

**DATE**

3/18/22

PRESENTING CLINICAL SIGNS

History: Intermittent vomiting and diarrhea, dramatically elevated BUN. PE: 4+ calculus, stage 4 periodontal disease, probably needs full mouth extraction. Abdomen is empty to palpation not tender, skin turgor fair. MM pink, moist.

PATIENT

Lola Kelly

Current Medications: Meloxicam 1.5mg/ml = 5 pound mark on the small syringe on the food or in the mouth once a day (beginning after presentation for vomiting and diarrhea), Clindamycin Liq 25mg/ml = 0.6ml by mouth about every 12 hours for 8 weeks.

SPECIES

Canine

Lab Results: T4 1.0 (1.6-5), chol 152, BUN 88.4, creat 1.6, lipa 166 (0-155), amy 1000 (500-1400), Platelet 410 (100-400) Urine not available Other chemistry, hematology normal.

BREED

Yorkie Poo

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

11/05/11

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

5.5 Pounds

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 3.7 cm. The left kidney measured 2.88 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 1.38 cm x 0.41 cm at the caudal pole and 0.44 cm at the cranial pole. The left adrenal gland measured 1.13 cm x 0.45 cm at the cranial pole and 0.38 cm at the caudal pole.

HOSPITAL NAME

Friendly Paws VC

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. Price

INVOICE

14368

Liver

The **liver** presented mild to moderate heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. Hypoechoic nodular changes were noted in the liver. This is consistent with chronic inflammatory hepatopathy.

The **gallbladder** was mildly over distended with minor suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

Gastrointestinal

The **stomach** revealed minor mural hypertrophy. The small intestine and colon were unremarkable.

Pancreas

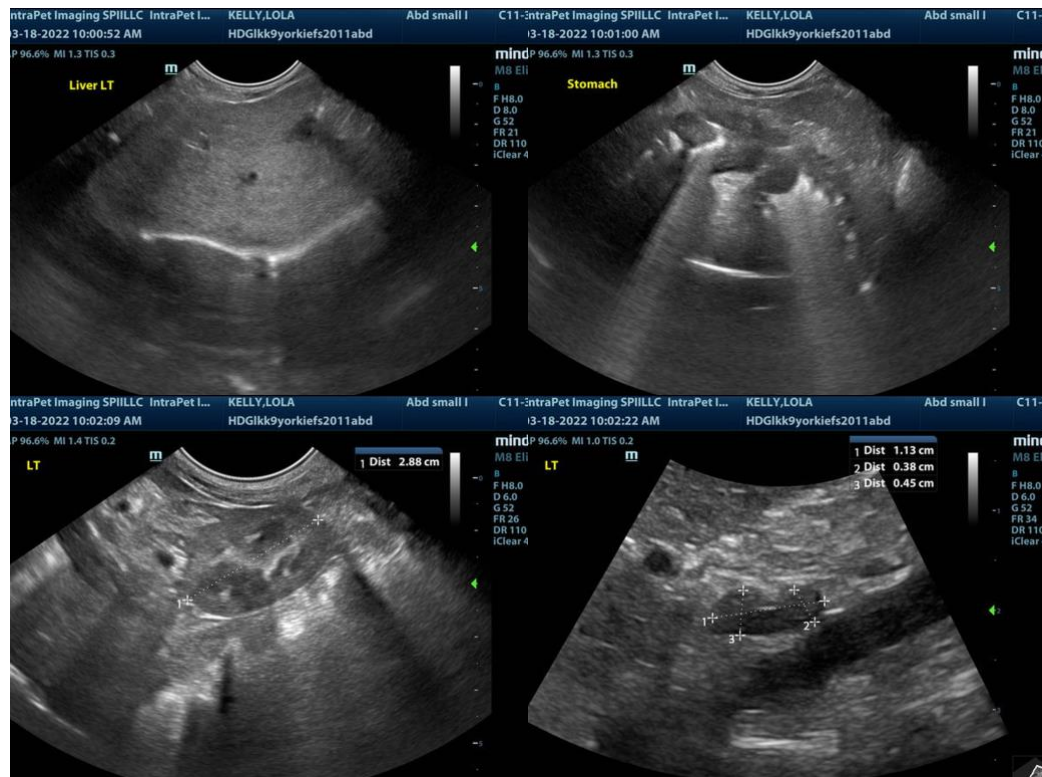
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

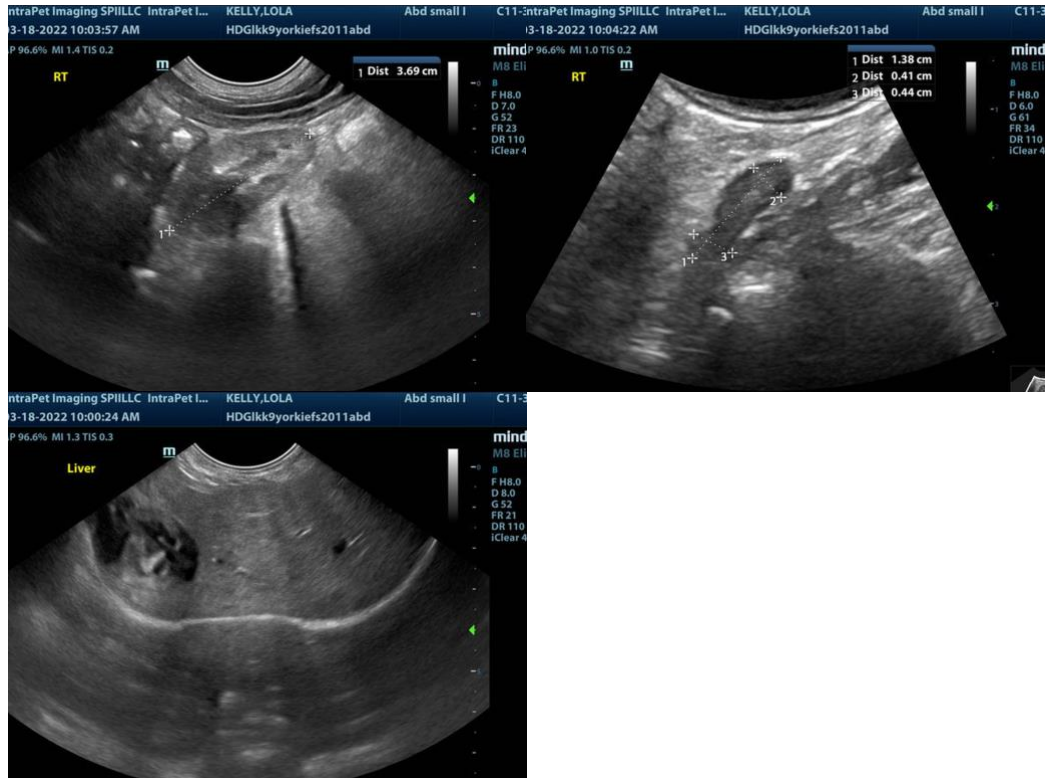
ULTRASONOGRAPHIC FINDINGS

- Hepatic remodeling and minor nodular changes
- Age-related abdominal changes elsewhere

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile indicated. No evidence of specific disease with the exception of the liver and largely expected changes for this age and breed. If bile acids are elevated, hepatic support diet indicated. Supportive care for GI upset and food intolerance indicated. FNA of the liver, of both the general parenchyma and nodules indicated.





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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