

**DATE PRESENTING CLINICAL SIGNS**

12/24/21

Referral for Continued Care. Yellow Skin, Gums, Eyes / Jaundice. History: Date: 12-24-2021 Notes: On Tuesday, patient stopped eating. He pooped with what looked like dried blood. Wednesday was brighter and more interested in food but only taking treats. Would vomit small amounts several hours after eating. Today he is lethargic again and his urine is very dark yellow.

PATIENT

Duke Marsh

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

BREED

Pug

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.

SEX

Neutered Male

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.48 cm. The right kidney measured 4.95 cm.

AGE

2010

WEIGHT

20.6 Pounds

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 2.08 cm x 0.62 cm at the caudal pole and 0.60 cm at the cranial pole. The right adrenal gland measured 1.72 cm x 0.62 cm at the caudal pole and 0.59 cm at the cranial pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Spleen**

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAMEAnimal Emergency
Hospital**Liver**

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. Gallbladder polyps and debris noted. This is consistent with chronic inflammatory hepatopathy.

REFERRING VET

Dr. Goessling

INVOICE

33726

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

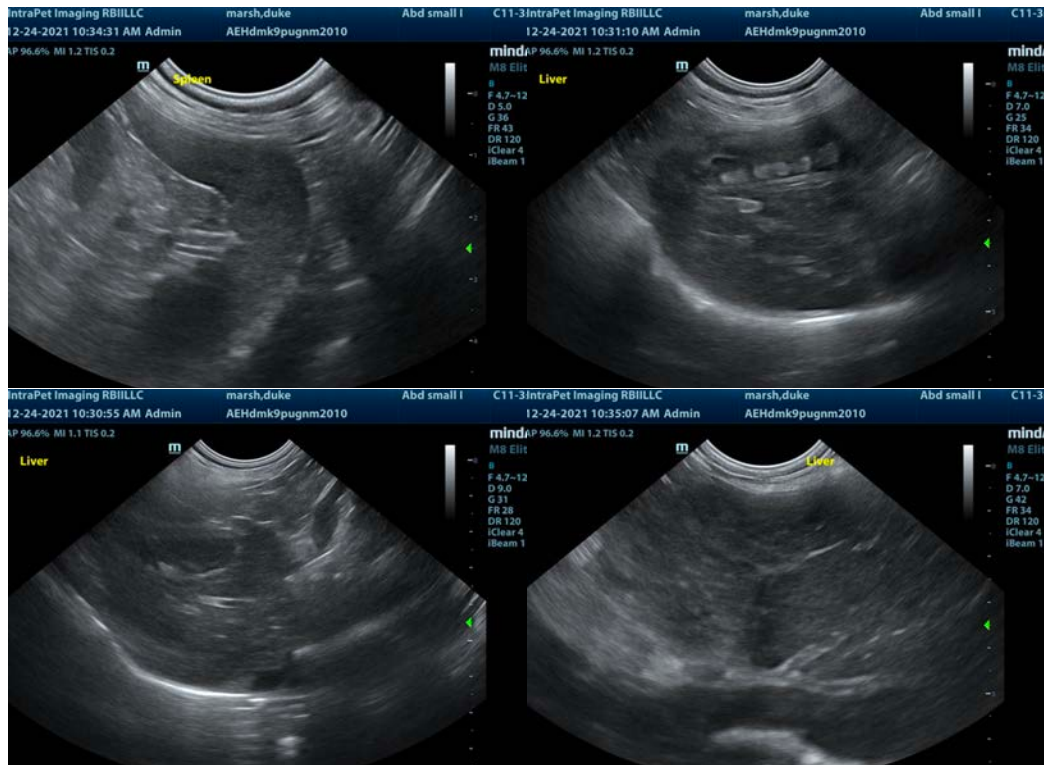
The **pancreas** was hypoechoic and irregular with coarse architecture and undulating contour.

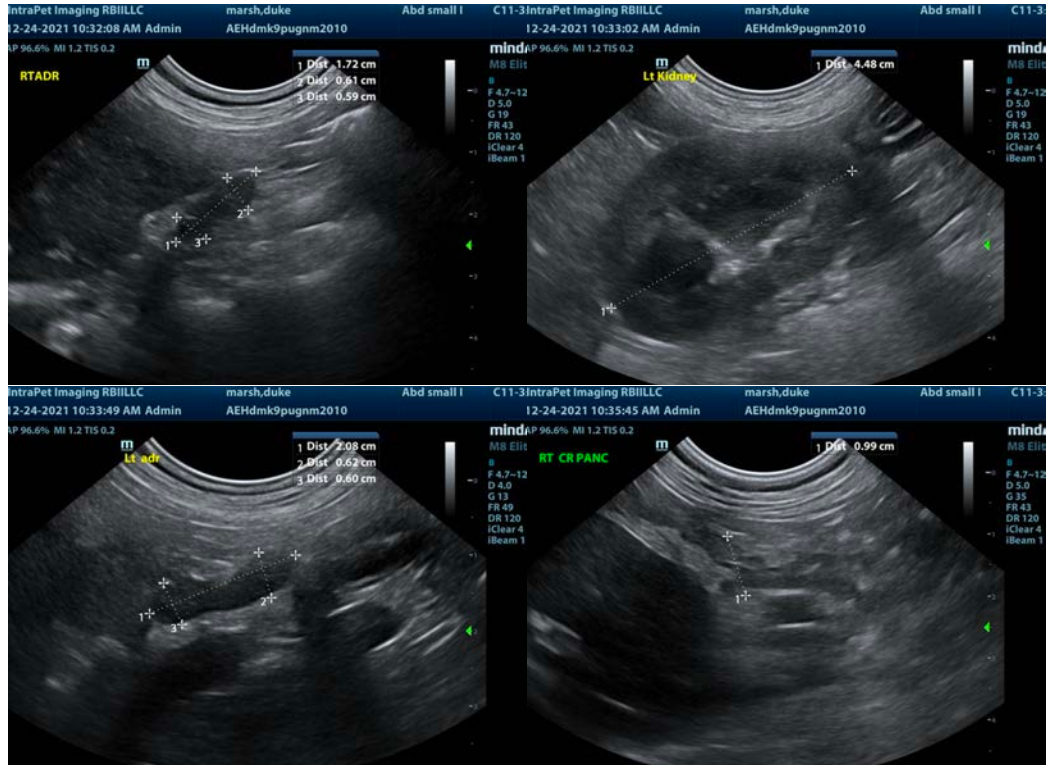
ULTRASONOGRAPHIC FINDINGS

- Minor pancreatic remodeling – low-grade inflammation likely.
- Chronic inflammatory hepatopathy
- Reactive spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Core liver biopsy warranted or FNA for inflammatory cell type. Minor possibility for neoplasia. Leptospirosis titers warranted to rule out chronic infection. Ampicillin/Metronidazole combination recommended with nutraceuticals. FNA of the spleen indicated as well. Guarded prognosis depending upon cytology results. Consideration for hepatotoxin exposure also warranted.





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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