

**DATE PRESENTING CLINICAL SIGNS**

11/12/21

History: cancer screening.  
Current Medications: Denamarin Med- Give 1 tablet by mouth once a day 45 minutes before feeding or 2 hours after eating long term.

**PATIENT**

Bailey Bente

Lab Results: BUN 38, Calcium 12.1, ALT 448, ALP 1331, Chol 466.  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required for a full diagnostic ultrasound.  
Stat Report: Not requested.

**SPECIES**

Canine

**BREED**

Goldendoodle

**SEX**

Spayed Female

**AGE**

2010

**WEIGHT**

27 Pounds

**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. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** presented a diffuse interstitial nephrosis pattern. Minor pyelectasia noted on the right. The right kidney measured 6.25 cm. The left kidney measured 5.58 cm. Hyperechoic medullary rim sign noted in both kidneys with enhanced blood flow on color flow assessment.

**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 2.64 cm x 0.74 cm at the caudal pole and 0.94 cm at the cranial pole. The left adrenal gland measured 2.5 cm x 0.79 cm at the caudal pole and 0.78 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** presented heterogeneous mixed nodular changes with mild irregular contour, consistent with remodeling, probable past episode of splenitis. Appears to be fairly stable.

**IMAGING PERFORMED BY**

Stephanie Pearce  
RDCS, RVT

**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.

**HOSPITAL NAME**

AMC of Bel Air

**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.

**REFERRING VET**

Dr. Chaudhry

**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.

**INVOICE**

29805

**ULTRASONOGRAPHIC FINDINGS**

- Splenic remodeling
- Non-specific inflammatory hepatopathy liver pattern

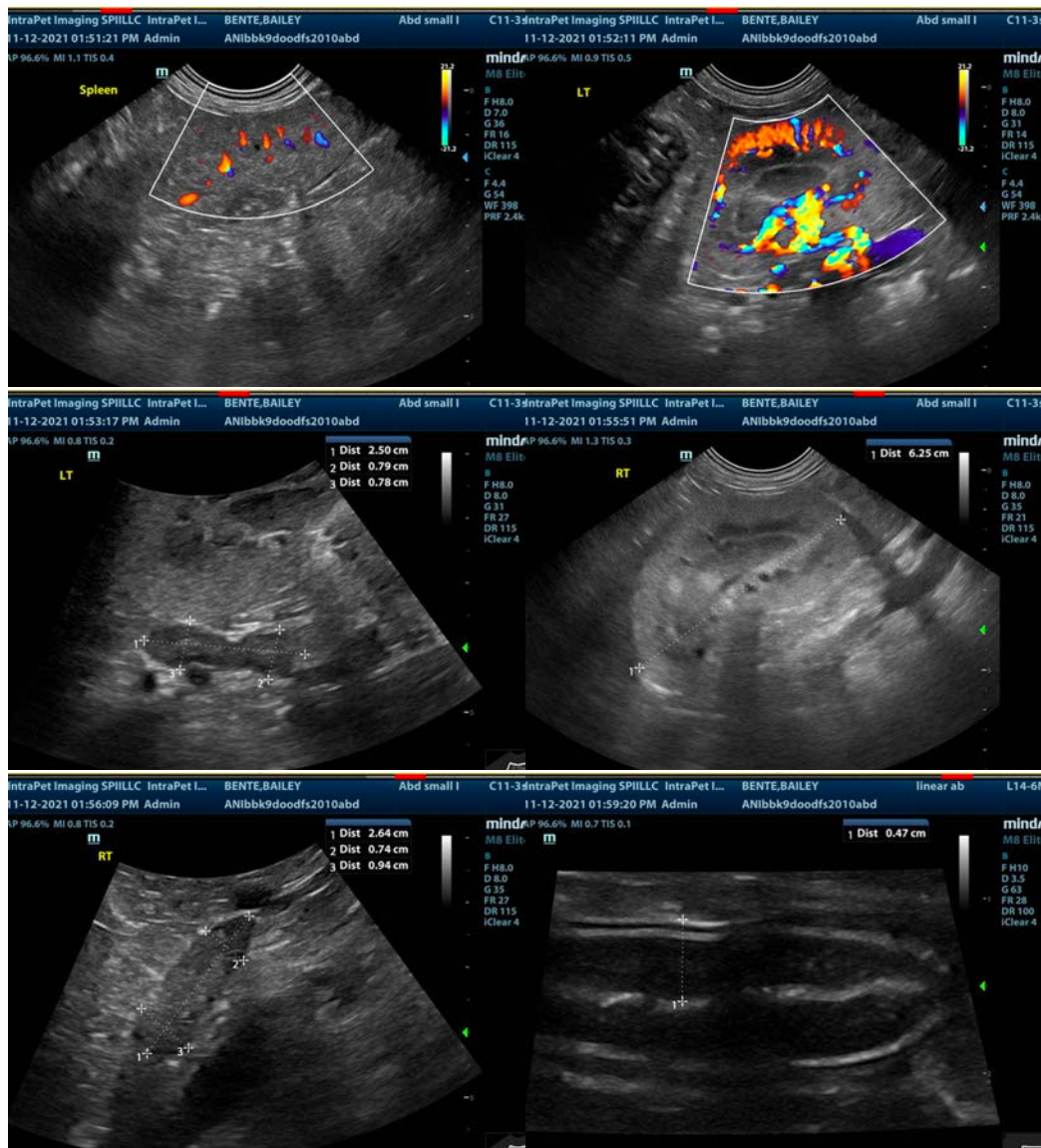
- Interstitial nephrosis renal pattern

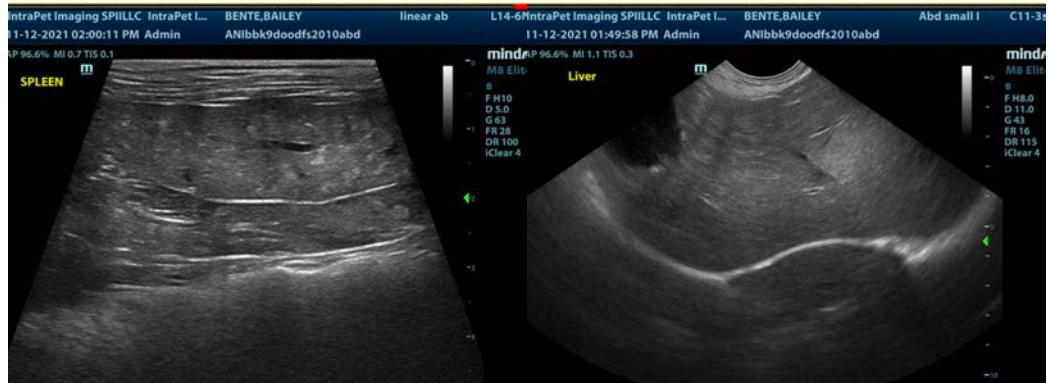
### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and liver would be appropriate. No overt evidence of neoplasia. Full urinary workup warranted if not already performed to assess for inflammatory sediment. No evidence of neoplasia.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
Eric.Lindquist@SonoPath.com