

**DATE**

10/25/21

PRESENTING CLINICAL SIGNS

History: Patient has had an intermittently decreased appetite for the past ~ 10 months; no weight loss during this time; no vomiting or diarrhea; sometimes is lethargic. NSF on PE.

Current Medications: Not provided by the veterinarian.

PATIENT

Oliver Payne

Lab Results: Attached separately.

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: not needed

Stat Report: not requested

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

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 was noted. Ureteral papillae were normal.

SEX

Neutered male

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.56 cm. The right kidney measured 7.31 cm.

AGE

5/5/18

WEIGHT

87 lbs

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 right adrenal gland measured 2.32 x 0.84 cm at the caudal pole and 0.75 cm at the cranial pole. The left adrenal gland measured 2.51 x 0.71 cm at the caudal pole and 0.55 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
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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 was noted.

HOSPITAL NAME

Charm City VH

REFERRING VET

Dr. Karbonik

Liver

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.

INVOICE

92617

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. The mesenteric lymph nodes were reactive and measured 1.47 cm and 1.21 cm.

Pancreas

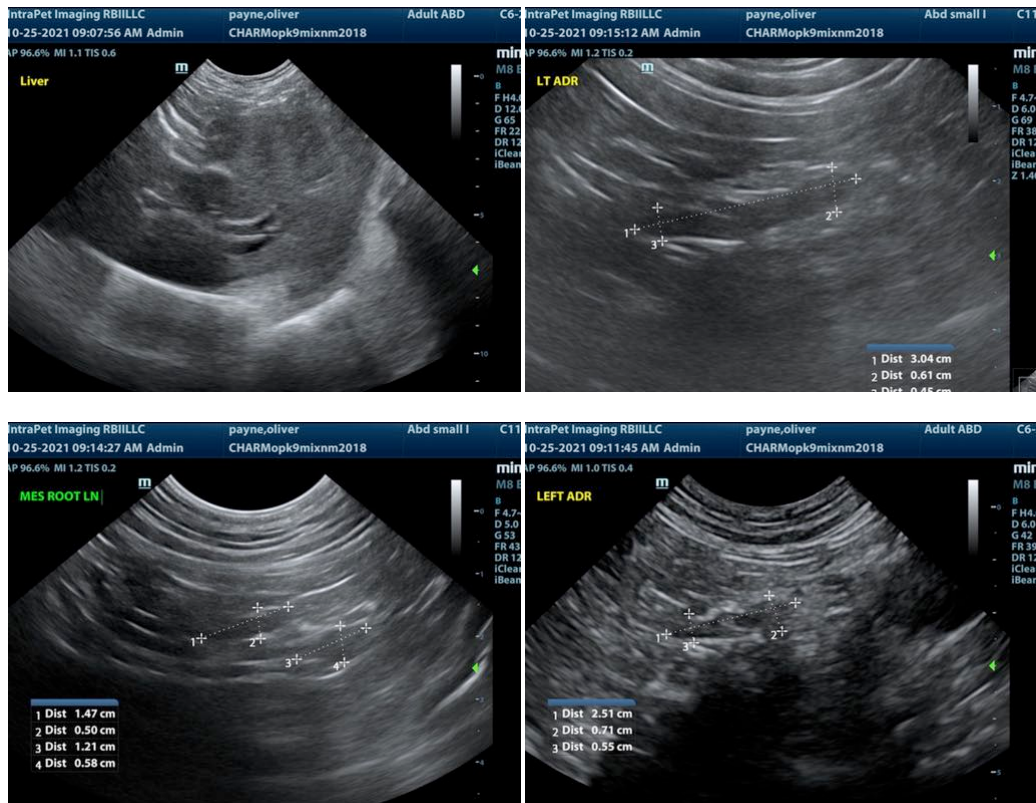
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

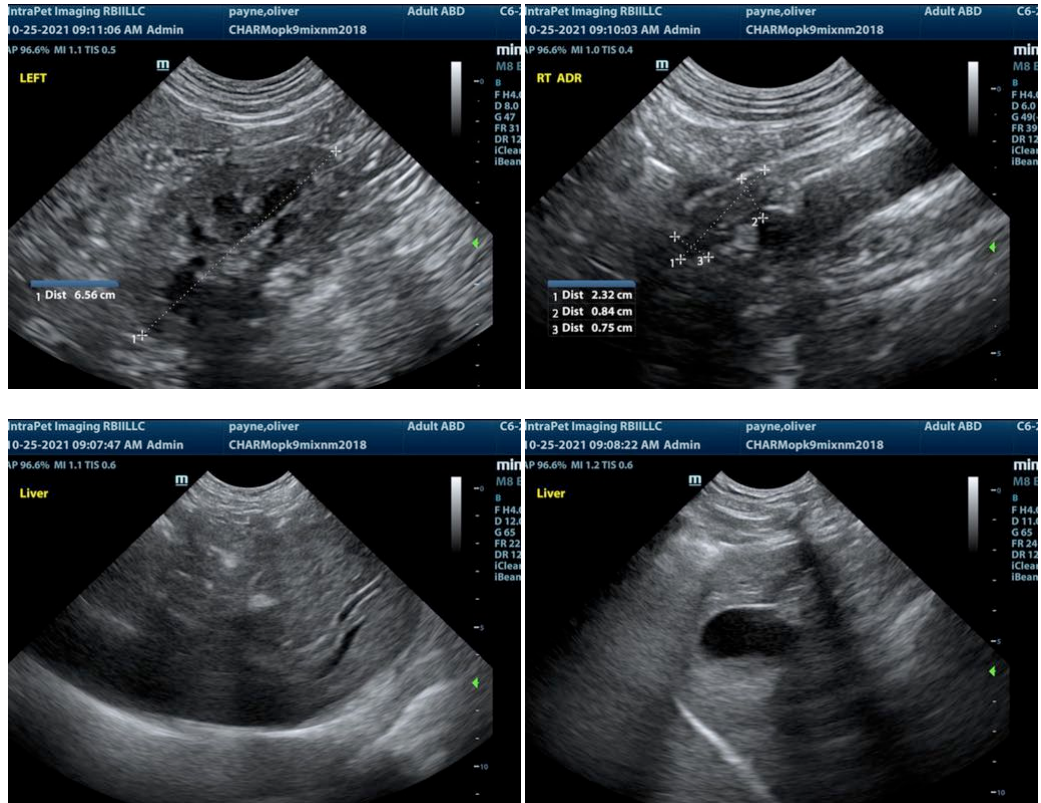
ULTRASONOGRAPHIC FINDINGS

Slight mesenteric lymphadenopathy.
Chronic inflammatory hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile is warranted. Past history of hepatic inflammatory disease is likely in this patient. However, given the lack of liver enzyme elevations it appears to be stable. There was no other cause of potential loss of appetite in this patient. Structurally insignificant gastritis or possible orthopedic, CNS or thoracic disease should all be considered. Given the reactive mesenteric lymph nodes low-grade inflammatory bowel may be playing a role. Screening for occult Addison's is warranted given the vague clinical signs.





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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