

**DATE**

4/18/22

PRESENTING CLINICAL SIGNS

Elevated liver values.

Current Medications: Metronidazole, Amoxicillin, Denamarin, Vetprofen.

Lab Results: See attached.

PATIENT

Winter Motiram

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Canine

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

Dalmatian Mix

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 was noted. Ureteral papillae were normal.

SEX

Neutered male

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 this age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 7.08 cm with trace pyelectasia that measured 0.25 cm. The left kidney measured 7.36 cm with trace pyelectasia that measured 0.26 cm.

AGE

12/30/10

WEIGHT

75 lbs

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 3.89 x 1.07 cm at the cranial pole and 1.17 cm at the caudal pole. The left adrenal gland measured 3.08 x 0.89 cm at the cranial pole and 0.95 cm at the caudal pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Spleen**

The **spleen** was mildly enlarged with slight, scalloping contour with minor, heterogenous parenchymal changes.

HOSPITAL NAMEBayside Animal
Medical Center**Liver**

The **liver** was diffusely hyperechoic to the falciform fat. The gallbladder and common bile duct were unremarkable.

REFERRING VET

Dr. Sims

Gastrointestinal**INVOICE**

99341

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.

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 (+

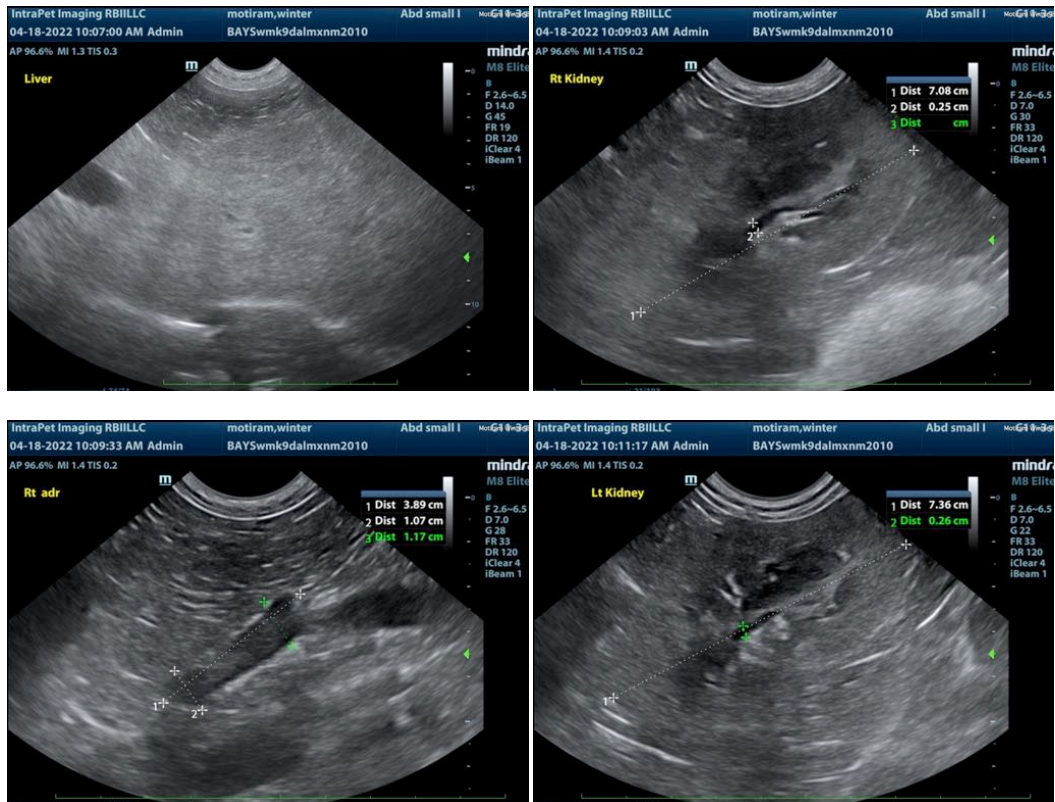
Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

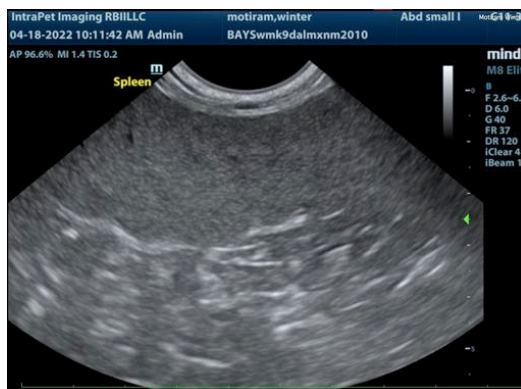
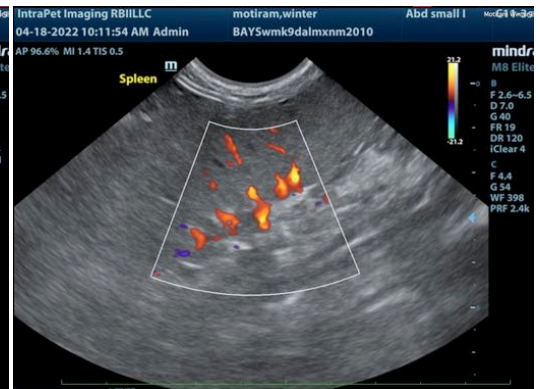
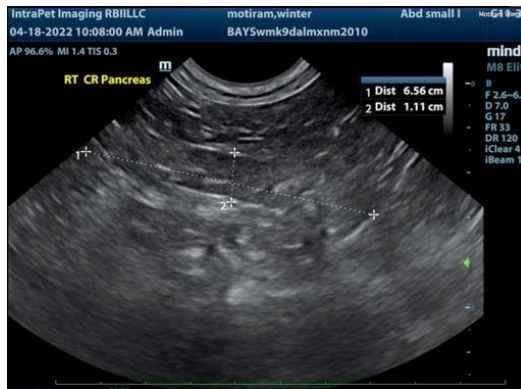
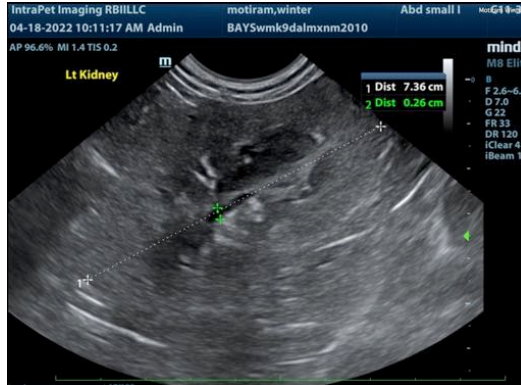
ULTRASONOGRAPHIC FINDINGS

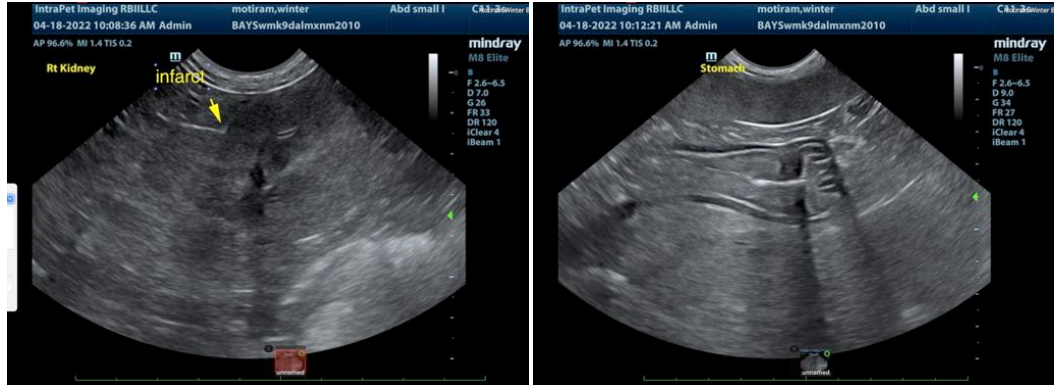
Suppurative hepatitis/hepatic lipidosis. Vacuolar hepatopathy pattern.
Mild chronic pancreatic changes.
Splenic enlargement and scalloping contour.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend FNA of the spleen and liver in this patient. The right revealed cortical infarct at the dorsal cortex, it appears stable. There was no evidence of inflammation. I recommend FNA of the spleen and liver in this patient as well as bile acid profile. I do not suspect neoplasia; however, diffuse liver disease such as lipidosis or suppurative hepatitis along with splenitis or reactive spleen is likely. Full urinary work-up is warranted given the renal pyelectasia. The degenerative changes in the kidneys are minor.







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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