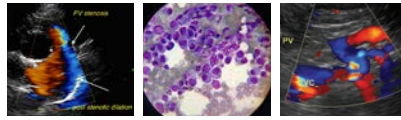


IMAGING PERFORMED BY

IntraPet.com



**SonoPath**

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

**DATE PRESENTING CLINICAL SIGNS**

12/27/21

History: Evaluated pre-dental at Falls Road - noted elevated liver enzymes, Pt also panting more in the evening.

**PATIENT**

Pepper Whippo

Lab Results: ALP 630 (5-131), ALT 148 (12-118), platelets 462 (170-400). Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Shetland Sheepdog

**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**

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.51 cm. The right kidney measured 4.84 cm. Slight areas of mineralization noted.

**AGE**

2/5/10

**WEIGHT**

24.8 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 2.42 cm x 0.67 cm at the caudal pole and 0.58 cm at the cranial pole. The right adrenal gland measured 2.01 cm x 0.57 cm at the caudal pole and 0.62 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** presented multifocal hyperechoic lipogranulomatous changes, not overtly pathological. Minor heterogeneous parenchyma noted.

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**

Docside Vet Medical  
Center

**Liver**

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

**REFERRING VET**

Dr. Coughlin

**INVOICE**

33746

**Gastrointestinal**

The **stomach** itself was unremarkable. Minor excessive GI gas noted. The small intestine revealed variable thickening with reactive surrounding mesentery, consistent with enteritis. No evidence of neoplasia.

## Pancreas

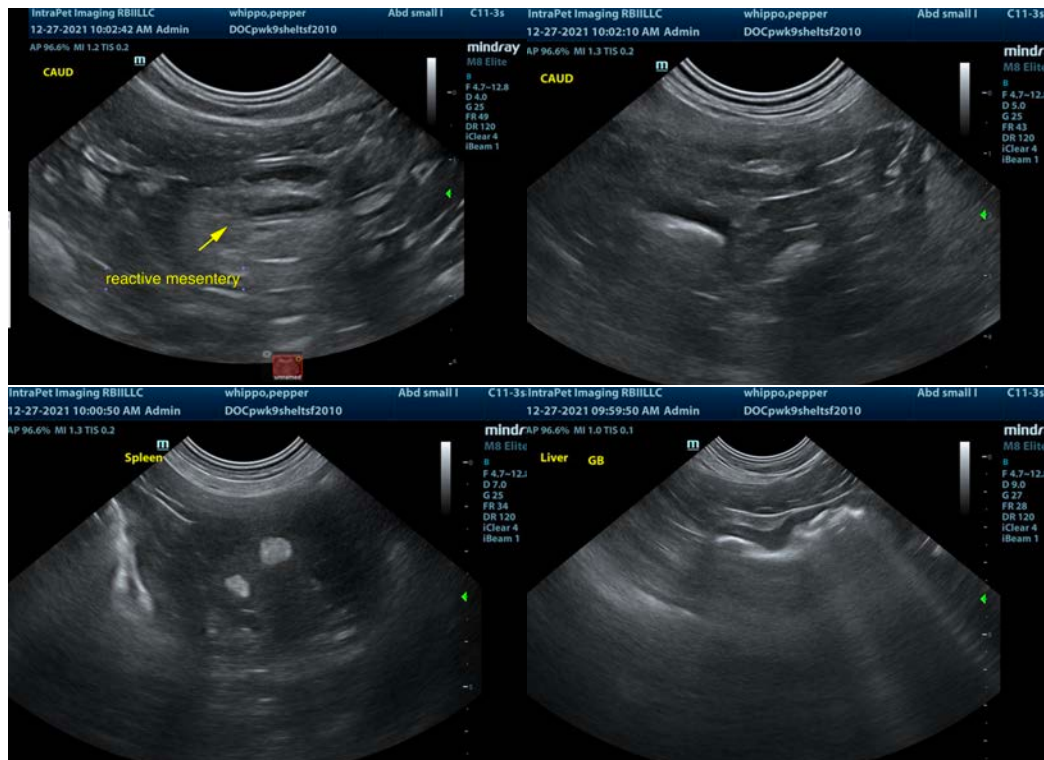
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

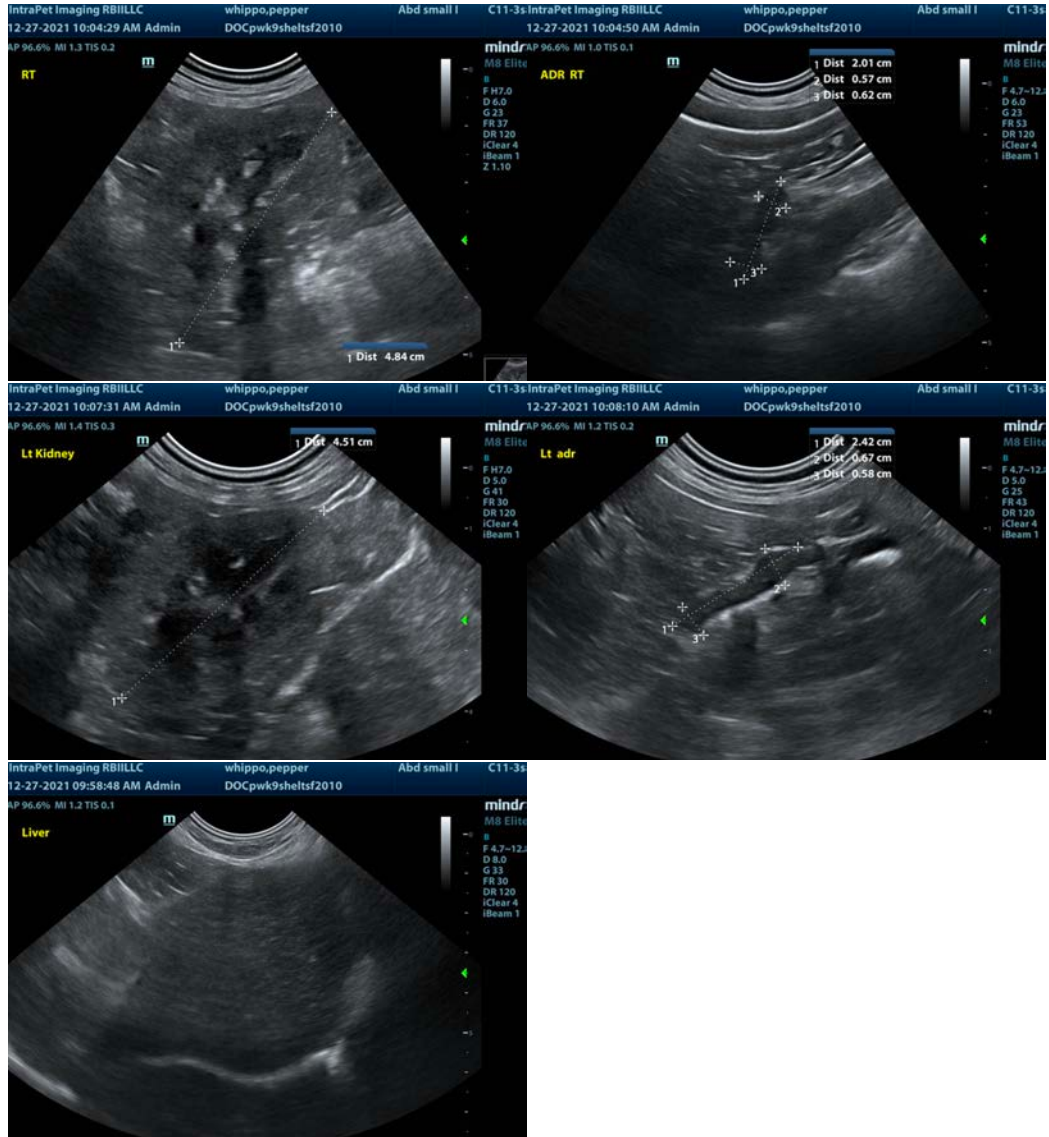
## ULTRASONOGRAPHIC FINDINGS

- Enteritis with reactive mesentery
- Benign hepatopathy with remodeling
- Geriatric abdomen otherwise

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The panting may be pain related, associated with the small intestine. Deep abdominal palpation recommended. FNA of the liver could be considered for further definition of inflammatory cell type. However, no evidence of neoplasia noted. Recommend a clinical trial of Enrofloxacin/Metronidazole over a 7 day period. Diet change to hydrolyzed diet recommended as well and reassessment of liver enzymes and ideally recheck sonogram of the intestinal presentation to ensure no progression is occurring.





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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)