

**DATE**

3/7/22

PRESENTING CLINICAL SIGNS

History: On 2/28/22, P vomited 2 times- each time there was frank blood in the vomit. P has a long history of constantly licking things- the air, furniture, carpet, etc.

PATIENT

Bentley Jackson

Current Medications: Pepcid 10mg BID long term, Reconcile 16mg SID long term, Sucralfate ½ tab slurry BID rx'd on 2/28/22.

SPECIES

Canine

Lab Results: CBC- WNL. Chem- Mild increase ALKP.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV sedation.

Stat Report: Not requested.

BREED

Westie

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

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.

AGE

2/1/13

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 left kidney measured 4.62 cm. The right kidney measured 4.41 cm.

WEIGHT

16.8 Pounds

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 left adrenal gland measured 2.33 cm x 0.56 cm at the caudal pole and 0.56 cm at the cranial pole. The right adrenal gland measured 2.01 cm x 0.61 cm at the caudal pole and 0.6 cm at the cranial pole.

HOSPITAL NAME

Charm City Vet

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. Karbonik

INVOICE

14237

Liver

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy. This is a moderate change.

Gastrointestinal

Mild **pyloric** hypertrophy noted. The small intestine and colon were unremarkable.

Pancreas

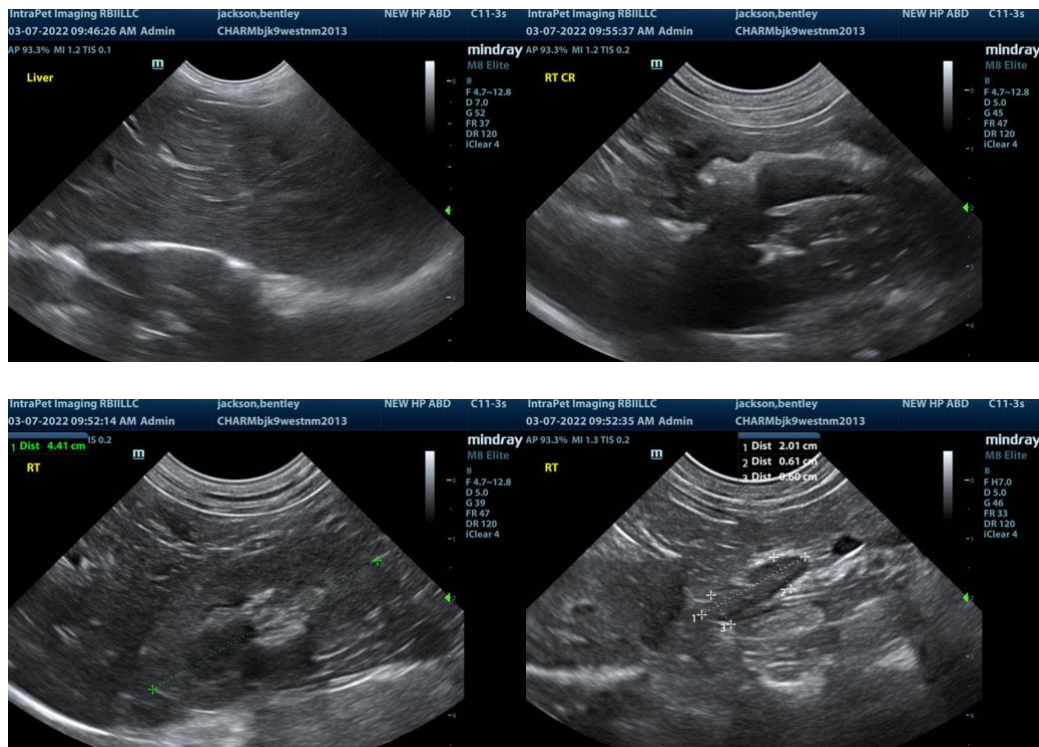
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Minor duct dilation was present. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. The left limb of the pancreas measured 1.16 cm.

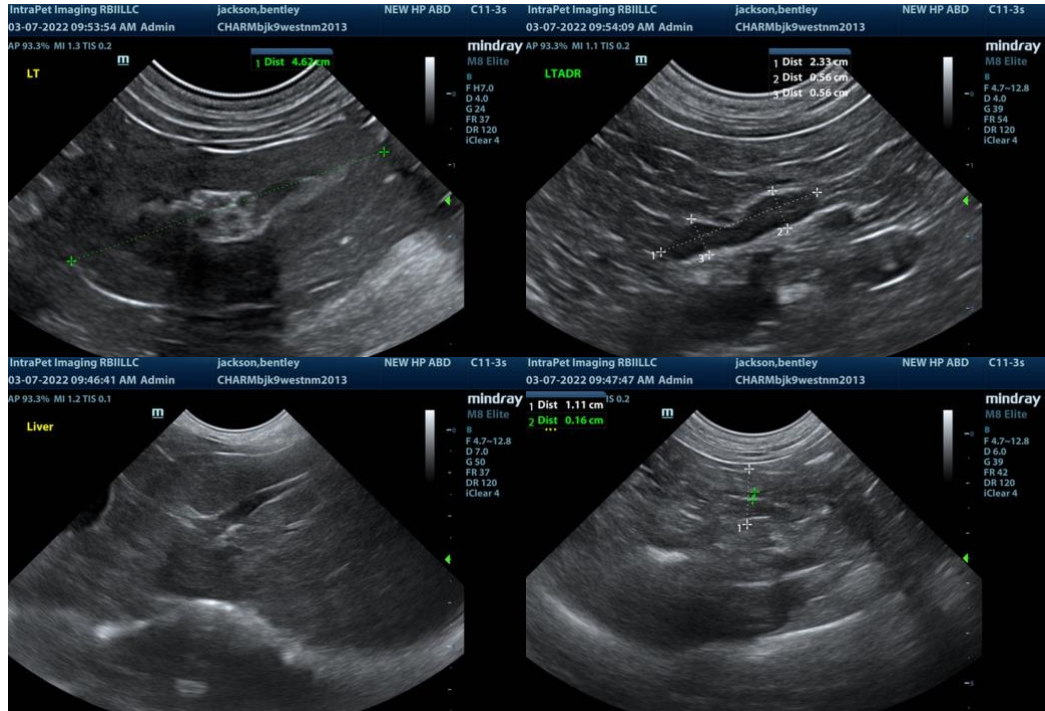
ULTRASONOGRAPHIC FINDINGS

- Subjectively benign hepatopathy with remodeling owing to past inflammatory events- appears stable and benign
- Minor pyloric hypertrophy
- Minor pancreatic remodeling
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdomen appears stable at this time. FNA of the liver could be considered for further definition.





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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