

PATIENT

Maggie Petra

PRESENTING CLINICAL SIGNS

History: Lethargic and azotemic Stella the pattern in gallbladder on AFAST
Abnormal PE/Chem/CBC/UA Results: Marked elevation liver and kidney enzymes

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Terrier Cross

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

Intact female

The ovaries were unremarkable. The uterus revealed a trace amount of luminal fluid.

AGE

10 years

The **kidneys** revealed moderate degenerative changes and interstitial nephrosis pattern. Corticomedullary mineralization was noted. Cortical cysts were noted. The right kidney measured 3.73 cm. The left kidney measured 4.46 cm.

WEIGHT

6.1 lbs

Adrenal Glands

The right **adrenal gland** was uniform and measured 0.5 cm. The left adrenal gland was mildly enlarged at the caudal pole measuring 0.61 cm and 0.54 cm at the cranial pole. Heterogenous parenchymal changes were noted with minor swelling.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Alpine 24/7

Liver

The **liver** revealed multi-focal, mixed, hyperechoic and hypoechoic nodular changes. The largest of which was in the left cranial liver and measures 2.07 cm. Irregular remodeling was noted elsewhere. The gallbladder revealed multiple calculi and polypoid changes. The gallbladder was over distended with excessive debris.

REFERRING VET

Dr. Katz

INVOICE

96909

Gastrointestinal

Gastric thickening was noted in this patient with an empty lumen. Pyloric hypertrophy was noted. The small intestines and colonic wall thicknesses were normal.

DATE

3/15/22



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Pancreas

Maggie Petra

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.

SPECIES

Canine

BREED

Terrier Cross

ULTRASONOGRAPHIC FINDINGS

Emerging mucocele. Gallbladder calculi.

SEX

Intact female

Undefined nodular hepatic changes.

Gastric hypertrophy.

AGE

10 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder may be creating low-grade clinical signs. The kidneys appear near end stage. The GI thickening may be owing to azotemia or underlying gastritis. 72-hour IV fluid protocol and full urinary work-up, culture and sensitivity is warranted if any inflammatory sediment is present. Ursodiol therapy can be considered or eventual cholecystectomy. Gastrointestinal protectant protocol is also indicated. Eventual ultrasound-guided FNA of the hepatic nodules would be ideal as well. This is likely nodular hyperplasia of the liver with the possibility of carcinoma. Gallbladder motility study would be ideal with a recheck of the gallbladder, GI, renal and nodular liver presentation in 6 weeks.

WEIGHT

6.1 lbs

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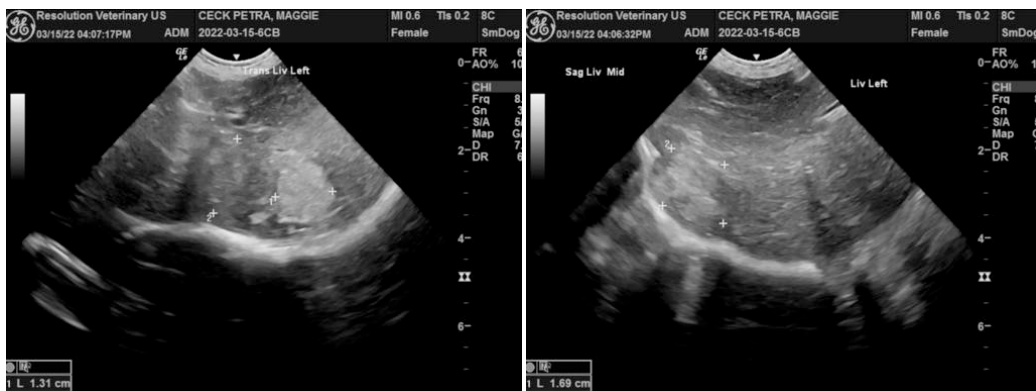
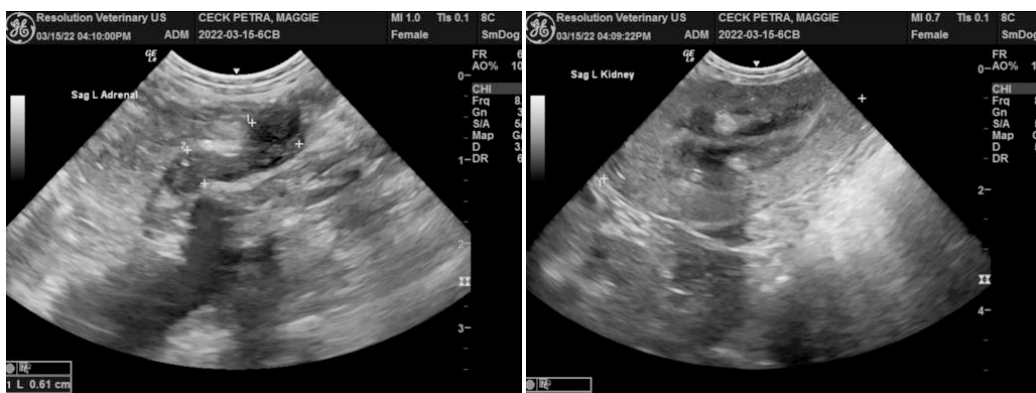
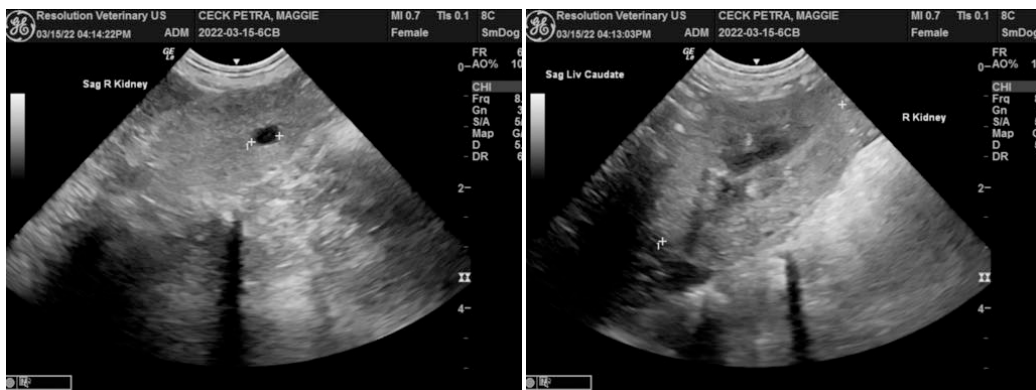
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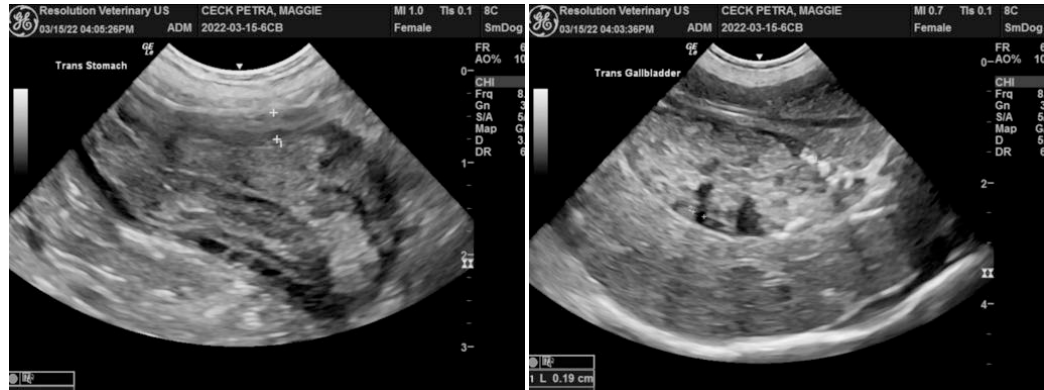
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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