



PATIENT

Elwood Drago

SPECIES

Canine

BREED

Jack Russell

SEX

Neutered male

AGE

14 years

WEIGHT

14.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. Martens

INVOICE

42258

DATE

11/1/22

PRESENTING CLINICAL SIGNS

History: Previous ultrasound 3/19/22. History of splenic nodule. Liver values rising and elevated WBC count

Abnormal PE/Chem/CBC/UA Results: AST 169, ALT 1121, ALK PHOS 1198 GGTP 20, WBC 22.2

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 residual prostate measured 0.5 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 4.04 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 left adrenal gland measured 2.09 x 0.5 cm.

Spleen

The **spleen** revealed a hypoechoic, 0.6 cm nodule that was non-disrupted at the mid body.

Liver

The **liver** revealed mildly increased portal markings and an echogenic gallbladder wall with sand and fibrosis. The liver revealed mildly increased portal markings. Occasional, hypoechoic, non-disruptive nodular change was noted in the liver. Lobar biliary mineralization was also noted.

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.



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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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Porcelain gallbladder/chronic fibrosing cholangitis, non-specific cholangiohepatitis liver pattern with occasional nodular change.

Age related pancreas.

Splenic nodule, likely nodular hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis titers are warranted in this patient to ensure that this is not an underlying issue. FNA of the liver is indicated. Eventual cholecystectomy may be in this patient's best interest. The region of the right adrenal gland was imaged with no evidence of pathology. Ampicillin and Metronidazole combination as well as FNA of the liver and splenic nodule are recommended. Ursodiol and nutraceuticals are all indicated. Bile acid profile is ideal.

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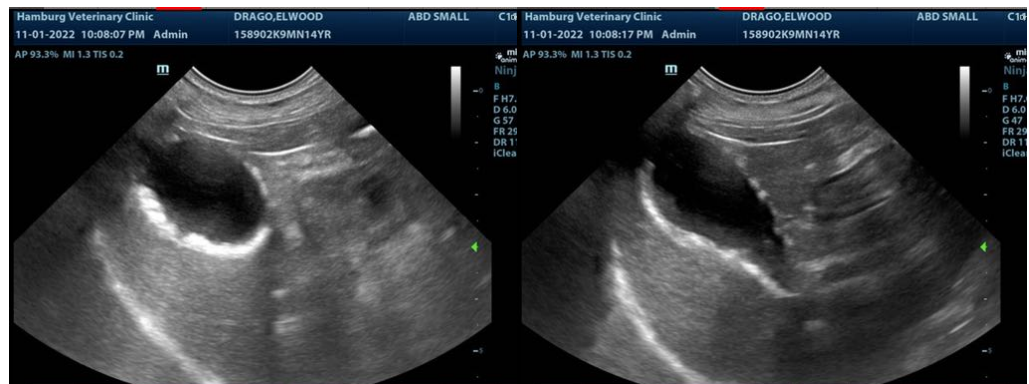
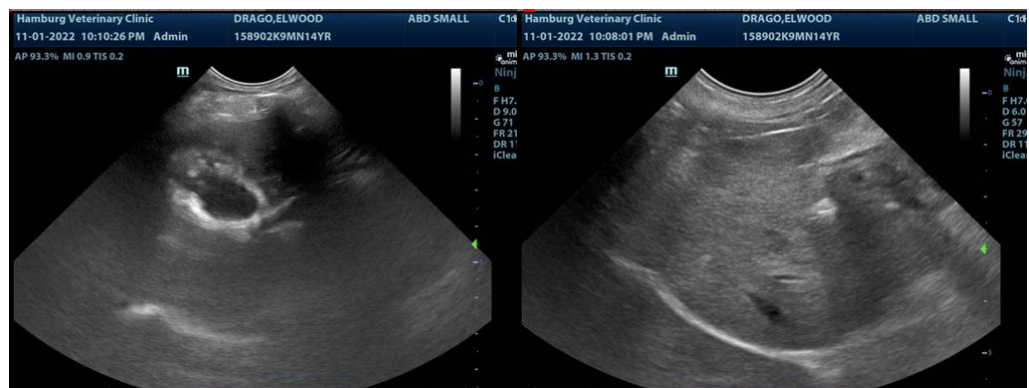
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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