

DATE **PRESENTING CLINICAL SIGNS**

2/21/23

Following previous ultrasound, patient was referred to surgical specialist for treatment. Gallbladder/mucocele removed, liver biopsy performed. Patient presented 2/2/2023 for hind leg lameness. Recheck labwork prior to starting NSAID revealed elevated ALKP 1242 U/L (normal 23- 212), ALT 254 U/L (normal 10-125 U/L). Denamarin started pending further assessment.
Current Medications: Denamarin chew tabs (7-50lb size) - 1/4 tab once a day, Gabapentin 50 mg BID PRN
Date of Previous IntraPet Ultrasound: 11/1/22. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Warga RDCS, RVT.

PATIENT

Persephone Holmes

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed female

AGE

12/22/11

WEIGHT

12.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Hickory VH

REFERRING VET

Dr. McNesby

INVOICE

42903

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. A small bladder concretion was noted and measured 0.1 cm. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

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. Mineralization was noted in the kidneys. The right kidney measured 4.27 cm. The left kidney measured 4.01 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 1.59 x 0.52 cm at the caudal pole and 0.8 cm at the cranial pole. The left adrenal gland measured 1.52 x 0.54 cm at the caudal pole and 0.49 cm at the cranial pole.

Spleen

The **spleen** was not visualized as it was previously removed.

Liver

The **liver** revealed coarse architecture and minor, uniform swelling with mildly increased portal markings. The gallbladder was not visualized as it was previously removed. The gallbladder fossa was unremarkable. The common bile duct was normal at 0.2 cm.

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. 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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Pancreatic remodeling.

Hepatic remodeling, mild.

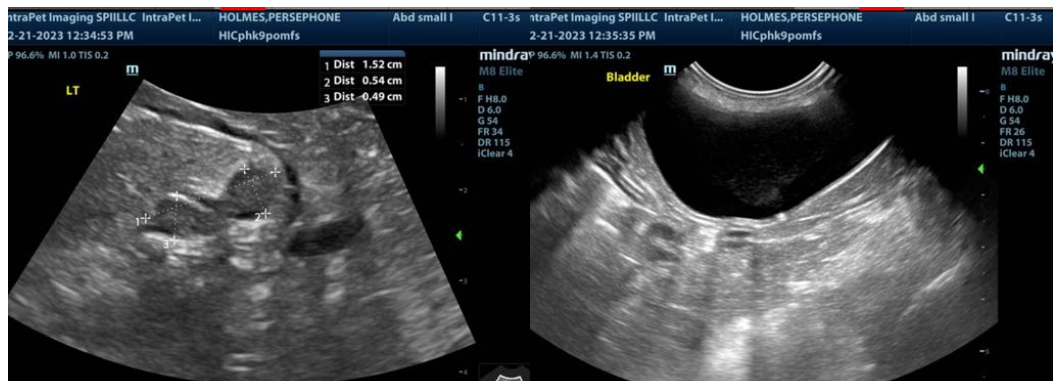
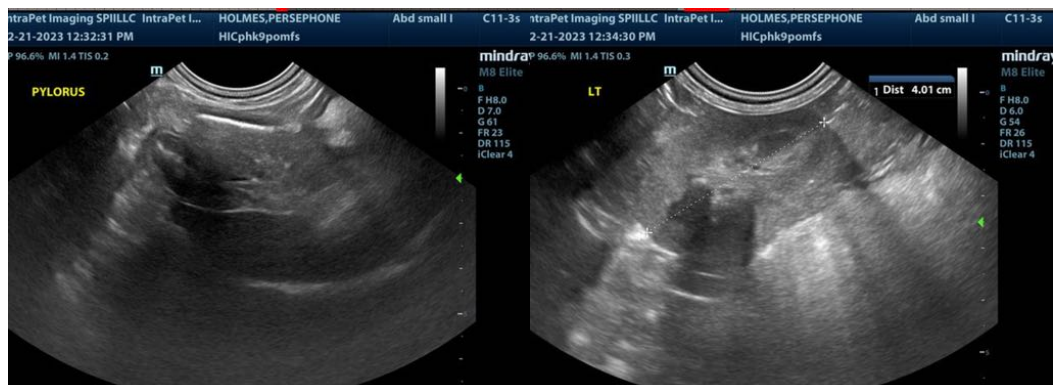
There was no residual cystic duct or gallbladder fossa pathology.

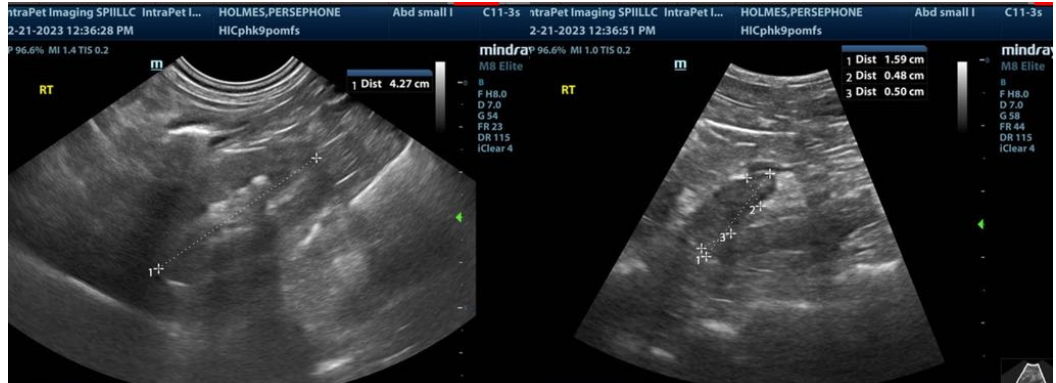
Slight bladder concretion.

Minor, non-obstructive nephrolithiasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bladder concretion should liberate without difficulty. FNA of the liver can be considered for further definition of any inflammatory cell type, yet structurally the liver appears unremarkable and largely geriatric in nature with non-obstructive nephrolithiasis.





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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