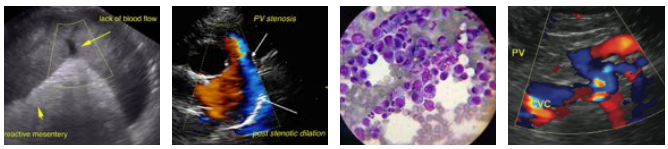
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™




SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**
Buster Brewer

**SPECIES**
Canine

**BREED**
Pug

**SEX**
Neutered male

**AGE**
13 years

**WEIGHT**
17 lbs

**INTERPRETED BY**
Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**
Dr. Jagger

**HOSPITAL NAME**
VCA Parkway AH

**REFERRING VET**
Dr. Jagger

**INVOICE**
42142

**DATE**
10/25/22

## PRESENTING CLINICAL SIGNS

History: Elevated Alk Phos/ALT/AST noted on labs in August when he was having neck pain. Recheck labs show elevations are persistent. He has lost 1# in the past year and occasionally vomits. Currently on methocarbamol and gabapentin.
Abnormal PE/Chem/CBC/UA Results: AST (SGOT) 112 15 - 66 IU/L ALT (SGPT) 416 12 - 118 IU/L Alk Phosphatase 670 5 - 131 IU/L Total Bilirubin 0.2 0.1 - 0.3mg/dL

## 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 was noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 4.25 cm. The right kidney measured 4.17 cm.

### *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 0.5 cm.

### *Spleen*

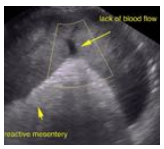
The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

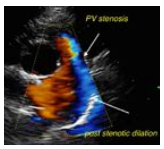
### *Liver*

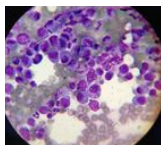
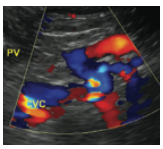
The **liver** revealed increased portal markings, coarse architecture and irregular contour. Micro and macronodular changes were noted. A 5.0 x 4.0 cm gallbladder mucocele was noted. The gallbladder was over distended with inspissated immobile bile. Mild enhanced mesentery was noted. This is indicative of inflammation. The common bile duct was mildly dilated at 0.5 cm with mucous.

### *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



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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. 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.

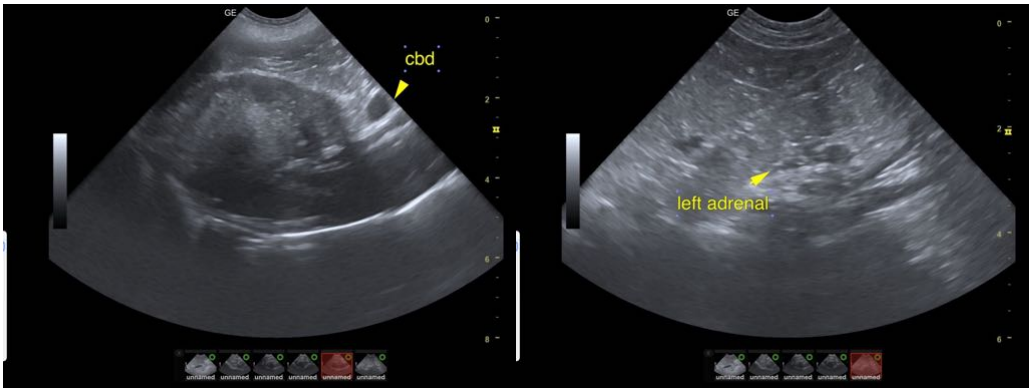
## ULTRASONOGRAPHIC FINDINGS

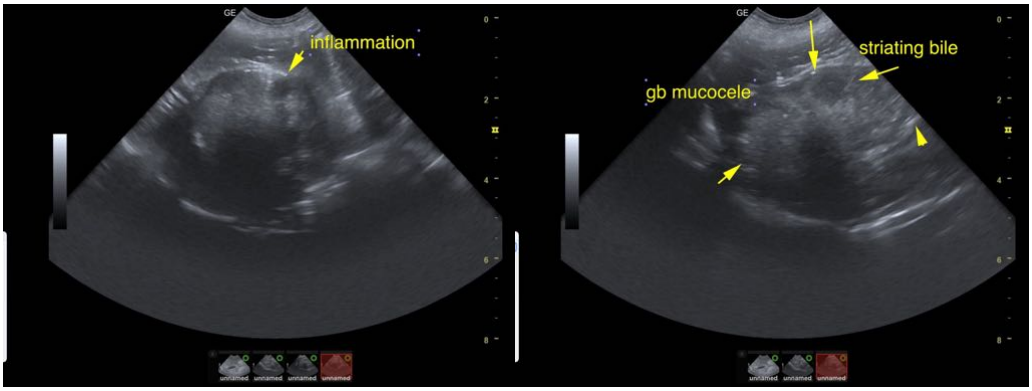
Hepatic remodeling, hepatic fibrosis, does not appear end stage.

Gallbladder mucocele with mucoduct.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cholecystectomy and liver biopsy is recommended along with common bile duct lavage.



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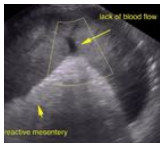

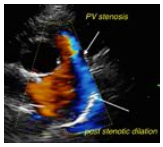

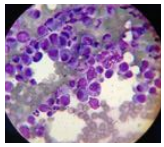
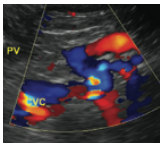


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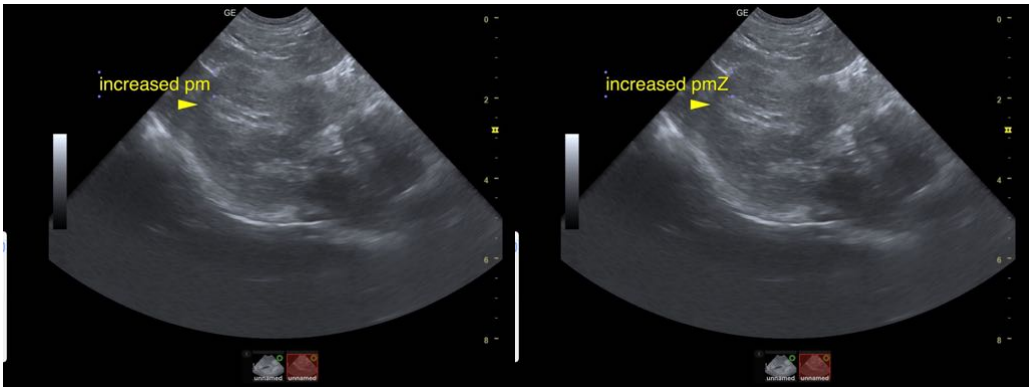


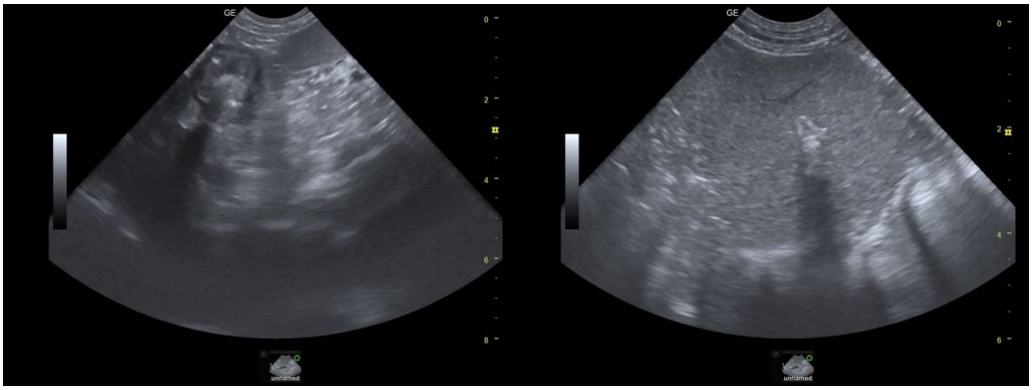

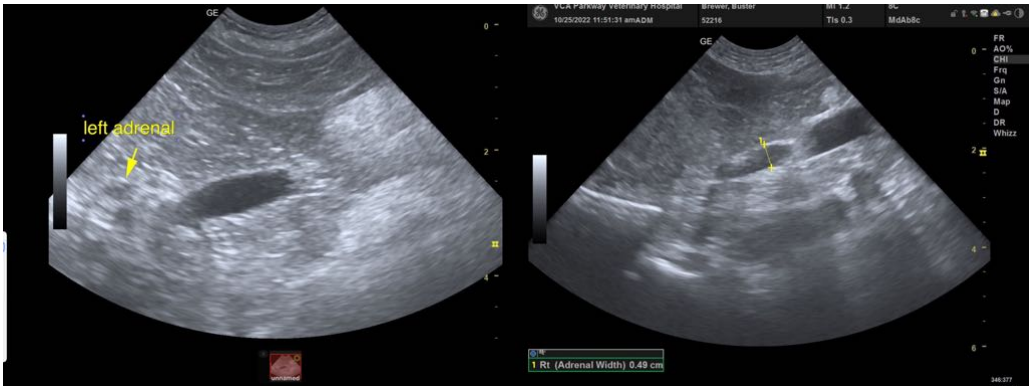


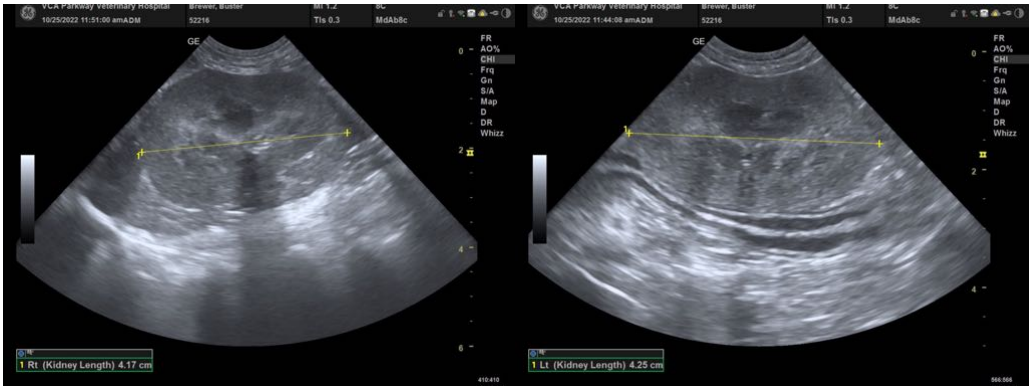

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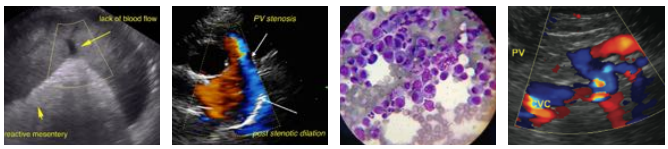


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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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