

**DATE PRESENTING CLINICAL SIGNS**

11/12/21

History: Suspicious for abdominal mass.

**PATIENT**

Current Medications: Metronidazole 50 mg BID, Cerenia Tablets 16mg 1 SID, Citravet 675 mg 1 SID, Proin ER 18mg 1 SID, Theophylline 100mg 1/2 tablet SID, Tussigon 5mg 1/2 tablet as needed.

Gracie Canter

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Declined.

**SPECIES**

Canine

**BREED**

Mini Poodle

**SEX**

Spayed Female

**AGE**

2007

**WEIGHT**

13.5 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**Stephanie Pearce  
RDCS, RVT**HOSPITAL NAME**

Edgewood Vet Hospital

**REFERRING VET**

Dr. Wright

**INVOICE**

29807

**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 **kidneys** presented moderate degenerative changes and cortical remodeling with corticomedullary mineralization. The right kidney measured 4.77 cm. The left kidney presented a cortical cyst. Microinfarcts noted in both kidneys.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 1.78 cm x 0.56 cm. The left adrenal gland measured 1.61 cm x 0.6 cm at the caudal pole and 0.54 cm at the cranial pole.

**Spleen**

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

**Liver**

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. Occasional hypoechoic nodule 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.

**Pancreas**

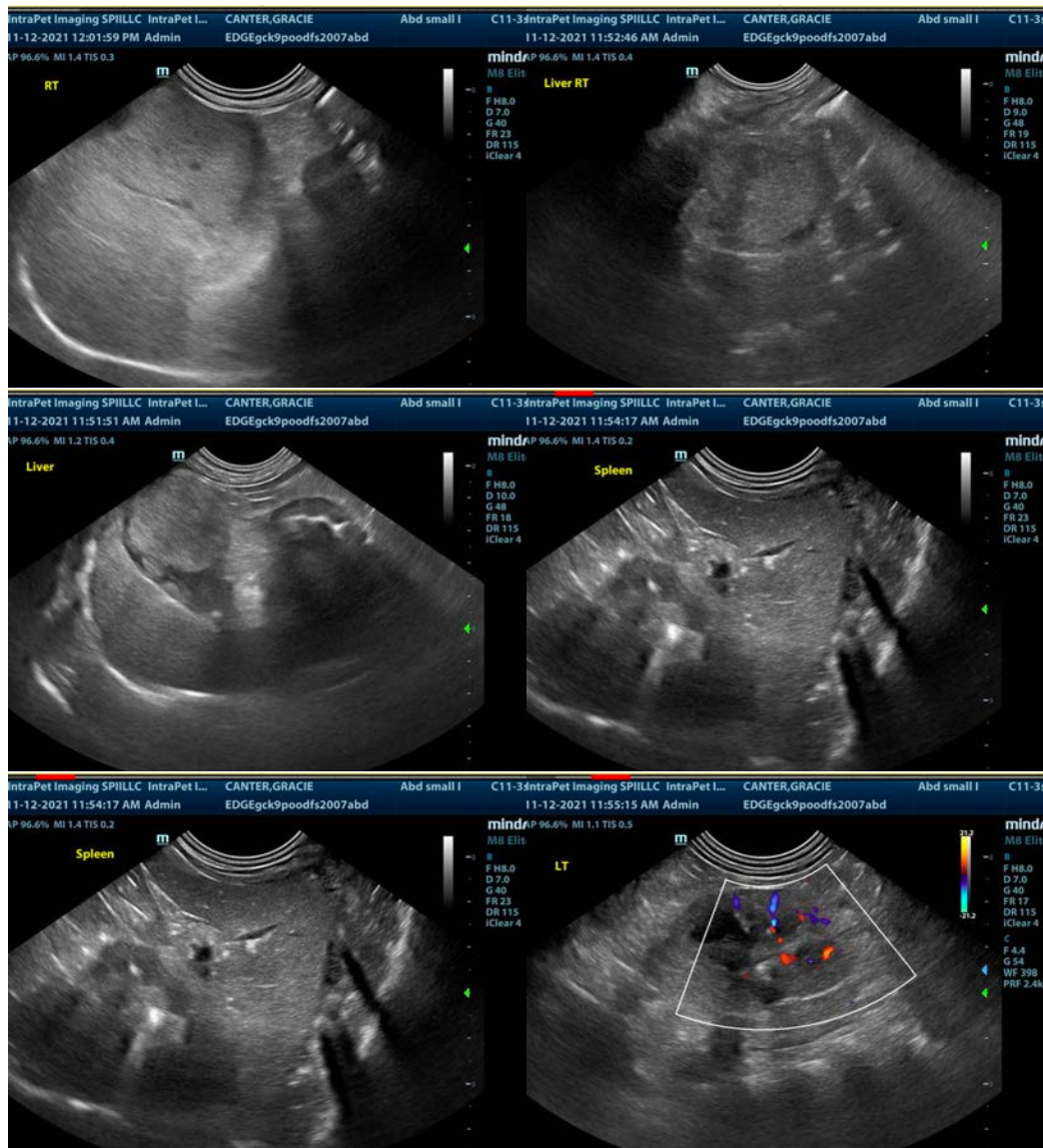
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

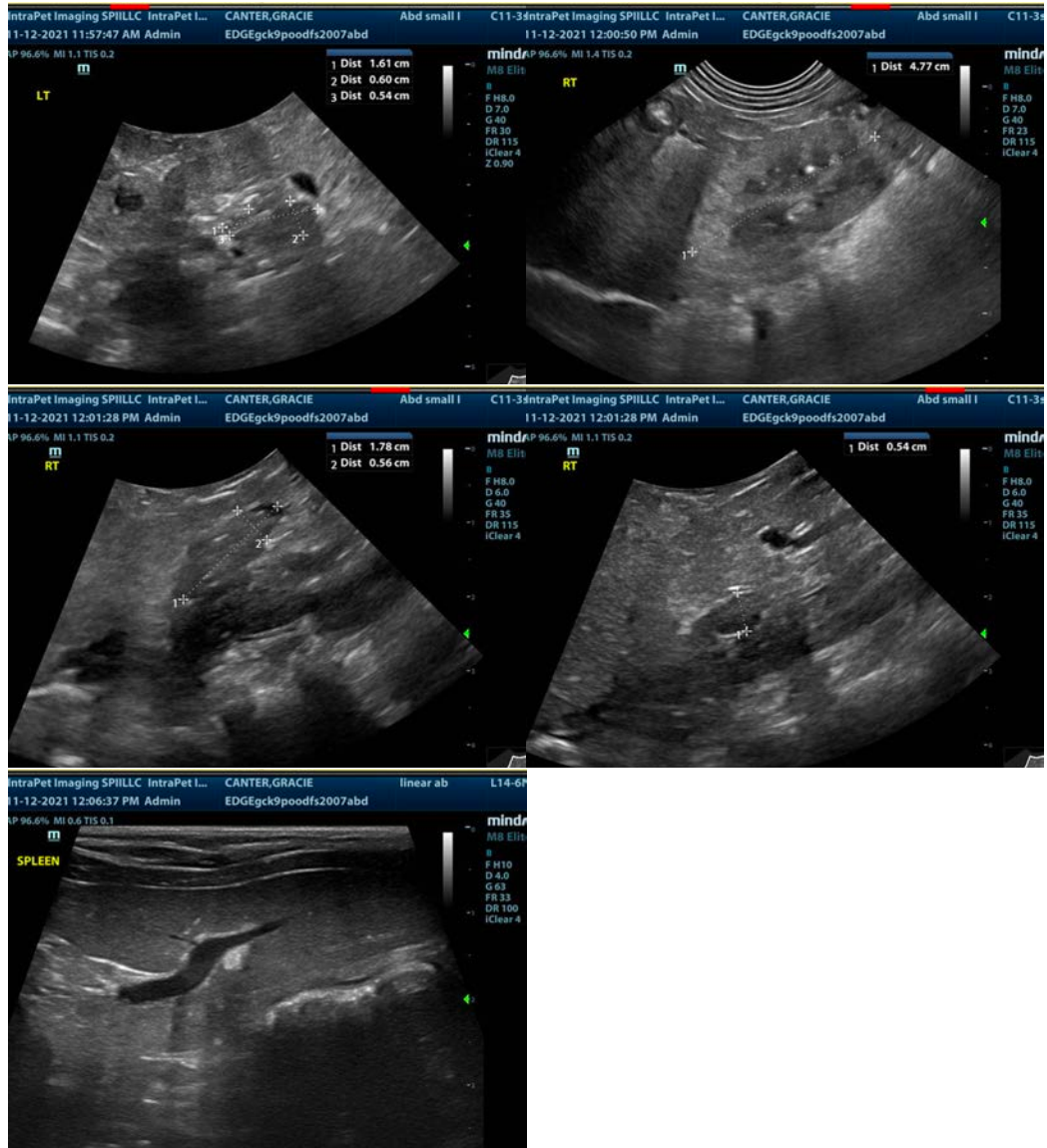
## ULTRASONOGRAPHIC FINDINGS

- Emerging gallbladder mucocele with heterogeneous hepatic changes
- Splenic mineralization
- Nodular adrenal glands
- Polycystic kidneys with moderate degenerative changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Emerging PDH may be an issue in this patient. If Cushingoid parameters are present, workup for Cushing's indicated. Ursodiol therapy and/or gallbladder motility study would be ideal. Recheck sonogram in 6 weeks of the gallbladder primarily. Cholecystectomy may be necessary in this patient.





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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