


DATE PRESENTING CLINICAL SIGNS

2/20/26

Patient History: Patient presented as a new pet for nausea and vomiting, these episodes seem to happen every few months and respond well to supportive care like cerenia and fluids. Patient also has a history of epilepsy which is managed with Keppra and Phenobarb.

PATIENT

Dixie Ayres

Current Medications: Phenobarbital 97.2 mg tablets: 2.5 tablets BID, Keppra 500 mg: 1 BID

Labwork Results: labwork attached, reported as: BW was last done in August at another veterinarian and showed elevated liver values.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Labrador Retriever

Imaging Performed by: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX

Spayed Female

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.

AGE

1/28/21

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. Right kidney measured 7.3 cm. Left kidney measured 7.14 cm.

WEIGHT

83 lbs

INTERPRETED BY
Eric Lindquist, DMV,
DABVP, Cert. IVUSS
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. Left measured 2.96 cm x 0.68 cm at the caudal pole and 0.67 cm at the cranial pole. Right measured 3.0 cm x 0.77 cm at the caudal pole and 0.87 cm at the cranial pole.

HOSPITAL NAME
Madonna Veterinary
Clinic
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 were noted.

REFERRING VET

Dr. Brockett

INVOICE

73135

Liver

The **liver** presented coarse architecture and increased portal markings, consistent with remodeling and chronic inflammatory hepatopathy. The gallbladder was unremarkable.

Gastrointestinal

Structurally, the **gastrointestinal tract** was unremarkable. Minor amount of ingesta noted. Curvilinear patterns were maintained.

Pancreas

The left limb of the **pancreas** was hypoechoic and nodular with irregular parenchymal contour. Moderate increased vascularity noted. The right limb was enlarged, hypoechoic and irregular, measuring 1.98 cm in width.

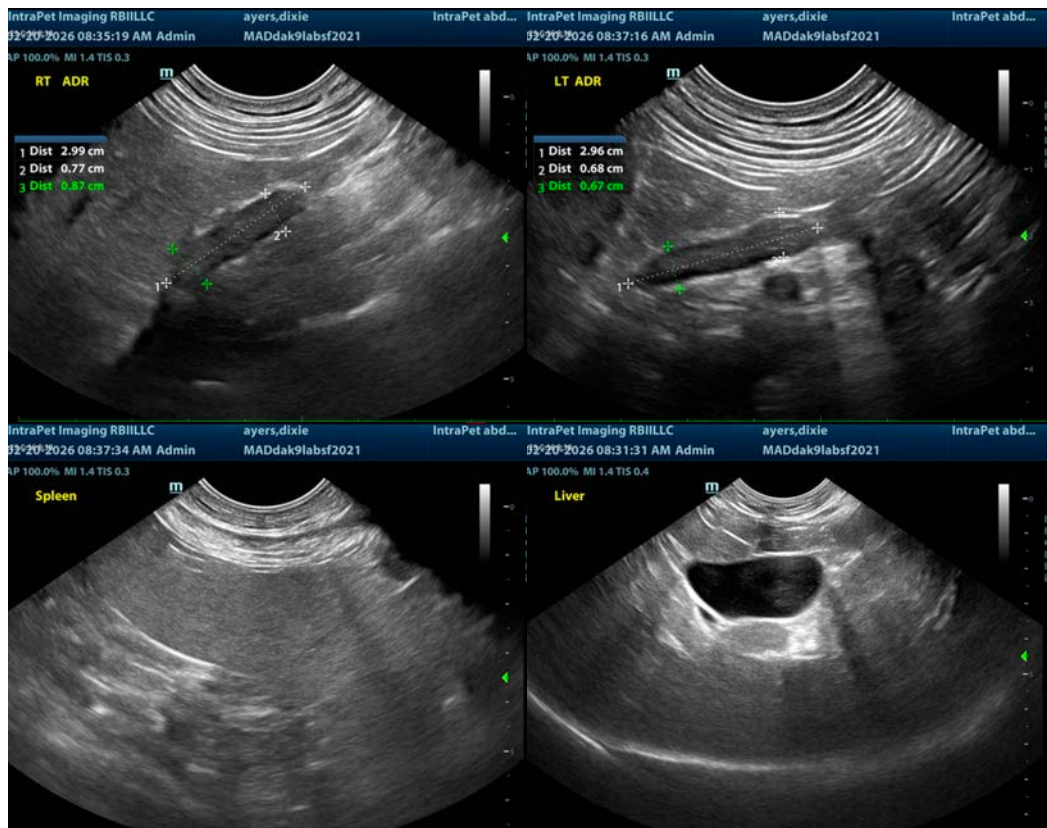
ULTRASONOGRAPHIC FINDINGS

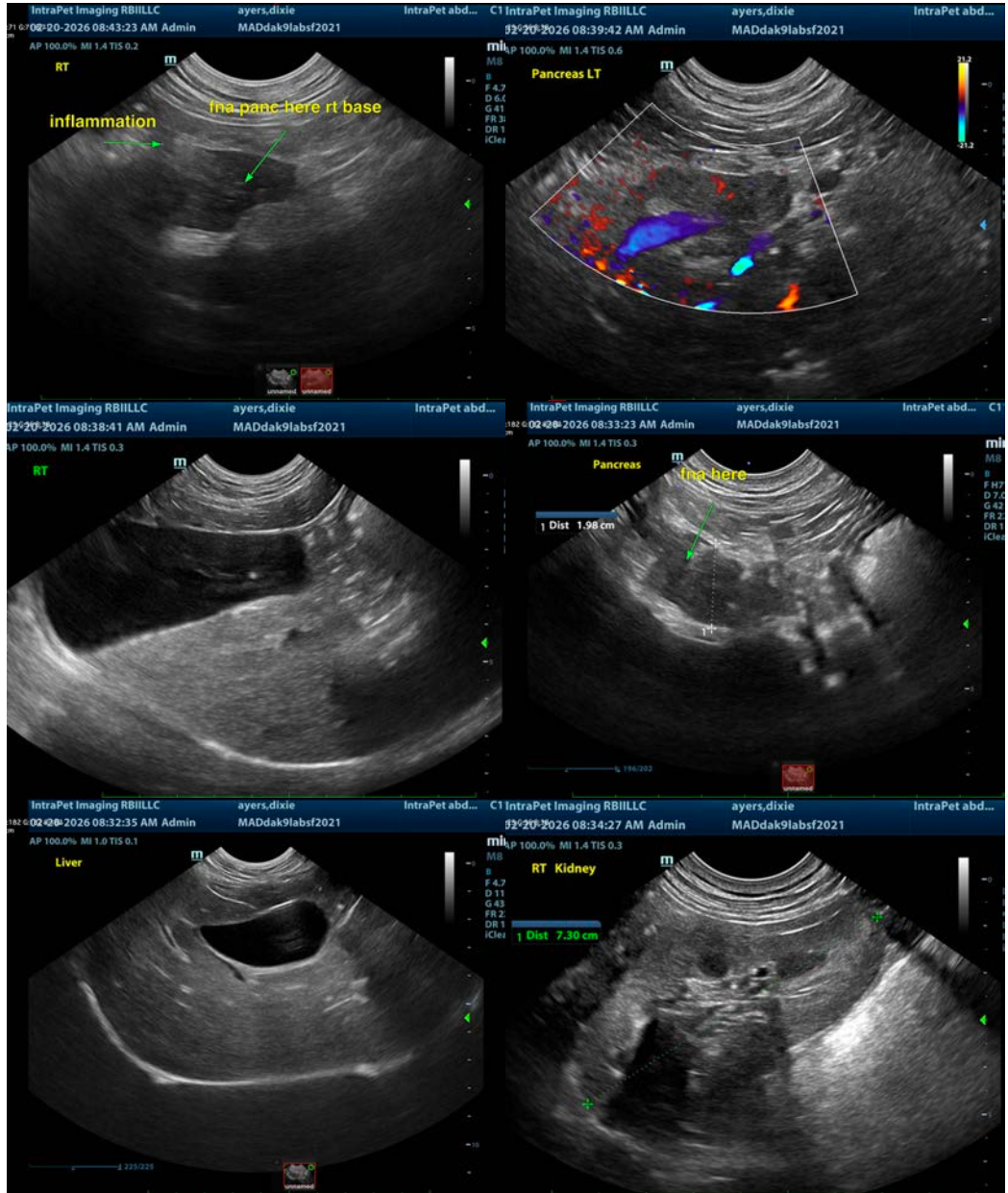
- Chronic active pancreatitis.
- Mild chronic inflammatory hepatopathy.
- Structurally unremarkable GI tract.

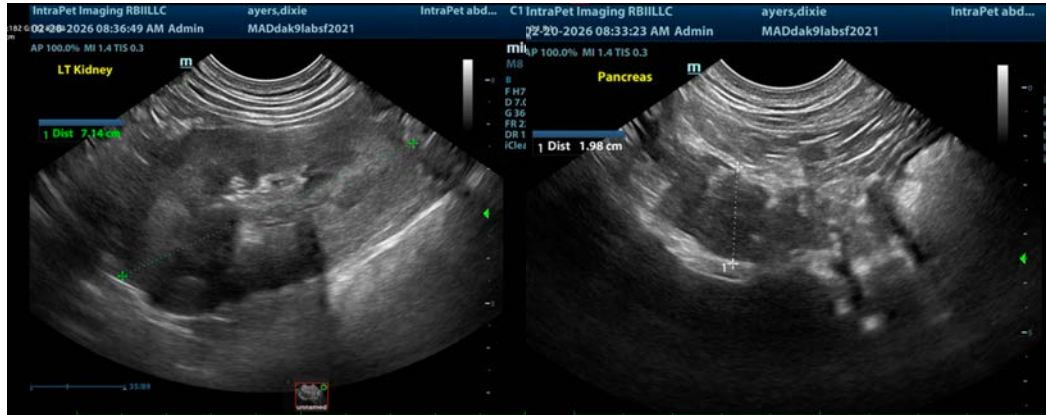
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the liver for screening purposes and FNA of the pancreas recommended to assess inflammatory cell type for long-term management, given the age and persistent GI issues. Some level of hyperplasia along with inflammation in the pancreas should be confirmed by FNA. Minor potential for pancreatic neoplasia. Both limbs of the pancreas appear to be involved. Low-grade smoldering pancreatic inflammation is likely the primary issue in this patient with secondary reactive hepatic inflammation.

Empirically, hydrolyzed diet could be utilized in this patient. Broad-spectrum antibiotic trial such as Enrofloxacin/Metronidazole combination recommended over a 10 day period, and GI protectants. However, further therapy should be based on FNA cytology results.







The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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