

**DATE PRESENTING CLINICAL SIGNS**

3/15/23

History: Anorexia and weight loss for a few weeks -started around 2/9; elevated ALT/ALKP, Tbil no icterus, PE unremarkable.

PATIENT

Sophie Haag

Current Medications: from rDVM: Clavamox 125mg 1 PO BID, Cerenia 16mg PO QD, Welactin, Denamarin advanced, Entyce (started 3/10)

SPECIES

Canine

Lab Results: slight hypoalbuminemia, hyperglobulinemia, ALT 1941 prev 1284 ALP 1266 prev 966 AST 698, T bili 2.7 Unconj 0.9 Conj 1.8

BREED

Italian Greyhound

cPLI normal, 4dx negative

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

3/3/12

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.

WEIGHT

17.6 Pounds

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 right kidney measured 4.5 cm. The left kidney measured 4.43 cm.

INTERPRETED BYEric 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. The right adrenal gland measured 1.67 cm x 0.53 cm at the caudal pole and 0.6 cm at the cranial pole. The left adrenal gland measured 1.98 cm x 0.56 cm at the caudal pole and 0.57 cm at the cranial pole.

HOSPITAL NAME

Airpark AH

Spleen

The **spleen** was mildly enlarged, uniform. Hyperechoic lipogranulomatous changes were noted in the spleen.

REFERRING VET

Dr. Ridinger

Liver

The **liver** revealed coarse architecture, increased portal marking and multifocal nondisruptive nodular changes. Occasional parenchymal cysts were noted in the liver. Slight free fluid was noted between the liver lobes. The gallbladder and common bile duct were unremarkable.

INVOICE

3/15/23

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

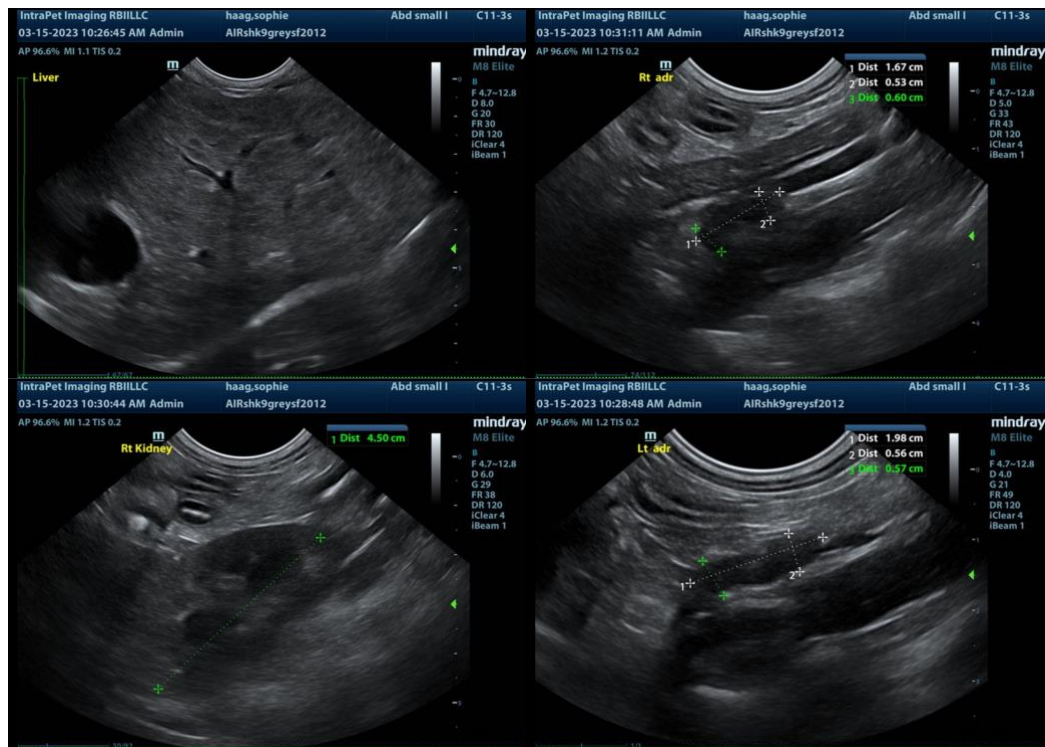
The right **pancreatic** limb was hypochoic and mildly irregular with enhanced surrounding mesentery.

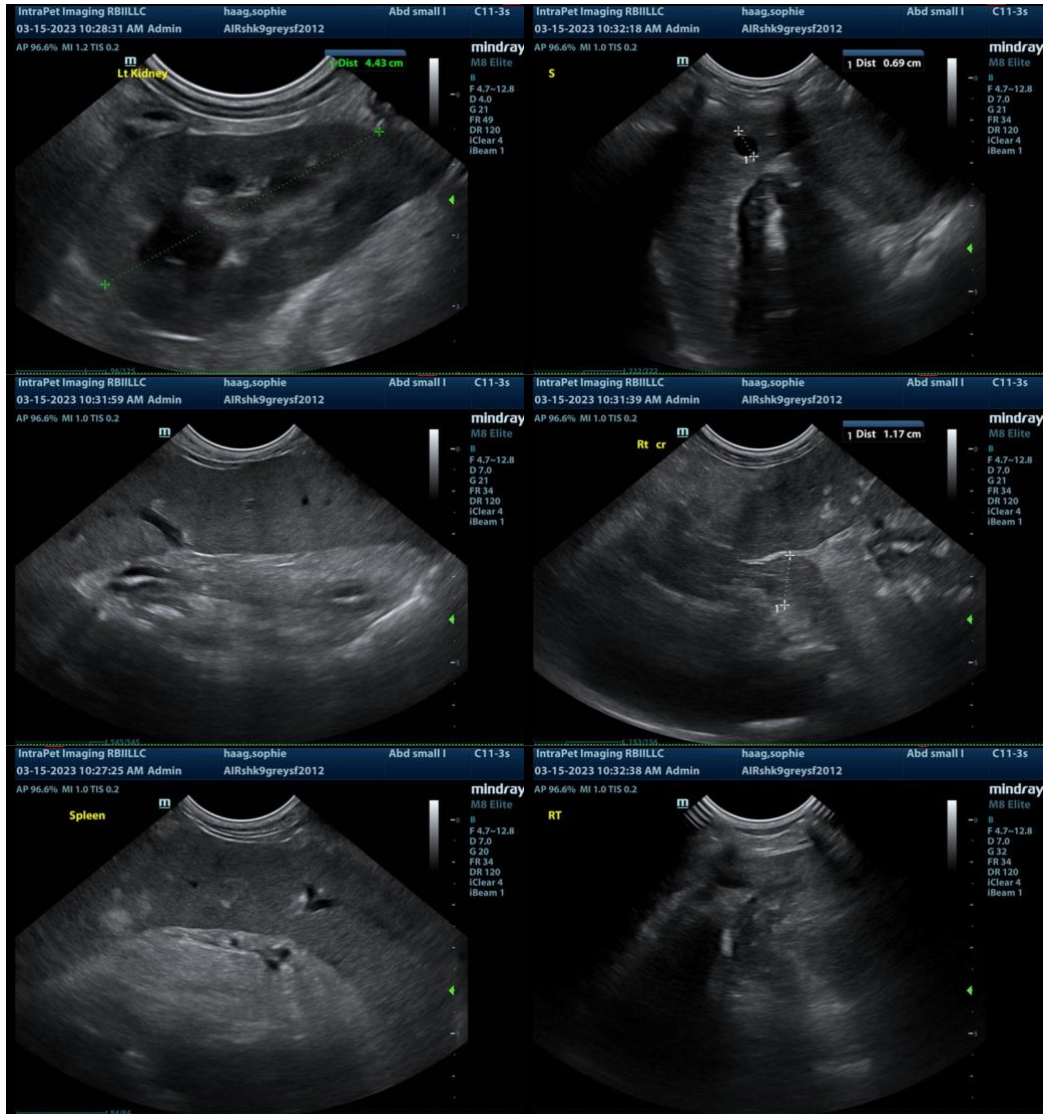
ULTRASONOGRAPHIC FINDINGS

- Hepatic remodeling, chronic inflammatory hepatopathy- Does not appear subjectively end-stage.
- Splenic enlargement
- Hypochoic and mildly irregular right pancreatic limb
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Concern for conversion of a chronic inflammatory hepatopathy to a potential underlying round cell neoplasia in this case. FNA of the spleen and liver is indicated for further definition. Acute insult, such as Leptospirosis should be considered as a potential in this patient. Leptospirosis titers is indicated. Some level of pancreatitis is likely present. Protein loss is likely from the GI tract if no significant proteinuria is present. Prognosis is guarded depending upon cytology results. This is a concerning situation yet somewhat vague from a sonographic presentation. Cytology is essential.





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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