

**DATE PRESENTING CLINICAL SIGNS**

12/10/21

History: Patient has an elevated ALT. Physical exam within normal limits.

PATIENT

Max Riordan

Current Medications: AmoxiClav 250 mg - 1 tablet by mouth twice daily.

Lab Results: ALT = 1600. Normal Coags.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

BREED

Poodle

SEX

Neutered Male

AGE

6/12/14

WEIGHT

44 Lbs.

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

Rachel Brillhart RDMS

HOSPITAL NAME

Madonna VC

REFERRING VET

Dr. Brockett

INVOICE

13005

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** 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 left kidney measured 2.23 cm. The right kidney measured 6.45 cm.

Adrenal Glands

The **right adrenal gland** was 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 2.51 cm x 0.71 cm at the caudal pole and 0.81 cm at the cranial pole.

The **left adrenal gland** was mildly enlarged, measuring 2.23 cm x 0.81 cm at the cranial pole and 0.7 cm at the caudal pole.

Spleen

The **spleen** revealed a focal hypoechoic 0.85 cm nodule in the mid cranial body. Other minor heterogeneous changes were noted.

Liver

The **liver** revealed coarse architecture, increased portal markings and heterogeneous parenchymal changes. Multifocal ill-defined nodular changes were noted throughout the liver without cavitation. The gallbladder and common bile duct were unremarkable.

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

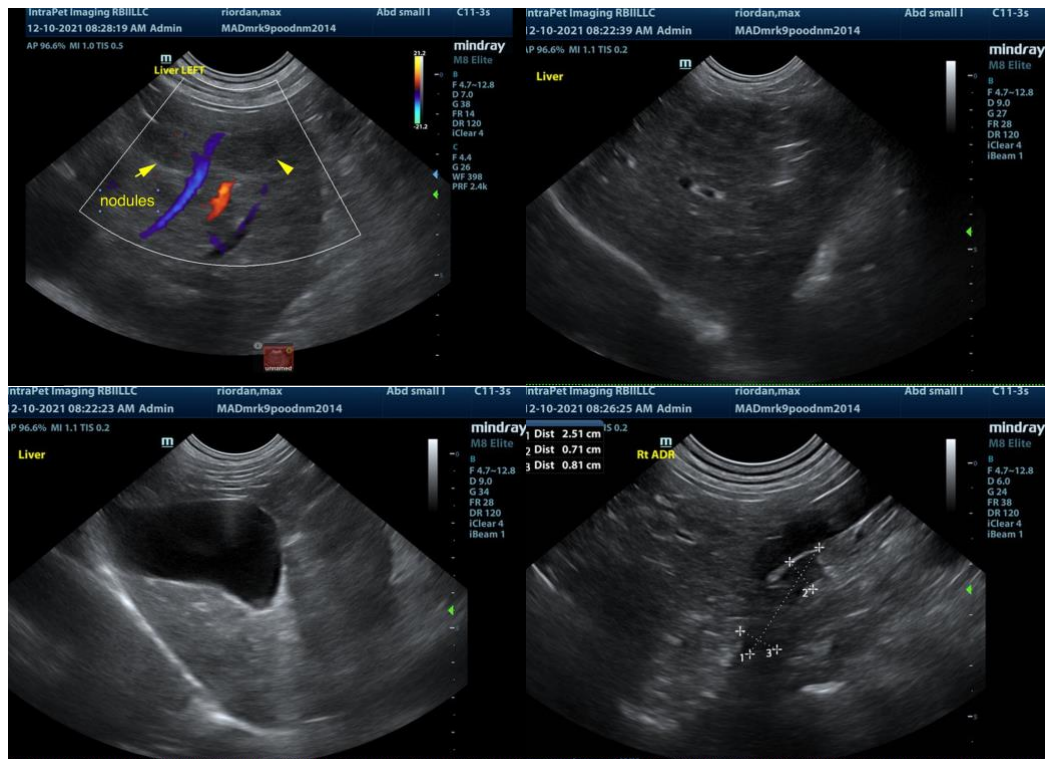
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

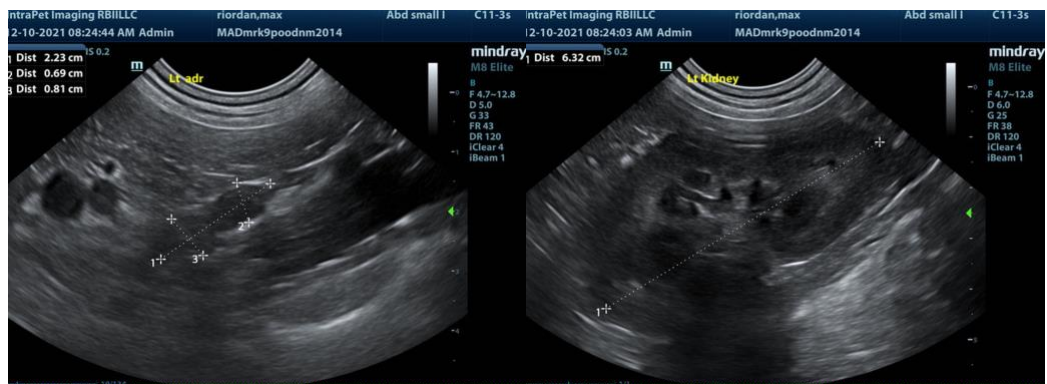
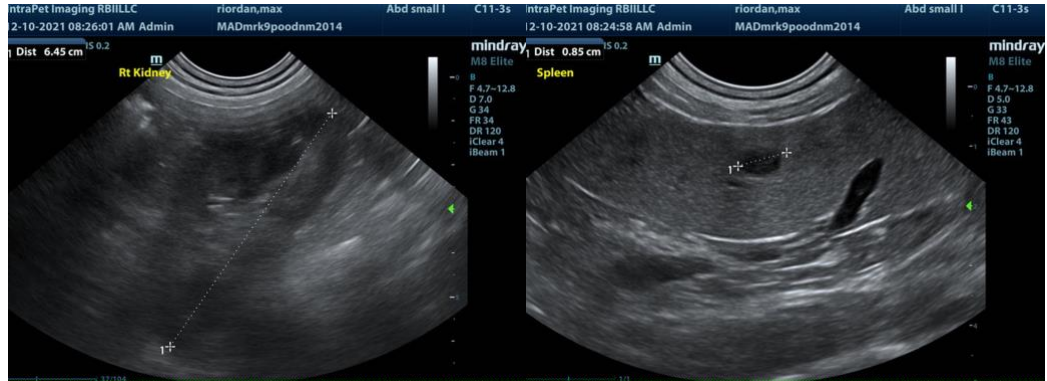
ULTRASONOGRAPHIC FINDINGS

- Chronic inflammatory hepatopathy with nodular hyperplasia pattern
- Undefined splenic nodule
- Mildly enlarged left adrenal gland

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and assessment of the cytology of the liver indicated for further definition. Recheck sonogram in 10-14 days of the hepatic and splenic presentation in case an emerging round cell neoplasia is in play. Cholangiohepatitis and nodular hyperplasia pattern, potential for emerging round cell neoplasia depending upon cytology results.





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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