

**DATE**

5/12/22

PRESENTING CLINICAL SIGNS**PATIENT**

Maggie McNey

History: Presented on 4/28/22 for acute blindness. Sent to ophthalmology who diagnosed uveitis, detached retinas, hyphema. Uveitis panel was negative for infectious causes. AUS was recommended to further evaluate internal organs and kidneys. Urine culture was also recommended.

SPECIES

Canine

Current Medications: Levothyroxine.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Boston Terrier

Imaging Performed By: Rachel Brillhart, RDMS.

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

6/19/2014

Irregular contour was noted in both **kidneys**. Pyelectasia (0.97 cm) was noted in the left kidney. The left kidney measured 6.87 cm in length. The right kidney revealed minor pyelectasia (0.78 cm). The right kidney measured 7.66 cm in length. Blood flow to the kidneys appeared to be adequate.

WEIGHT

36.5 Pounds

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 2.2 cm x 0.77 cm at the cranial pole and 0.78 cm at the caudal pole. The right adrenal gland measured 2.92 cm x 0.61 cm at the caudal pole and 0.69 cm at the cranial pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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. Caudal folding of the spleen was noted.

HOSPITAL NAME

Bayside AMC

Liver

The **liver** revealed multifocal coalescing isoechoic nodular changes. Increased portal markings were noted. The left lateral liver revealed a hyperechoic mass, measuring 3.23 cm x 2.79 cm. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

REFERRING VET

Dr. Sims

INVOICE

15138

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

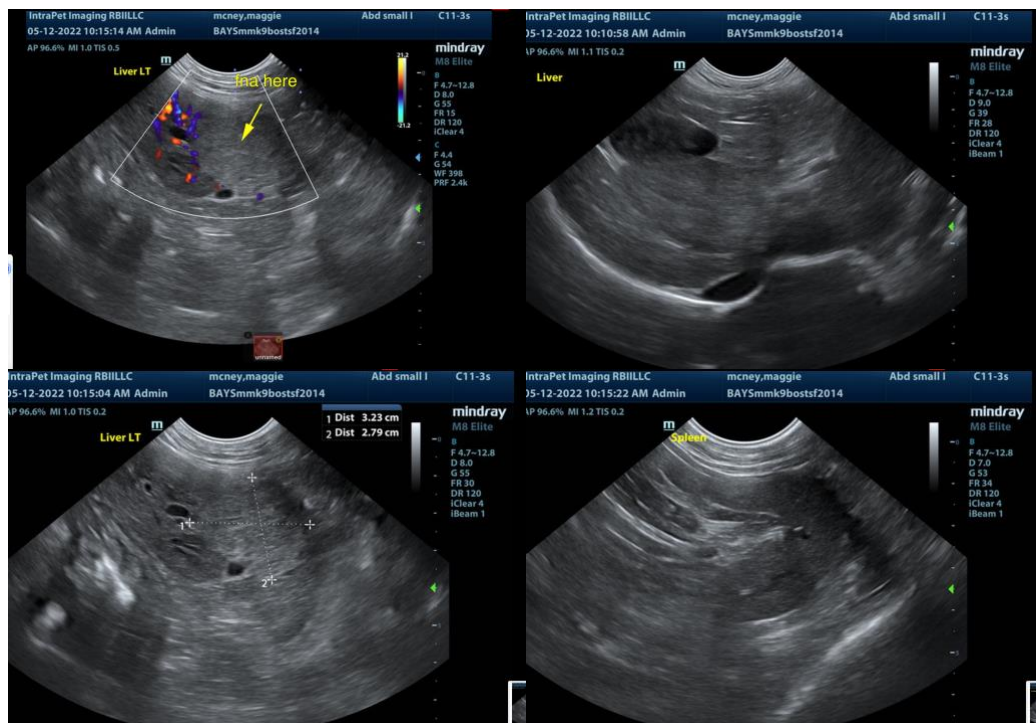
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

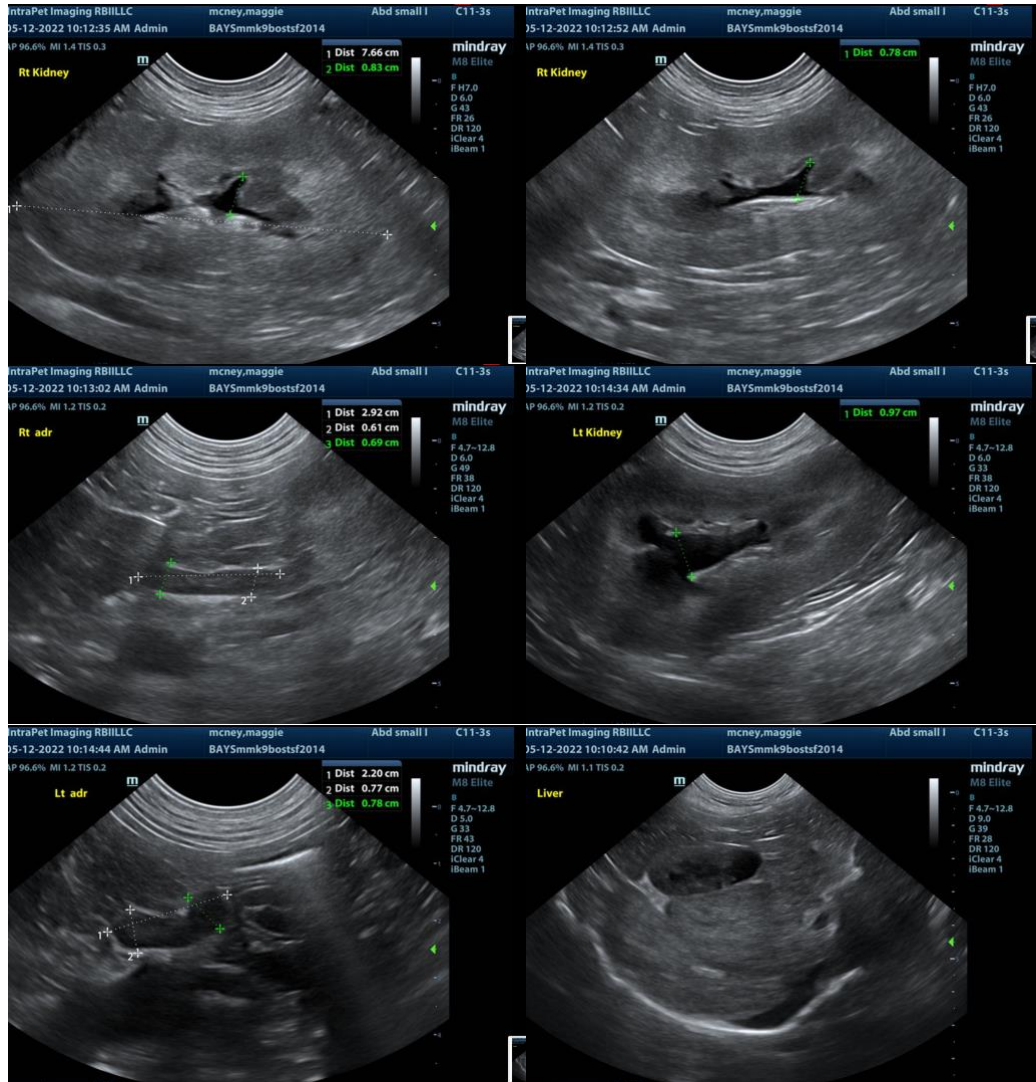
ULTRASONOGRAPHIC FINDINGS

- Left lateral liver mass, may be benign. Pronounced nodular hyperplasia liver pattern otherwise.
- Irregular kidneys with pyelectasia. UTI/pyelonephritis versus some level of primary renal dysplasia possible. Full urinary work up warranted.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the liver warranted with bile acid profile. Pronounced hepatic nodular hyperplasia versus carcinoma.





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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