

**DATE**

11/15/21

PRESENTING CLINICAL SIGNS

History: In August, pet had mild elevation in ALT (215) with concentrated urine (USG 1.045) and very mildly elevated platelets (593K). In house u/s showed a white nodular pattern. Discussed r/o emerging cancer, nodular hyperplasia, other. Recheck 10/12 showed alpk 208, Plts 733K and mild monocytosis at 1308. Recheck u/s showed increased numbers of nodules. Rediscussed r/o. Owner would like full u/s with consult and aspirates of nodule.

PATIENT

Tyler Lyons

Current Medications: Supplements - CoQ10, Dispel stasis in the middle palate 500mg bid. Bio-Dent - a tablet 2 x a day, Mercola's Spirugreen - a tablet morning only, Ligaplex II - 2 x a day, Boswellia Complex - 2 x a day, Standard Process Canine Cardiac Support - 1/8 teaspoon 2 x a day, Nordic Naturals - 1 a day, Garlic Crystal - ¼ teaspoon in evening, Dasuquin w/MSM - ½ tablet evening, Mercola's Immune Balance - ¼ teaspoon morning only, Mercola's Organic Mushroom Complex - ¼ teaspoon morning only, HRM Lignans - 10mg 2 x a day, CBD Oil - ¼ dropper of 250mg 2 x a day, Grounded up Pumpkin Seeds - once a month, Was taking Nusentia's Probiotic 2 x a day now Purina's + Calming 1 x a day.

SPECIES

Canine

BREED

Bichon

Lab Results: In August, pet had mild elevation in ALT (215) with concentrated urine (USG 1.045) and very mildly elevated platelets (593K). Recheck 10/12 showed alpk 208, Plts 733K and mild monocytosis at 1308. Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

SEX

Neutered male

Sedation: Not required to complete full diagnostic ultrasound. IV sedative utilized for FNA. Stat Report: Not requested.

AGE

4/09

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.

WEIGHT

16.2 lbs

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.54 cm. The right kidney measured 4.42 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

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 1.72 x 0.61 cm at the caudal pole and 0.59 cm at the cranial pole. The right adrenal gland measured 1.8 x 0.5 cm at the caudal pole and 1.0 cm at the cranial pole.

HOSPITAL NAMEEverhart WellPet
Center**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 was noted.

REFERRING VET

Dr. Key

INVOICE

93110

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of

an inflammatory component. Multi-focal, hyperechoic, nodular changes were noted throughout the liver. The gallbladder was unremarkable and not deviated.

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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Heart

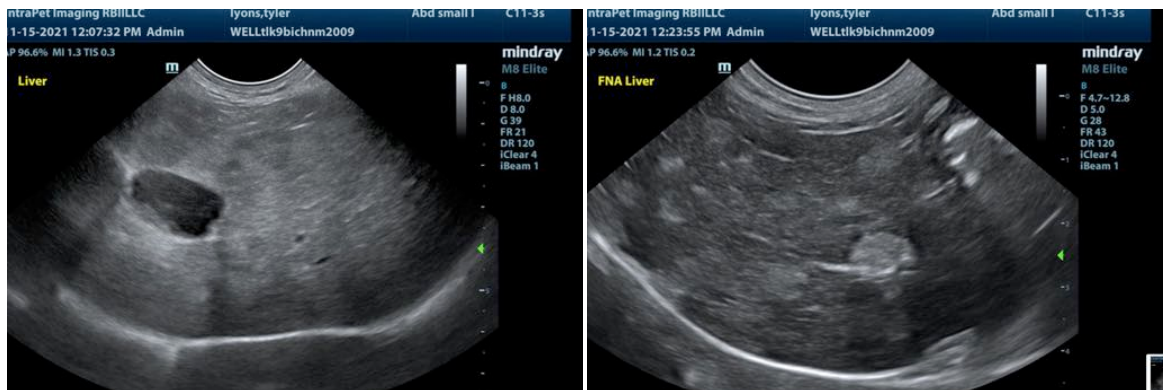
Rapid view of the heart revealed no evidence of pathology.

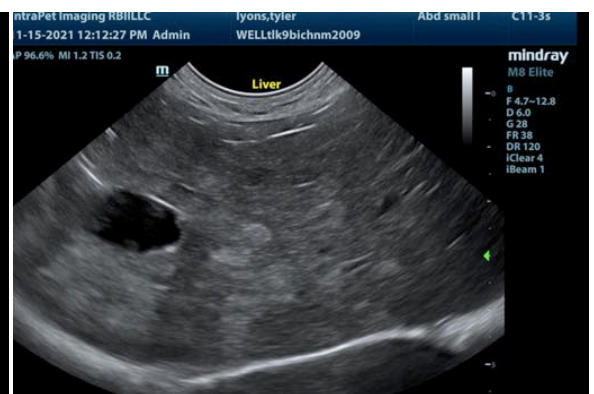
ULTRASONOGRAPHIC FINDINGS

Diffuse hepatic remodeling and nodular changes. Likely nodular hyperplasia and fibrosis. Otherwise, geriatric abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile and ultrasound-guided FNA of the general parenchyma and nodules are recommended. There is a minor potential for hepatic neoplasia.







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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