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**DATE**

3/8/22

**PATIENT**

Missy Willcoxon

**SPECIES**

Canine

**BREED**

Pit Bull X

**SEX**

Spayed Female

**AGE**

3/1/09

**WEIGHT**

53 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Stephanie Pearce  
RDMS, RVT

**HOSPITAL NAME**

Friendly Paws VC

**REFERRING VET**

Dr. Price

**INVOICE**

35981

**PRESENTING CLINICAL SIGNS**

Worsening grade heart murmur, without symptoms. Hx of mitral regurgitation. PE: Murmur went from 2/6 in 5/2020 to 3/6 in 9/2021, grade 3/6 holosystolic murmur all over the chest but especially the L side, Regular rhythm, Pulses are full and symmetrical. Immature cataract. BCS 6.5/9. Anxious, but gentle. Mild dental disease. Sty R eyelid.

In September there were enzyme elevations suggestive of pancreas disease but not symptomatic.

Current Medications: Doxycycline and triple antibiotic eye ointment for sty. Heartgard.  
Lab Results: BUN 36.7, ALT 417, ALK 399, Tbili 0.46, Chol 314, GGT 4.0, Amy 2200. Urine, hematology, t4, serology normal. USG 1.026, 2+ protein  
Date of Previous IntraPet Ultrasound: 5/19/20.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**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. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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. Slight pyelectasia noted. The right kidney measured 6.01 cm. The left kidney measured 6.54 cm with pyelectasia of 0.47 cm. Degenerative changes were considered moderate. Mild inflammatory pattern noted around the right kidney, possibly owing to infarct.

**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 3.24 cm x 0.68 cm at the caudal pole and 0.66 cm at the cranial pole. The left adrenal gland measured 2.35 cm x 0.51 cm at the caudal pole and 0.52 cm at the cranial pole.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself caudally. 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.

**Liver**

The **liver** was non-specific with increased portal markings and coarse architecture. Inflammatory hepatopathy pattern, mildly progressed from the prior sonogram from a subjective standpoint. The gallbladder was unremarkable, normal in appearance with minor debris.

### ***Gastrointestinal***

The **pylorus** was mildly thickened with hypertrophied muscularis. No loss of mural detail. Empty gastric lumen. The small intestine and colon were unremarkable.

### ***Pancreas***

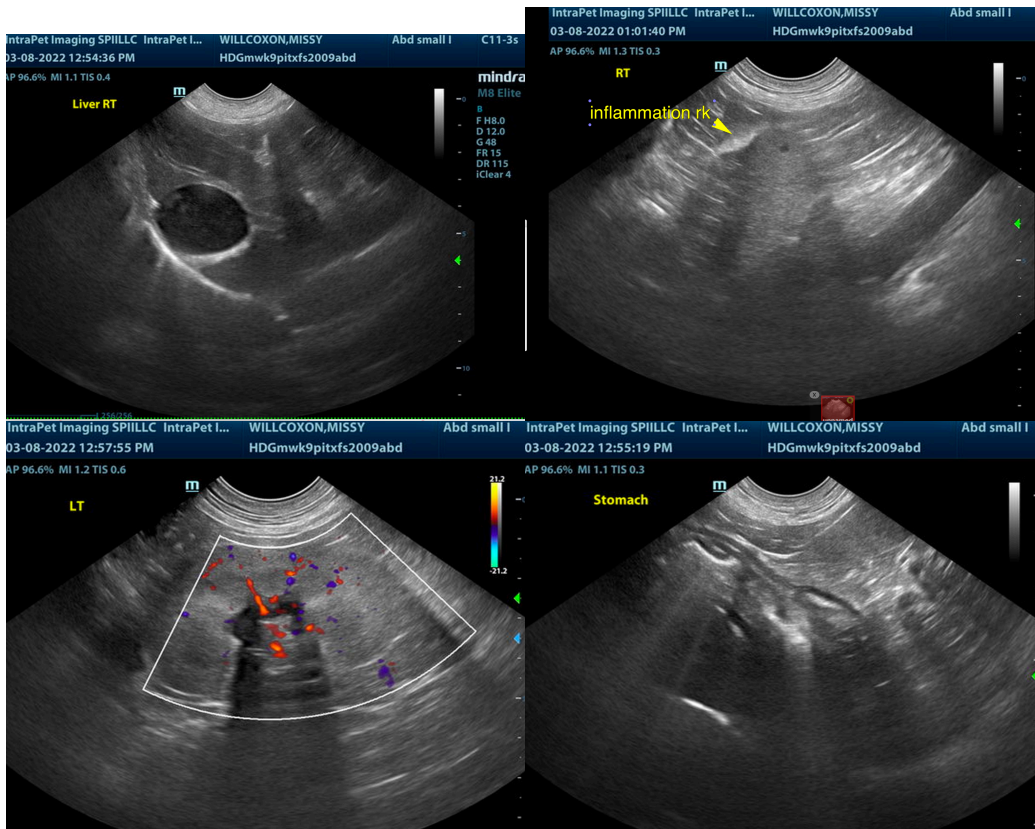
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

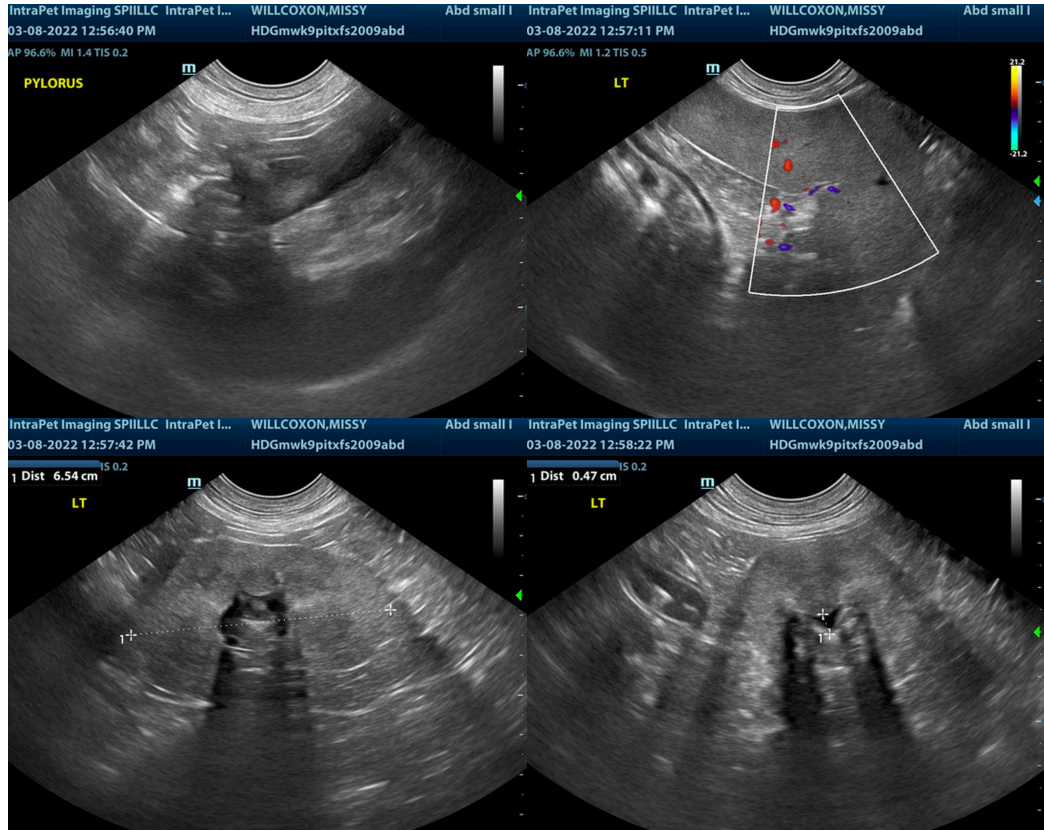
### **ULTRASONOGRAPHIC FINDINGS**

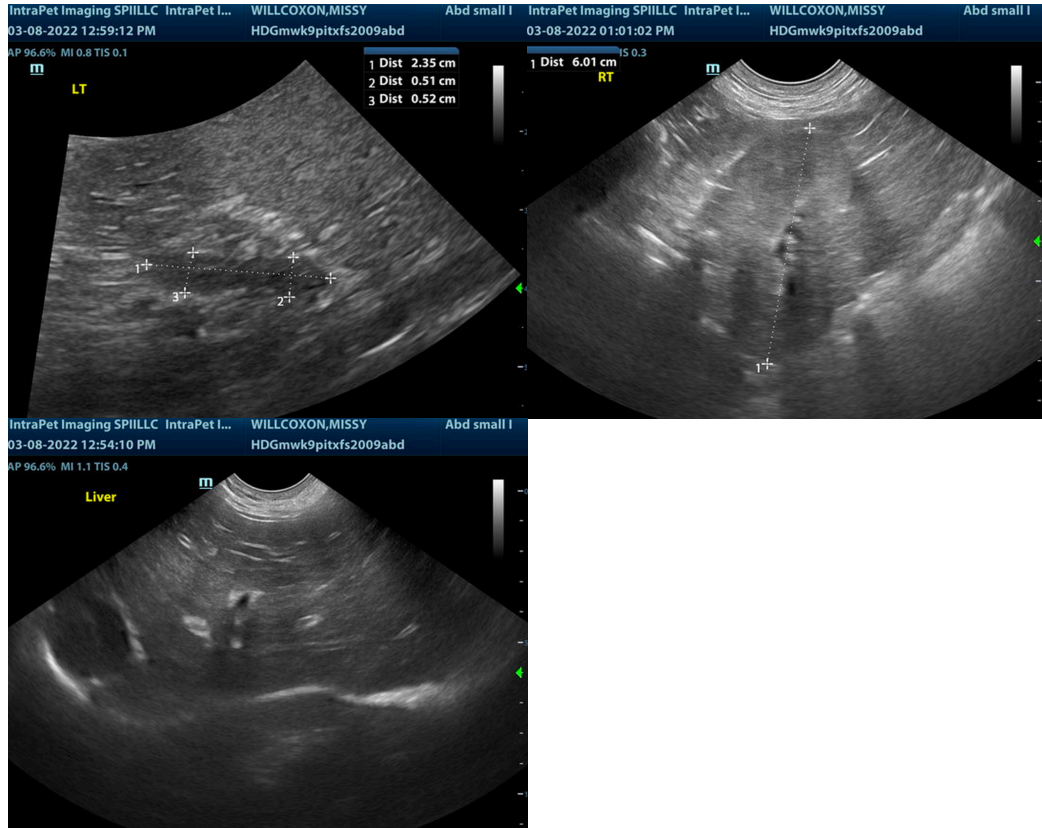
- Non-specific inflammatory hepatopathy
- Moderate chronic degenerative renal changes with pyelectasia, possible recent infarct

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Pyelectasia from the kidneys may be owing to scarring or embedded infection. FNA of the liver, Leptospiriosis titers warranted, or core biopsy indicated. Palpation of the left kidney warranted to assess for any discomfort. No evidence of neoplasia. Renal values should be monitored carefully in this patient, as given the elevated BUN and slightly subnormal USG, emerging renal failure may be an issue.







The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
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