

**DATE**

5/13/22

**PRESENTING CLINICAL SIGNS**

History: Presented 5/11/22 for urine accidents with slight blood tinge. Also has been a little down for a few days, not eating normal dog food but will eat chicken with rice. Vomited once or twice. On PE largely WNL but jaundiced sclera and mucus membranes.

**PATIENT**

Barbie Farley

Current Medications: Augmentin 500 mg PO BID, Denamarin Advanced large dog tablets one tab PO SID, Cerenia 60 mg PO SID.

**SPECIES**

Canine

Lab Results: ALP 360 ALT 470 Tbili 1.8, pyuria and bilirubinuria

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

**BREED**

Labrador Retriever

Mix

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Spayed Female

**Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. A trace amount of sand was noted in the urinary bladder. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

**AGE**

12/15/15

**WEIGHT**

60.3 Pounds

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. The right kidney measured 6.7 cm. The left kidney measured 6.16 cm.

**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 2.23 cm x 0.51 cm at the caudal pole and 0.55 cm at the cranial pole. The left adrenal gland measured 2.32 cm x 0.66 cm at the caudal pole and 0.72 cm at the cranial pole.

**HOSPITAL NAME**

Pleasantville AH

**REFERRING VET**

Dr. Gounaris

**Spleen**

The **spleen** was uniformly enlarged and mildly congested owing to portal hypertension in all likelihood.

**INVOICE**

15187

**Liver**

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Irregular contour was noted in the liver. Free fluid was noted between the liver lobes, likely owing to portal hypertension. This change is consistent with fibrosis/cirrhosis. The gallbladder present inspissated bile and minor gallbladder wall thickening.

**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**

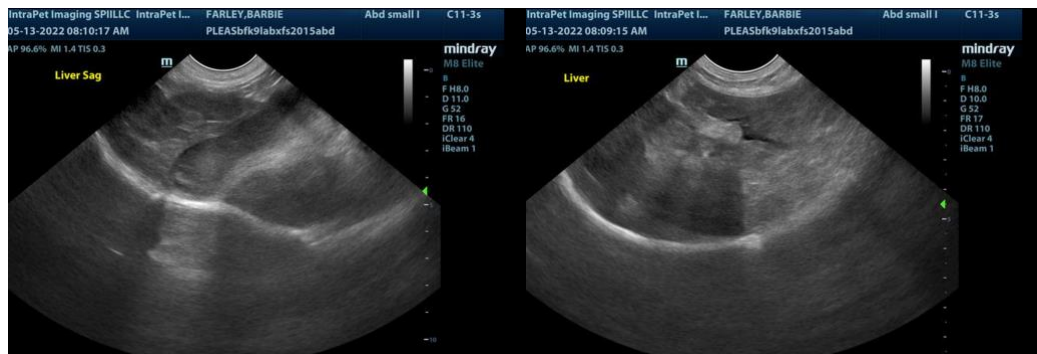
- Diffuse hepatic disease, consistent with fibrosis and cirrhosis with secondary free fluid likely owing to portal hypertension
- Age-related urinary bladder changes with bladder sand
- Enlarged and mildly congested spleen
- Age-related renal changes

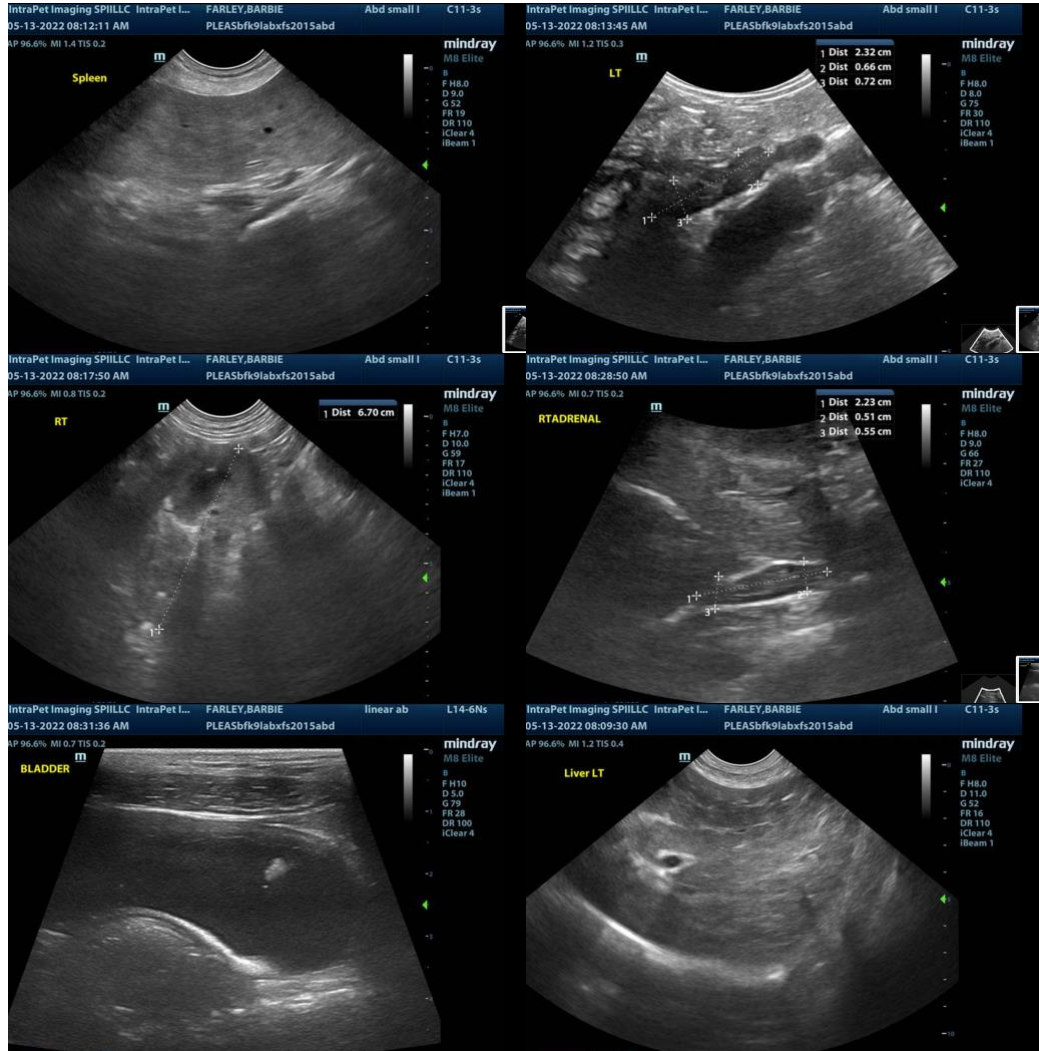
### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Core liver biopsy indicated; however, long-term prognosis is poor given the degree of hepatic remodeling.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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.

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