

**DATE**

12/20/21

PRESENTING CLINICAL SIGNS

History: Elevated liver enzymes.
 Current Medications: Gabapentin 100mg- 1 PO BID.
 Lab Results: Attached separately.

PATIENT

Slim Albinson

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
 Sedation: Not required for a full diagnostic ultrasound.
 Stat Report: Not requested.

SPECIES

Canine

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.

BREED

Italian Greyhound

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. Occasional parenchymal cyst was noted in the kidneys. The right kidney measured 4.6 cm. The left kidney measured 5.1 cm.

SEX

Neutered male

AGE

12/4/09

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 1.98 x 0.61 cm at the caudal pole and 0.84 cm at the cranial pole. The left adrenal gland was slightly irregular and measured 2.09 x 0.94 cm at the cranial pole and 0.7 cm at the caudal pole.

WEIGHT

17.8 lbs

INTERPRETED BYEric 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 BYStephanie Pearce
RDCS, RVT**Liver**

The **liver** revealed coarse architecture with increased portal markings and heterogenous parenchyma with hypoechoic, non-disruptive nodular changes. The largest liver nodule measured 1.55 cm. Occasional parenchymal cyst was noted in the liver. Excessive gallbladder debris was noted with minor striations.

HOSPITAL NAME

Lake Shore AH

REFERRING VET

Dr. Ashley

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.

INVOICE

94743

Pancreas

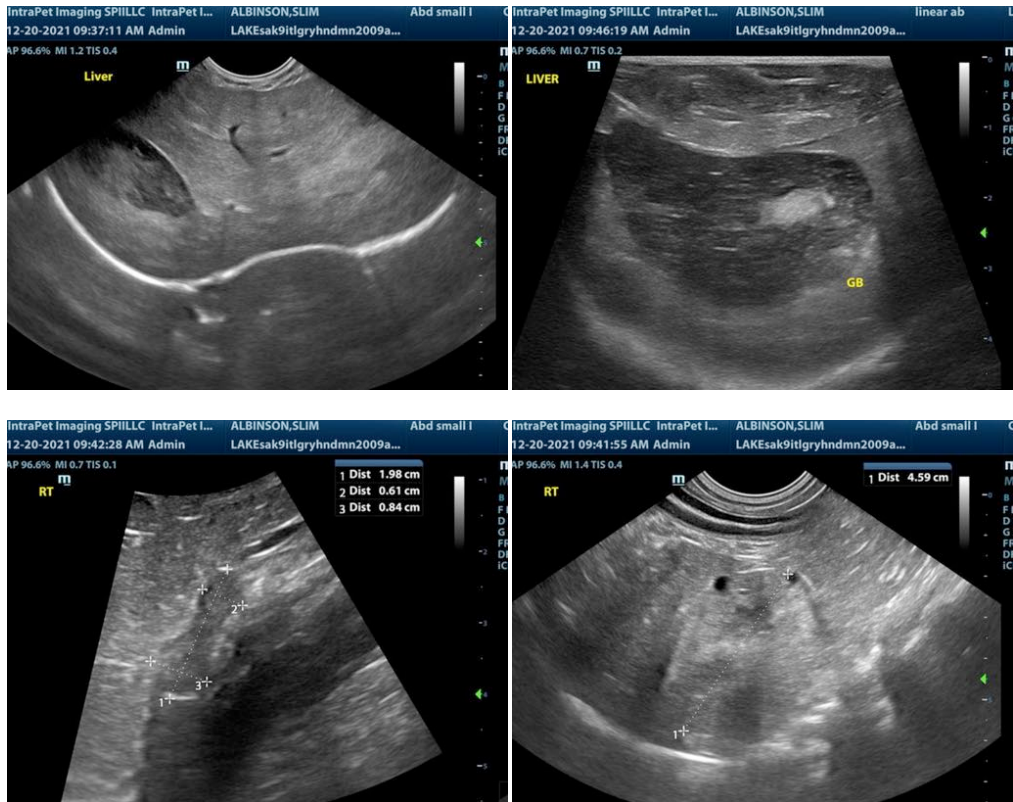
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

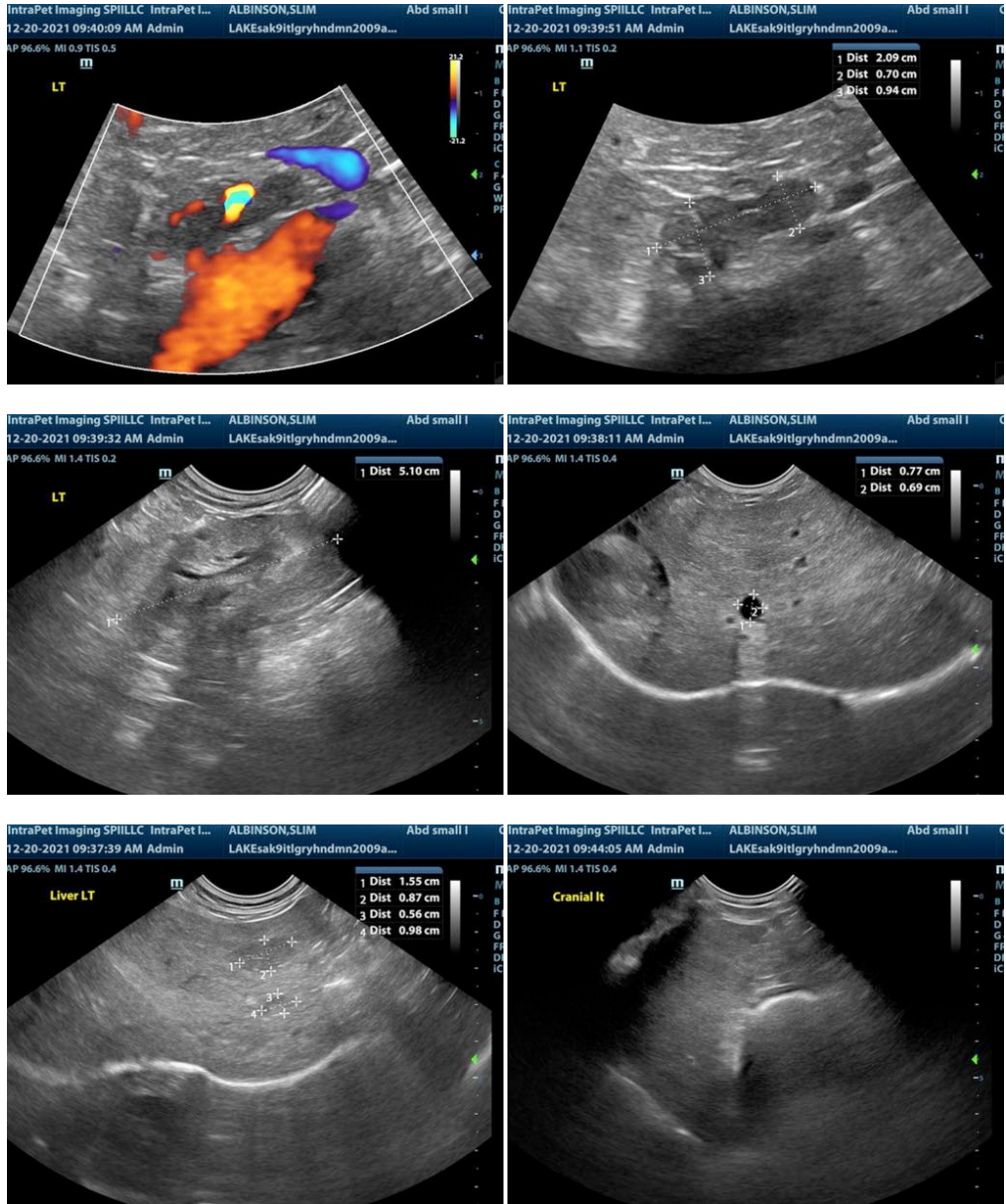
ULTRASONOGRAPHIC FINDINGS

Slightly irregular adrenal glands, likely an age related change.
Non-specific, chronic inflammatory hepatopathy with nodular changes.
Excessive gallbladder debris.
Moderate degenerative renal changes with cortical cysts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA is warranted for further definition. Ursodiol therapy is warranted from a preventative standpoint. Blood pressure measurements are warranted. If the patient appears Cushingoid and urine specific gravity is less than 1.020 then work-up for PDH is indicated given the adrenal presentation. Bile acid profile would be ideal to assess any early hepatic dysfunction. There was no evidence of suspicion of 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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