

DATE PRESENTING CLINICAL SIGNS

4/27/22 Intermittent inappetence and diarrhea/vomiting. Had episode of acute kidney failure in Jan. 2020 following dental/anesthesia. Recovered well. Bloodwork shows no new elevations in ALT and ALP. ALT levels increased slightly at recheck.

PATIENT

Olive Grandel Current Medications: Metronidazole and Provable for 10 days. Some improvement then symptoms started up again.

SPECIES

Canine

Lab Results: 3/15/22 ALT 217, ALP 719. 4/20/22 ALT 308, ALP 661.

Radiographs: Mild gas pattern in GIT. No notable masses.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Beagle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

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

8/22/08

The **right kidney** presented moderate degenerative changes. Right kidney pyelectasia noted at 0.67 cm. An anechoic cyst was noted in the cranial pole of the right kidney measuring 1.33 cm. Cortical infraction noted in the dorsal cortex. The right kidney measured 4.3 cm.

WEIGHT

22.4 Pounds

The **left kidney** presented mild pyelectasia at 0.85 cm. The left kidney measured 4.91 cm. Increased cortical echogenicity noted.

INTERPRETED BY

Eric 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 right adrenal gland measured 1.83 cm x 0.62 cm at the caudal pole and 0.99 cm at the cranial pole. The left adrenal gland measured 2.13 cm x 0.65 cm at the caudal pole and 0.54 cm at the cranial pole.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

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.

HOSPITAL NAME

Northwind AH

REFERRING VET

Dr. Repsher

Liver

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. Minor gallbladder sand and debris noted. This is consistent with chronic inflammatory hepatopathy.

INVOICE

37240

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.

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.

Free Abdomen

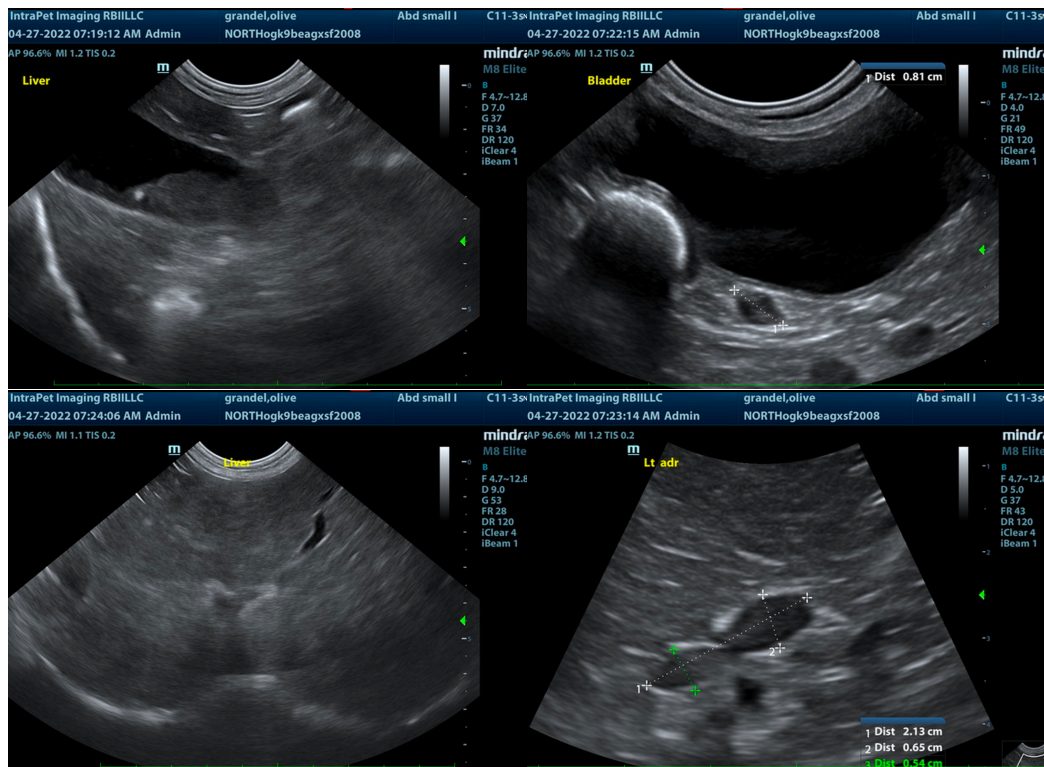
Sublumbar lymph nodes were slightly enlarged, example measured 0.81 cm .

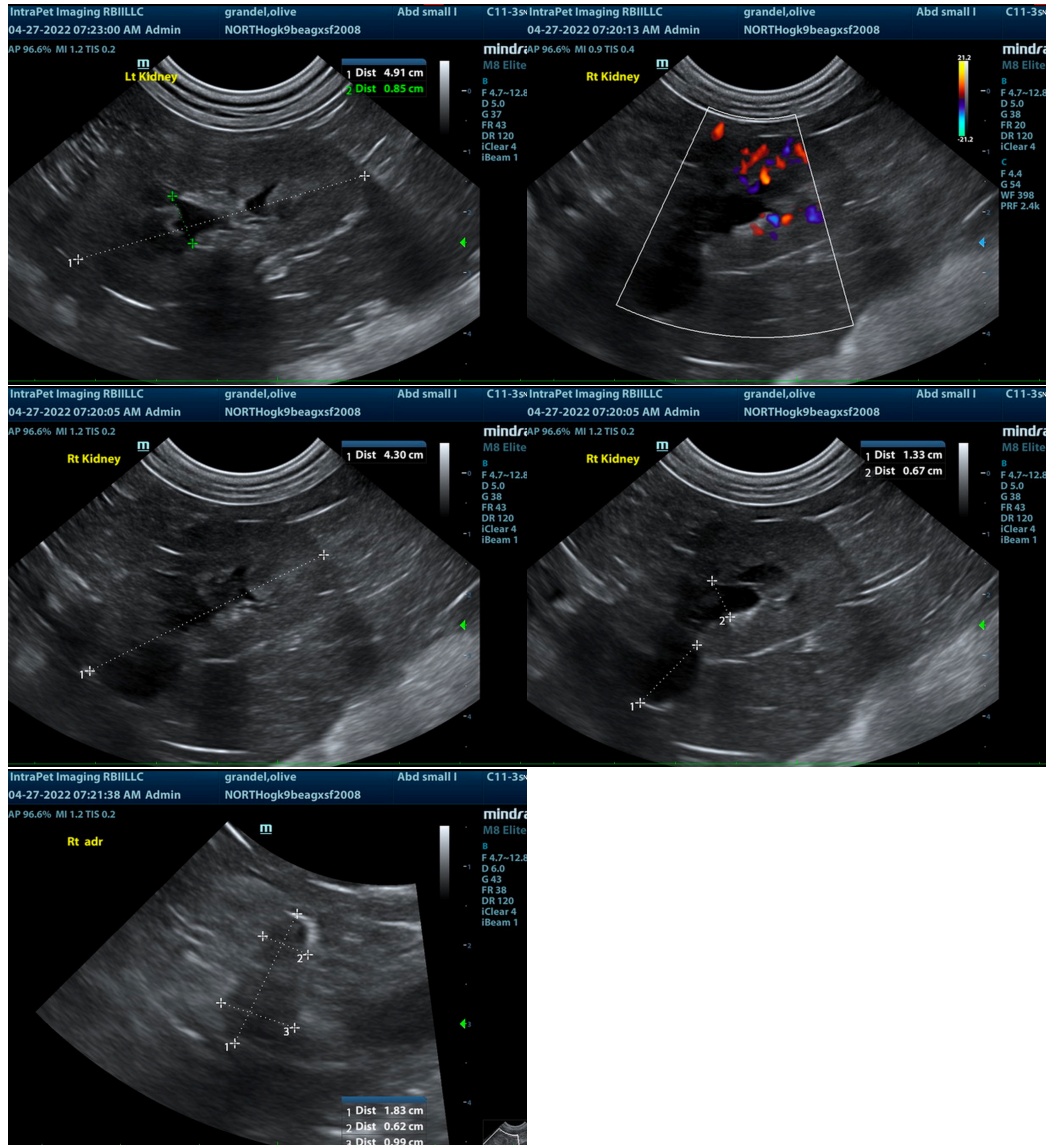
ULTRASONOGRAPHIC FINDINGS

- Mild to moderate degenerative renal changes with bilateral pyelectasia (likely owing to scarring), possible embedded infection.
- Hepatic remodeling, benign hepatopathy – history of inflammatory hepatopathy likely.
- Minor gallbladder sand and debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend bile acid profile in this patient +/- ultrasound guided FNA. I am concerned mainly with the renal changes and inflammatory pattern in the liver. No evidence of neoplasia. Given the patient history, dietary intolerance is likely. Hydrolyzed diet is likely in this patient's best interest long term. Treatment of the liver should be based on FNA results. Full urinary workup indicated.





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.

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