

**DATE PRESENTING CLINICAL SIGNS**

3/4/22 Recheck AUS. Original done at Blue Pearl in Christiana, Delaware.

PATIENT

Hershey Pinson

Current Medications: Hepato support supplement, Carprofen 25mg BID.
 Lab Results: LDDST 1/18/22. Baseline 6.5, post 4 hr 0.2, post 8 hr 0.2. ALT & ALP increased.
 Date of Previous IntraPet Ultrasound: See attached previous from Blue Pearl on 5/5/2020.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Lab/Poodle X

Urinary System**SEX**

Spayed Female

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. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

AGE

7/28/11

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. The right kidney measured 5.95 cm. The left kidney measured 6.23 cm.

WEIGHT

41.4 Pounds

Adrenal Glands**INTERPRETED BY**Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 left adrenal gland measured 2.27 cm x 0.71 cm at the caudal pole and 0.65 cm at the cranial pole. The right adrenal gland measured 1.2 cm at the cranial pole and 0.80 cm at the caudal pole.

IMAGING PERFORMED BYStephanie Pearce
RDMS, RVT**Spleen**

The **spleen** was largely normal with fairly uniform parenchyma. A hypoechoic nodule was noted measuring 0.98 cm x 0.9 cm.

HOSPITAL NAME

North East AH

Liver

The **liver** was coarse in architecture with minor uniform swelling. The left cranial liver revealed an isoechoic nodule measuring 2.87 cm x 1.96 cm. Multifocal hypoechoic nodular changes noted throughout the liver. The gallbladder and common bile duct were unremarkable. Coalescing hypoechoic nodular changes noted.

REFERRING VET

Dr. Hanlin

Gastrointestinal**INVOICE**

35948

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. Prominent right limb measured 1.54 cm. 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.

Pancreas

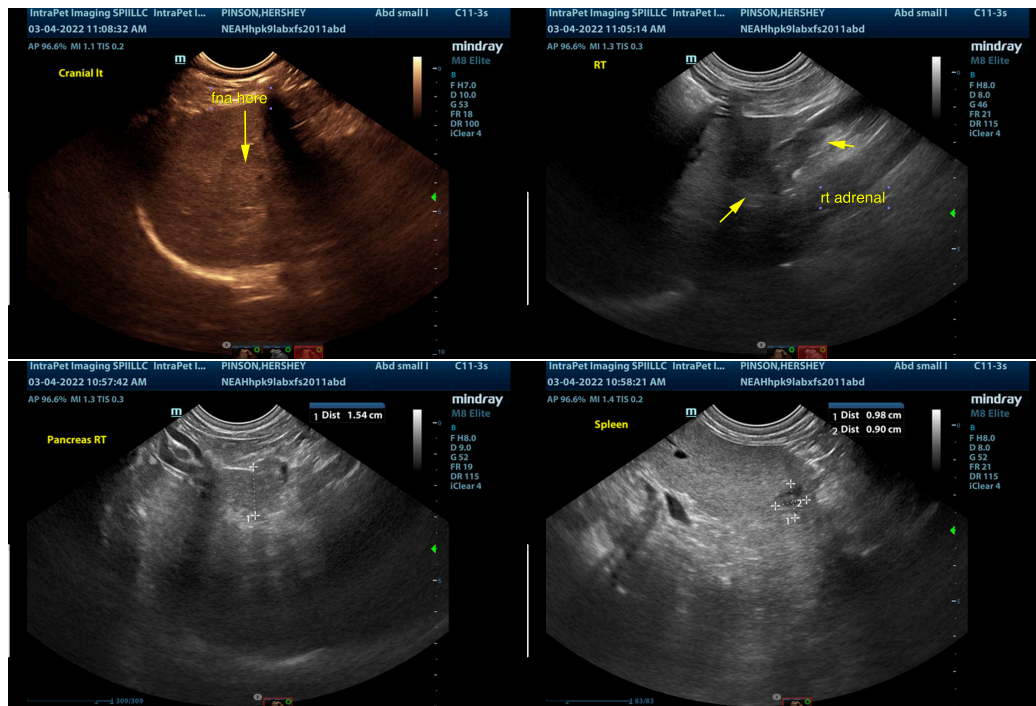
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

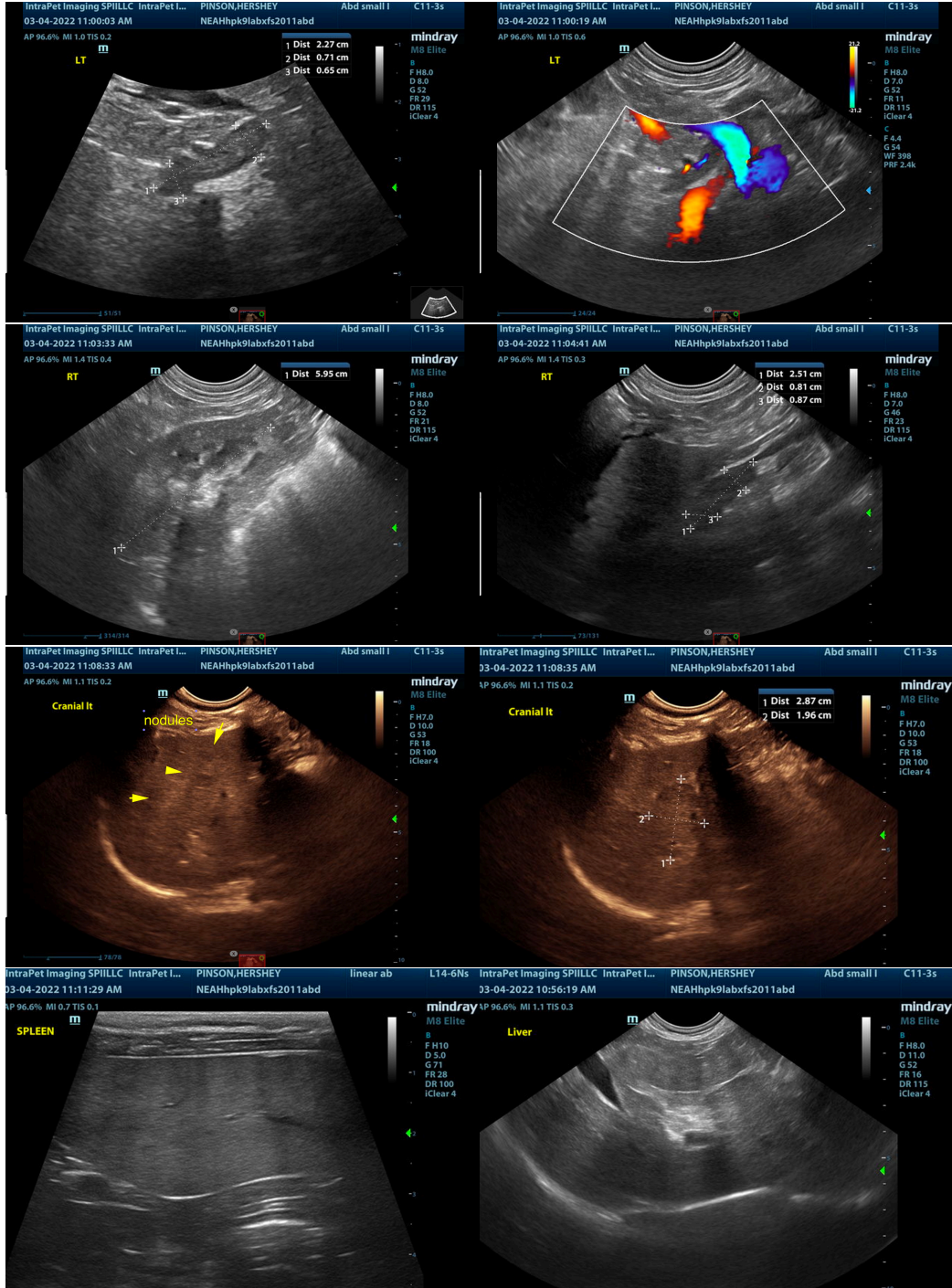
ULTRASONOGRAPHIC FINDINGS

- Mild hepatic nodular hyperplasia/ vacuolar hepatopathy
- Newly developed splenic nodule
- Prominent, irregular pancreas – history of pancreatitis likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The nodular changes in the spleen and liver ideally should be further defined with ultrasound guided FNA. The ability to identify iso- to slightly hypoechoic nodules in the spleen and liver may differ regarding technique, type of ultrasound machine utilized, and software differences that are highly variable machine to machine. Therefore, these nodules may have been present, just not overtly perceived, or may be completely newly developed nodules, which are concerning. Regardless, the splenic and hepatic nodules should be monitored, whether sampled or not. Likely hyperplasia. The nodules do not significantly disrupt architecture at this time. Ideally, recheck sonogram in one month to assess for any progression.





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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