

**DATE PRESENTING CLINICAL SIGNS**

3/4/22 3/2/22- Since 2/17 P has been exhibiting signs of PUPD. P went to rdvm and bloodwork showed increase lipase, ALP 321, Low T4 <0.9, abnormal cpli. P has had a decrease in appetite and been sleepy and poorly responsive for the last 3 days. But today was the worst- had a urine culture - negative.

**PATIENT**

Abby Fisher Current Medications: Ampicillin, Protonix, Maropitant, Buprenex.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED****Urinary System**

Cavalier King Charles

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.

**SEX**

Spayed Female

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. The left kidney measured 5.18 cm with pyelectasia of 0.2 cm. The right kidney measured 4.57 cm with slight pinpoint mineralizations up to 0.15 cm, non-obstructive.

**AGE**

3/2/16

**WEIGHT**

22.5 Pounds

**Adrenal Glands****INTERPRETED BY**

Both **adrenal glands** measured within normal limits for this patient, yet appeared hypoechoic and swollen. The left adrenal gland measured 2.19 cm x 0.76 cm at the caudal pole and 0.70 cm at the cranial pole. The right adrenal gland measured 2.18 cm x 0.87 cm at the cranial pole and 0.71 cm at the caudal pole.

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY****Spleen**

The **spleen** revealed a focal hypoechoic nodule measuring 1.24 cm x 1.17 cm. A separate hypoechoic nodule was noted at 1.0 cm with heterogeneous parenchymal changes elsewhere.

Rachel Brilhart RDMS

**HOSPITAL NAME****Liver**

The **liver** revealed slight coarse architecture and minor increased portal markings. Non-specific changes. Coalesced gallbladder debris noted.

Animal Emergency  
Hospital

**REFERRING VET****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.

Dr. Roper

**INVOICE****Pancreas**

The **pancreas** revealed heterogeneous parenchymal changes, consistent with remodeling. Prior episodes of pancreatitis likely in this patient.

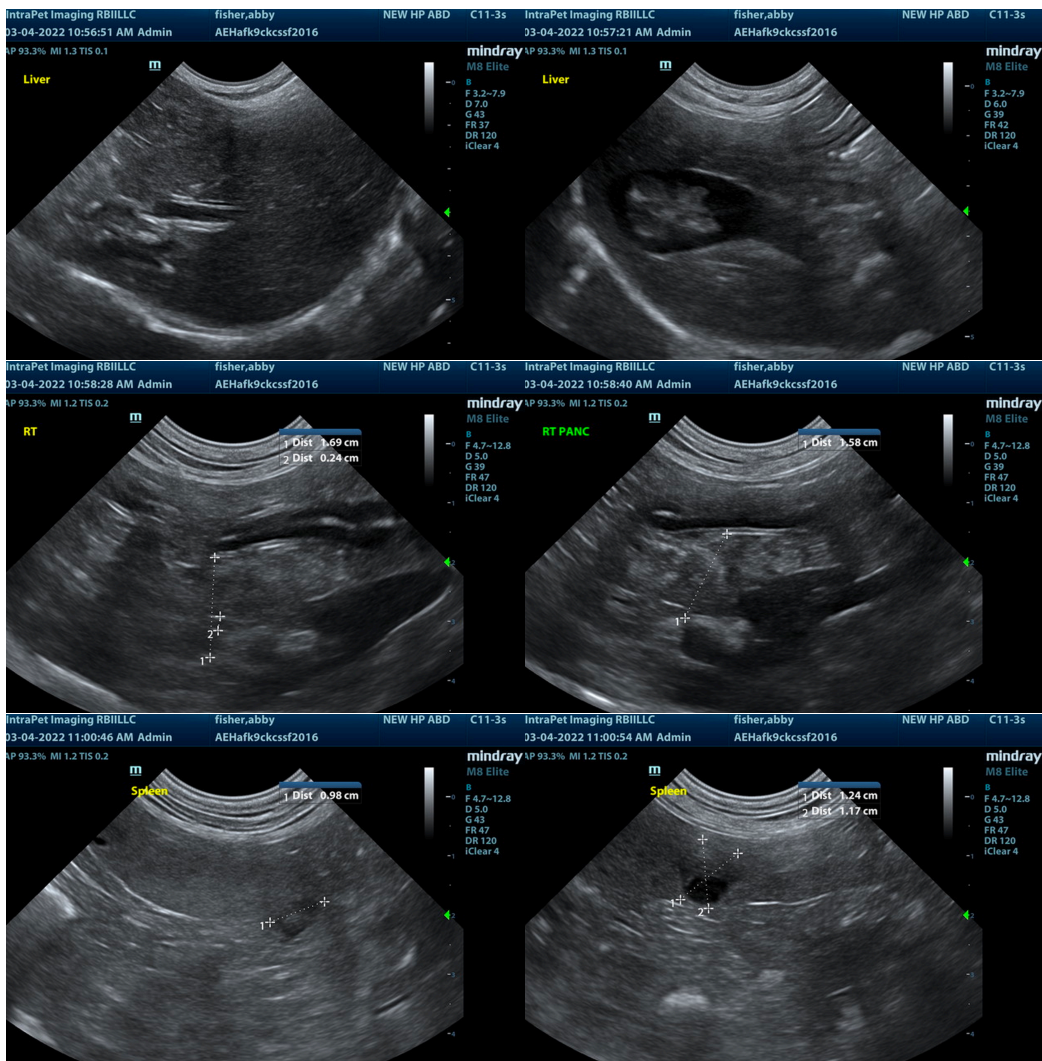
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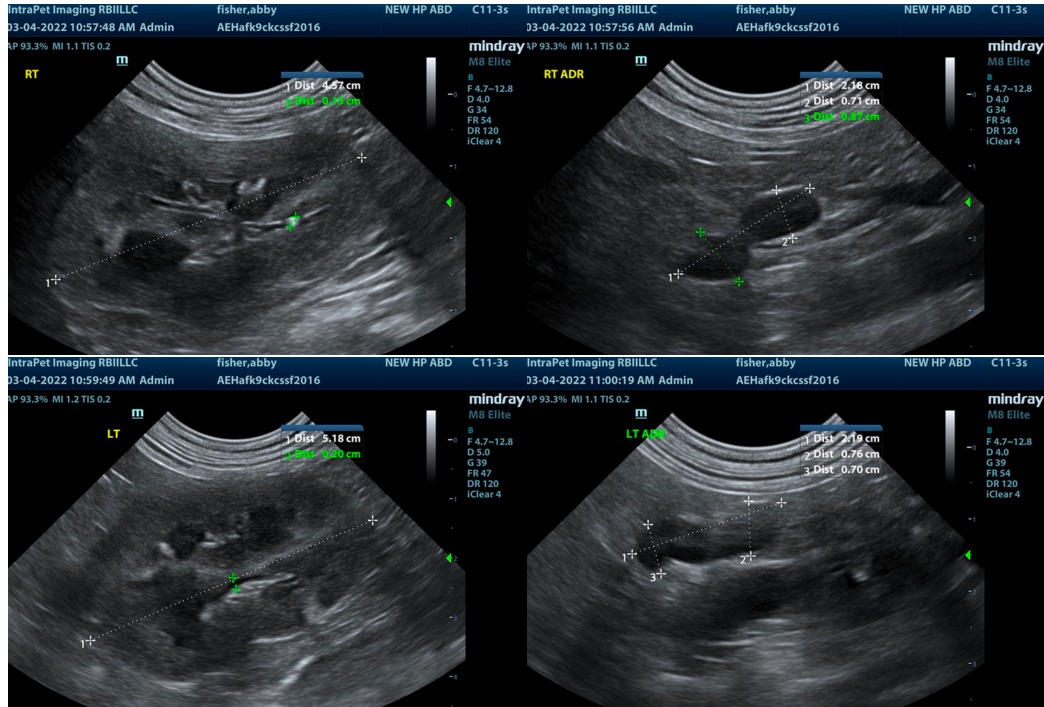
## ULTRASONOGRAPHIC FINDINGS

- Pancreatic remodeling
- Minor renal mineralization
- Undefined splenic nodule

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic nodules warranted. The nodules should be monitored for any growth. Hyperplasia likely, emerging round cell neoplasia or hemangiosarcoma possible. The clinical signs could be attributed to resolving pancreatitis. PU/PD is possibly owing to emerging Cushing's/PDH. If USG is < 1.020, then workup for pituitary dependent hyperadrenocorticism warranted. Blood pressure measurements indicated. The patient may be passing small calculi periodically, yet no obstructive disease noted at this time.





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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