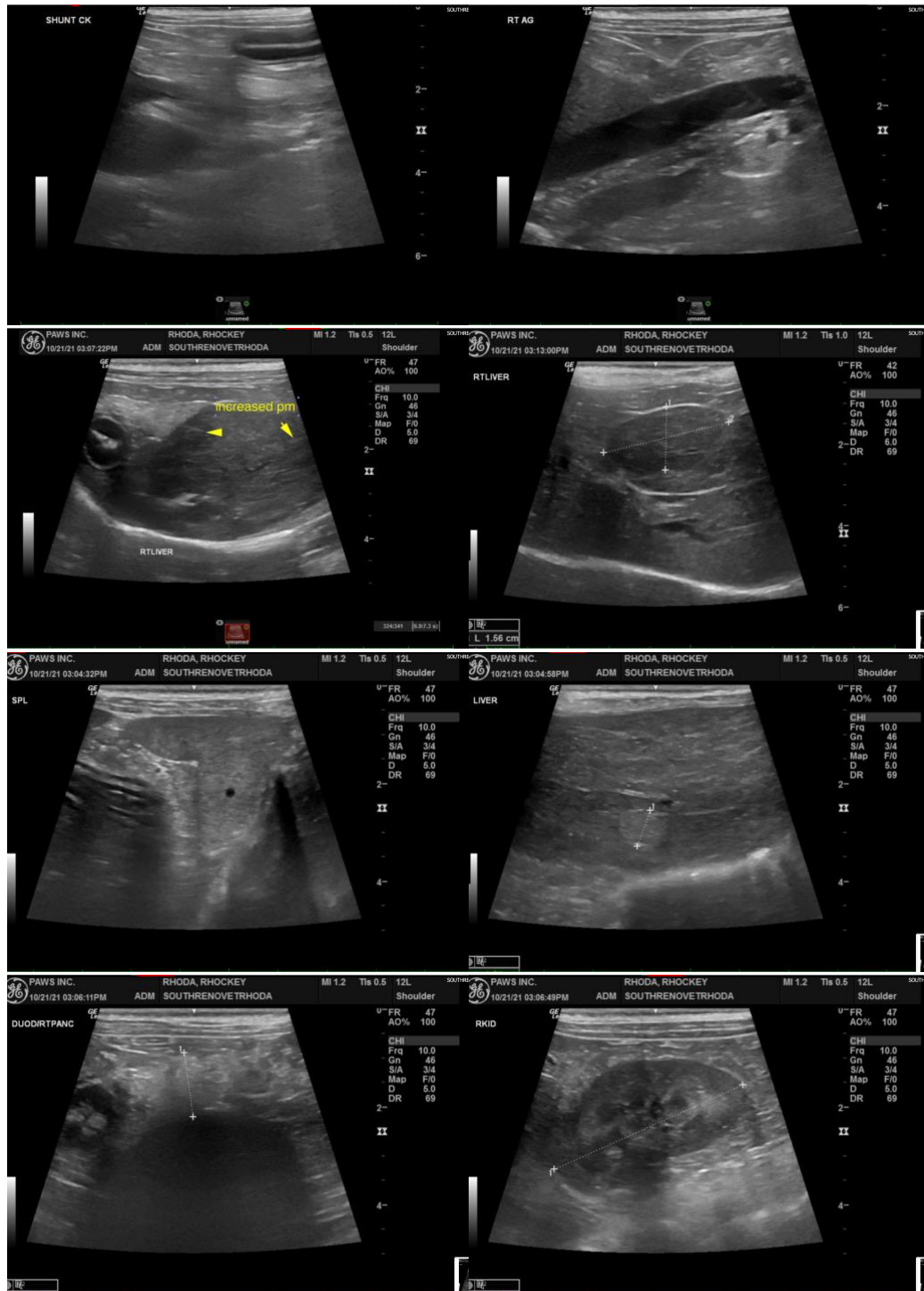
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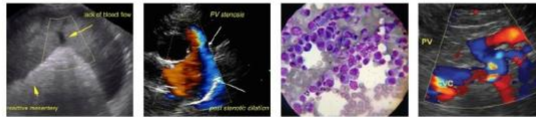
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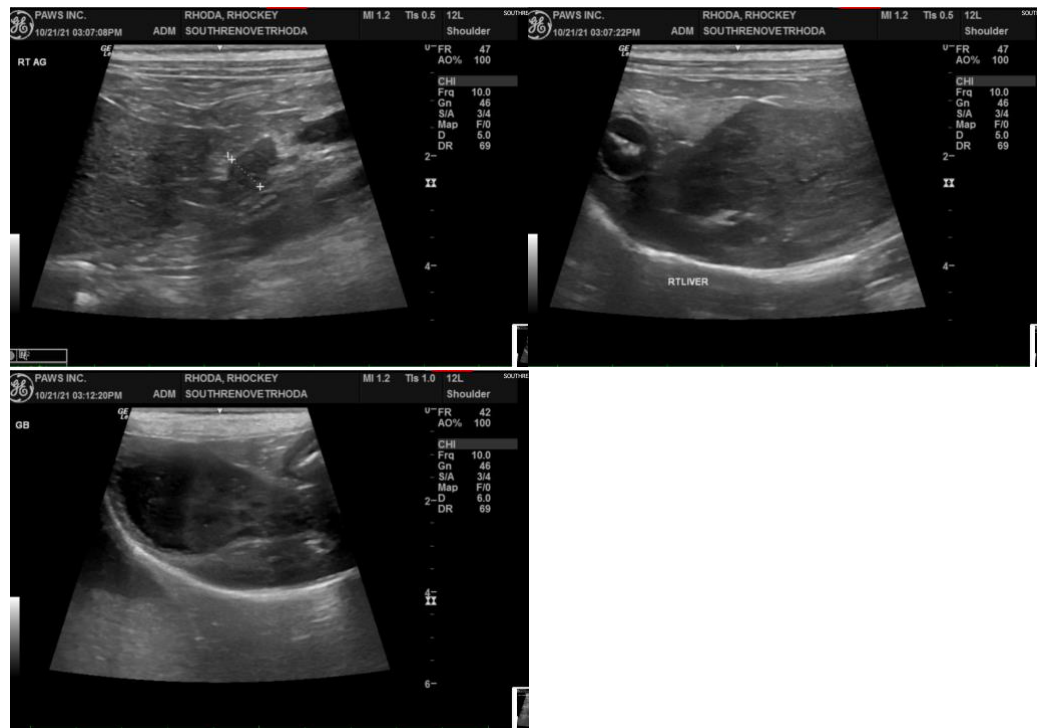
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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