

**DATE**

4/29/22

PRESENTING CLINICAL SIGNS**PATIENT**

Jack Maher

Saw RDVM about 2 weeks for bloodwork and belly seeming distended- ALP had increased further- RDVM was reaching out to the specialist abdomen has continued to be distended; past 2 days- diarrhea, decreased appetite and retching/trying to vomit is on Ursodiol for gall bladder sludge RDVM notes- recommendation from specialist is to repeat the ultrasound ultrasound 6/2021 - gall bladder sludge LDDST- normal per RDVM notes. History of elevated liver values, history of gall bladder sludge, is on ursodiol, diarrhea, lethargy.

SPECIES

Canine

Current Medications: None listed.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

BREED

Mix

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Neutered male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

3/1/10

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.

WEIGHT

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. Slight pinpoint mineralizations noted. The left kidney measured 7.58 cm. The right kidney measured 8.33 cm. An anechoic (2.18 cm) cyst was noted at the medial cortex of the right kidney.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Adrenal Glands**

The **left adrenal gland** was mildly enlarged, uniform, measuring 3.3 cm x 1.08 cm at the caudal pole and 1.16 cm at the cranial pole.

HOSPITAL NAMEAnimal Emergency
Hospital

The **right adrenal gland** measured the upper limits of normal size to slightly enlarged, measuring 3.9 cm x 1.15 cm at the cranial pole and 0.99 cm at the caudal pole.

REFERRING VET

Dr. Willer

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. Splenic fold was noted, fairly uniform.

INVOICE

14969

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily

anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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. 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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

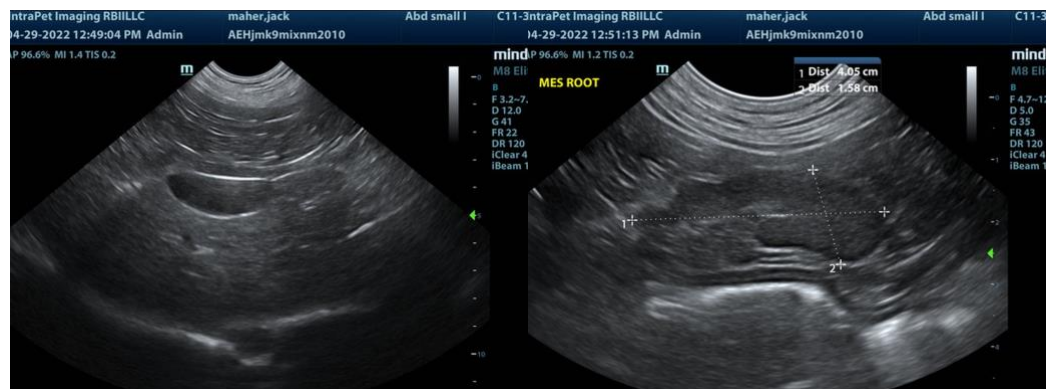
The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. An example of lymph node size measured 4.05 cm x 1.58 cm.

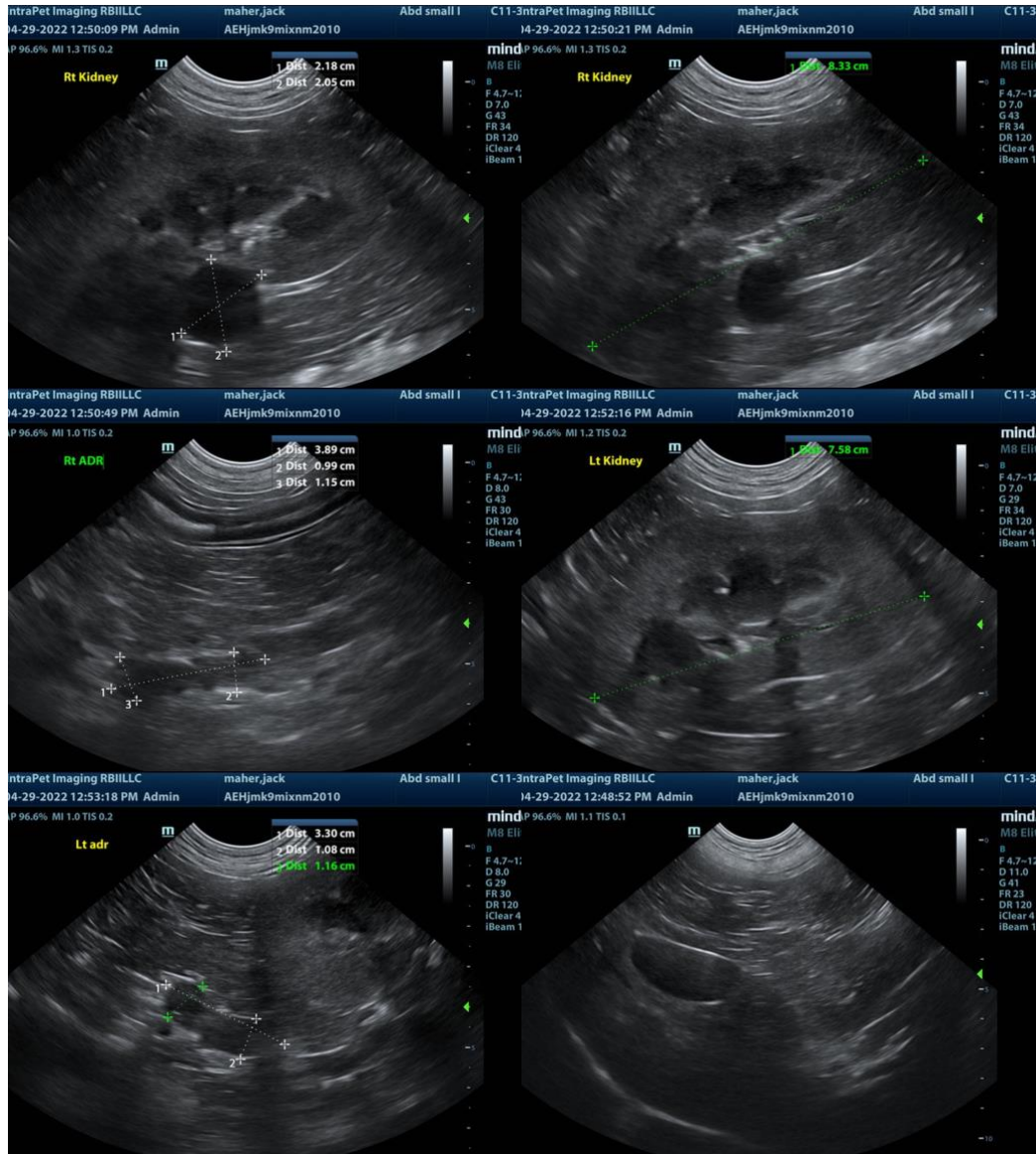
ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenal hypertrophy, potential emerging PDH/Cushings
- Right renal cyst
- Reactive mesenteric lymph nodes
- Splenic fold, fairly uniform
- Geriatric abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If urine specific gravity is <1.020 , then work up for PDH is indicated. FNA of the mesenteric lymph nodes would be ideal.





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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