



PATIENT

Marlee Buser

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

11 Years

WEIGHT

78 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Danielle Kitz

HOSPITAL NAME

Woodlands AH

REFERRING VET

Dr. Danielle Kitz

INVOICE

41933

DATE

10/9/22

PRESENTING CLINICAL SIGNS

patient had sl elevation in renal enzymes on senior labwork panel 4/21, with borderline high SDMA. He was placed on a renal diet at that time, and this year's senior labwork shows normal renal values but elevated TBIL @0.5, mild hypercholesterolemia, and mild hypertriglyceridemia, with no bilirubinuria recommended follow up after 12 hour fast in six months since patient has no clinical signs of any issues

Abnormal PE/Chem/CBC/UA Results: Recheck fasted chemistry showed persistently elevated TBIL @0.5, but completely normal pre and post prandial bile acids screening ultrasound performed to be sure nothing of concern

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 right kidney measured 6.85 cm. The left kidney measured 6.85 cm.

Adrenal Glands

The **right adrenal gland** was uniformly enlarged, measuring 1.75 cm at the cranial pole and 0.96 cm at the caudal pole.

The **left adrenal gland** presented a hyperechoic nodule measuring 1.57 cm x 1.0 cm. The nodule was derived from the cranial pole. The left adrenal gland measured 2.6 cm in length.

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.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

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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.

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Pancreas

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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

SEX

- Left adrenal nodule and mild bilateral adrenal enlargement, unremarkable abdomen otherwise

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

11 Years

If the patient appears Cushingoid, then workup for PDH indicated. Structurally the kidneys appear unremarkable. Other causes of acute underlying insult such as Leptospirosis or toxin exposure should be considered, yet structurally the kidneys are unremarkable.

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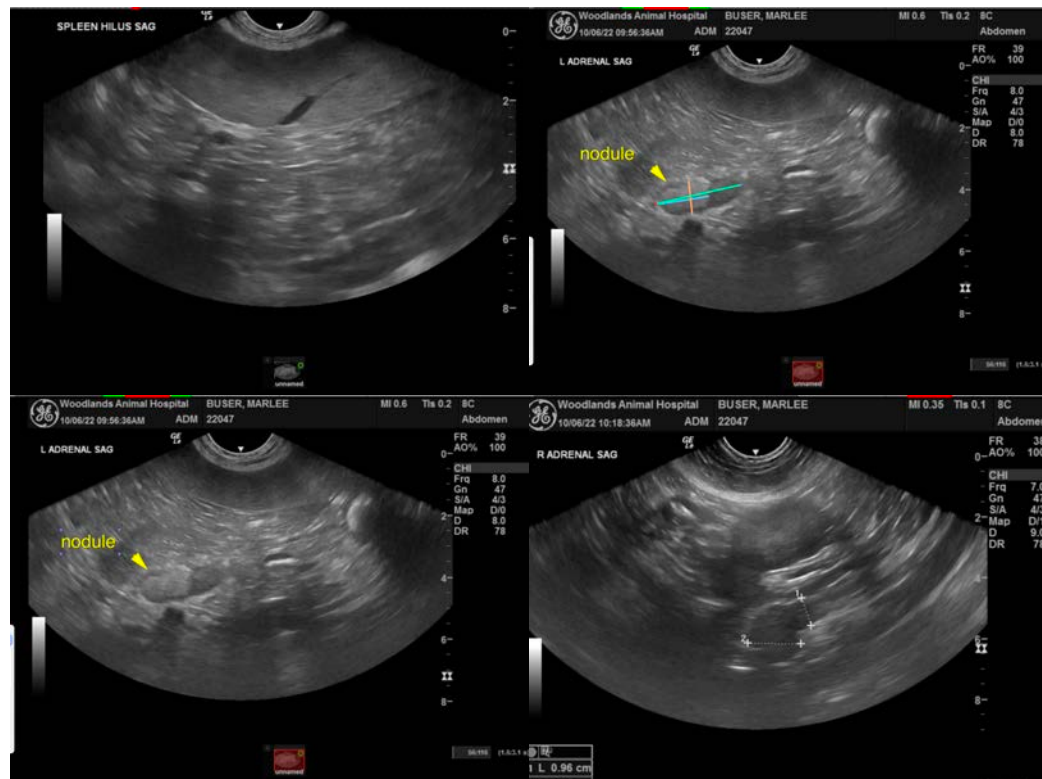
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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