

**DATE**

12/20/21

PRESENTING CLINICAL SIGNS

History: Has a history of elevated liver enzymes/gall bladder disease that was dx a year ago; overall for the past year is ADR, reduced appetite, intermittent diarrhea. Was also dx with Cushing's Dec 2020 and was on Trilostane but was not doing well on it and ACTH stim tests are now WNL; not Addisonian.

PATIENT

Riley Wamsley

Current Medications: Ursodiol 60mg PO BID.

Lab Results: 12/10: ALT 648, ALP 262, Albumin 2.2.

Date of Previous IntraPet Ultrasound: 12-8-2020.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Yorkie Poo

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.

SEX

Spayed Female

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 right kidney measured 4.01 cm. Blood flow to the kidneys appeared adequate on color flow assessment.

AGE

12/09

WEIGHT**Adrenal Glands**

The left adrenal gland was at the upper limits of normal to slightly swollen and measured 1.6 x 0.58 cm at the caudal pole and 0.67 cm at the cranial pole. The right adrenal gland was at the upper limits of normal and measured 1.48 x 0.58 cm at the caudal pole and 0.52 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Rachel Brillhart RDMS

HOSPITAL NAME

Pleasantville AH

Liver

The **liver** was mildly swollen with slight, heterogenous changes. The gallbladder was subjectively improved compared to the prior sonogram, yet coalesced, mildly excessive debris was present. The gallbladder wall was slightly echogenic.

REFERRING VET

Dr. Gounaris

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. Slight reactive mesenteric lymph node.

INVOICE

94740

Pancreas

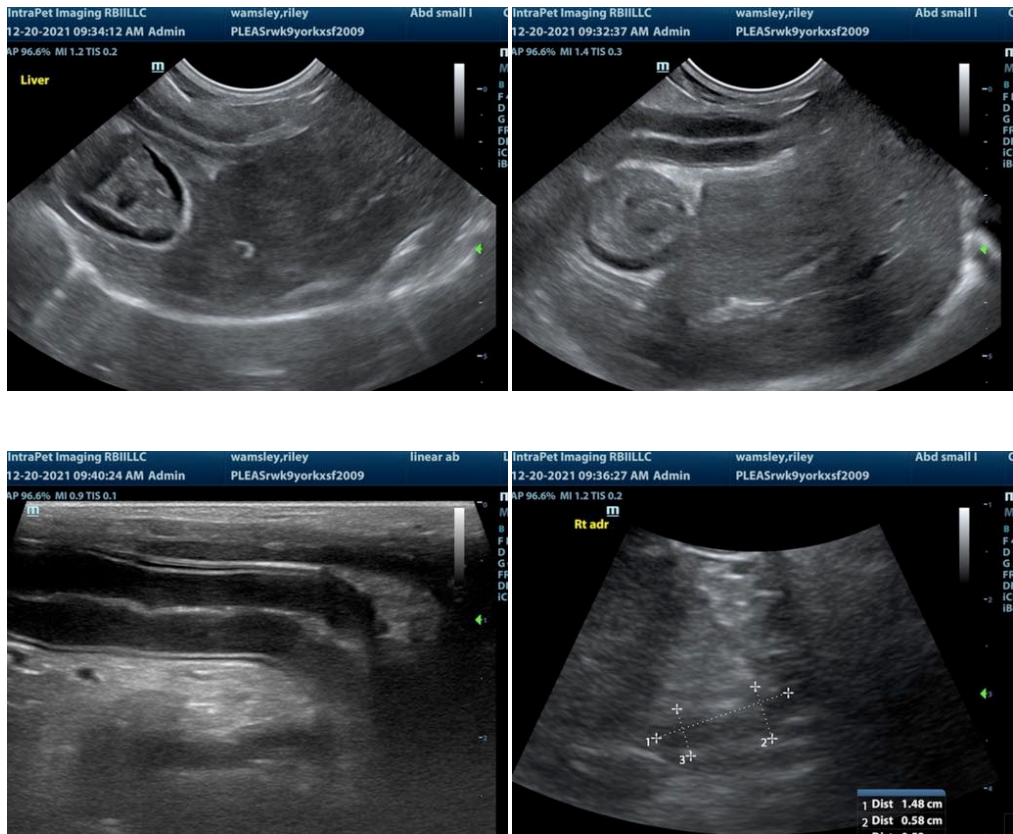
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain 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.

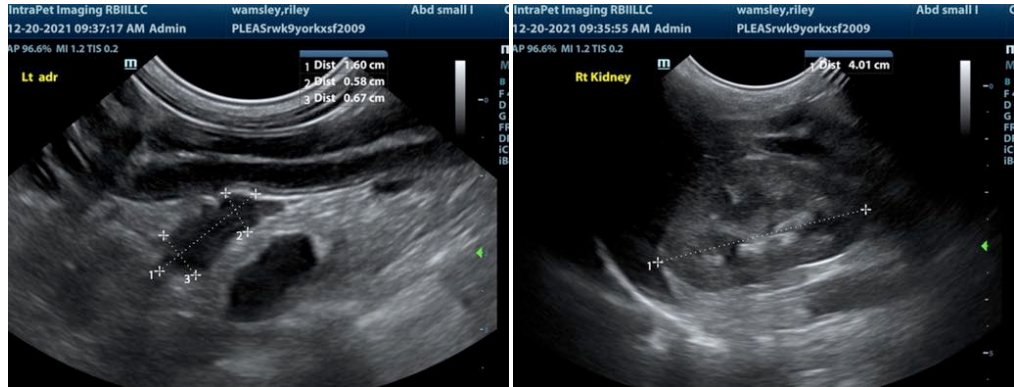
ULTRASONOGRAPHIC FINDINGS

Stable geriatric abdomen with minor excessive gallbladder debris. Not to the level of mucocele formation. Adrenal glands appear fairly normalized if not slightly swollen, yet not a clinical issue.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy should be continued. Gallbladder motility study would be ideal for further definition of any gallbladder dysfunction. Other causes of the clinical signs such as orthopedic, CNS or thoracic disease should be considered. It is possible that the gallbladder presentation may be causing low-grade clinical signs. This could be further defined with gallbladder motility study. If the gallbladder is not functional then proactive removal may be appropriate.





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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