

**DATE**  
2/21/22

**PRESENTING CLINICAL SIGNS**

Gradually decreasing appetite, barely eating at all for last 3 days. Vomiting/diarrhea for 3 days. PU/PD. Markedly icteric serum.

**PATIENT**  
Eli Andrlé

Current Medications: 2/18/22 given SQF and Cerenia injection. Started doxycycline, Cerenia tablets, Entyce. Lab Results: ALT, ALP - Too high to read on in house analyzer. Total Bilirubin = 6.3 (0-0.9). Markedly icteric serum. Radiographs: Attached (no abnormalities noted). Date of Previous IntraPet Ultrasound: No previous.

**SPECIES**  
Canine

Sedation: Not required to complete full diagnostic ultrasound. Stat Report: Not requested. Imaging Performed By: Rachel Brillhart, RDMS.

**BREED**

Golden mix

**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.

**SEX**

Neutered male

**AGE**

2007

**WEIGHT**

47.2 lbs

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. A nodular cyst was noted at the caudal pole of the right kidney measuring 1.59 x 1.46 cm. The right kidney measured 6.1 cm. The left kidney measured 6.22 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Adrenal Glands**

The left adrenal gland was slightly swollen at the caudal pole and measured 2.84 x 1.02 cm at the caudal pole and 0.67 cm at the cranial pole. The right adrenal gland measured 2.75 x 0.58 cm at the caudal pole and 0.59 cm at the cranial pole.

**HOSPITAL NAME**

Bay Country VH

**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.

**REFERRING VET**

Dr. McLean

**Liver**

The **liver** revealed diffuse, hyperechoic coarse architecture. Increased portal markings were noted. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.

**INVOICE**

96194

**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 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.

### **Heart**

Rapid view of the heart revealed no evidence of pathology.

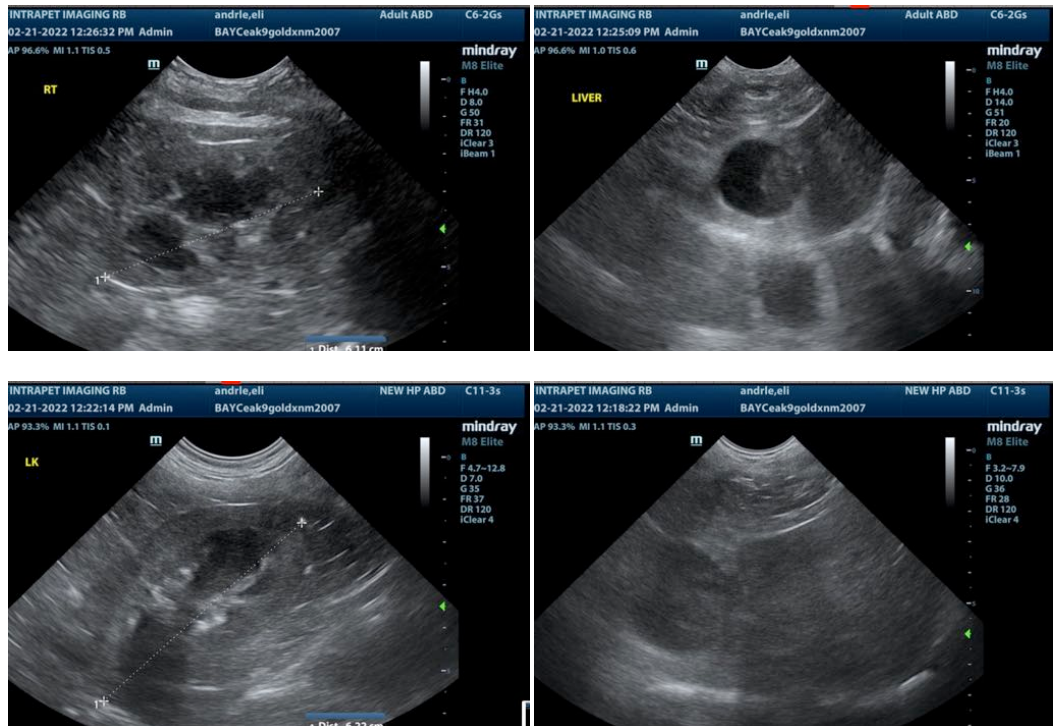
### **ULTRASONOGRAPHIC FINDINGS**

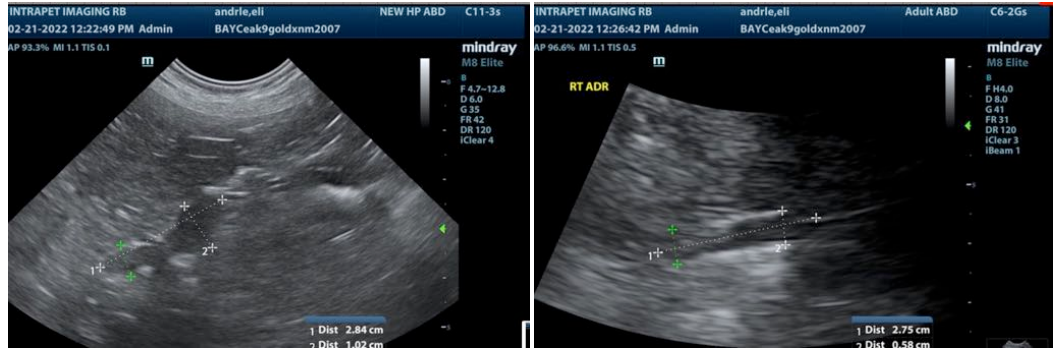
Right renal nodule.

Chronic inflammatory hepatopathy liver pattern.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Leptospirosis titers are warranted as well as a core liver biopsy. There is a mild potential for emerging hepatic neoplasia/lymphoma. I strongly recommend core biopsy in this patient. The right renal nodule should be monitored, but it is likely benign. Guarded prognosis.





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  
Eric.Lindquist@SonoPath.com