



PATIENT

Maggie Vreeland

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

11 years

WEIGHT

23.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Grau

INVOICE

30653

DATE

5/23/22

PRESENTING CLINICAL SIGNS

History: collapse episodes
Abnormal PE/Chem/CBC/UA Results: buphthalmos from glaucoma, abd distension (ACTH stim borderline in past) pale, murmur, neuro normal RBC 3.29, HCT 23, non regenerative, platelets 78, estimate on blood film decreased, Albumin 2.1, Globulin 4.6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 was noted. Ureteral papillae were normal.

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 and no evidence of pelvic dilation was present. The left kidney measured 4.85 cm. The right kidney measured 5.85 cm.

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 1.8 x 0.5 cm in length. The right adrenal gland measured 0.6 cm and was visualized obliquely.

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 was noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. Occasional parenchymal cysts were noted, yet not pathological. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.



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Gastrointestinal

Gastric stasis was noted in this patient without overt obstruction. The duodenum and small intestine were empty.

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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.

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ULTRASONOGRAPHIC FINDINGS

Geriatric abdomen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of cause of hemorrhage. Gastritis is suspected with gastric stasis. CBC path review +/- bone marrow aspirate would be appropriate. Gastrointestinal protectant protocol is warranted. The loss of albumin is unclear. If no significant proteinuria is present then protein losing enteropathy should be considered; however, structurally the GI tract appears unremarkable.

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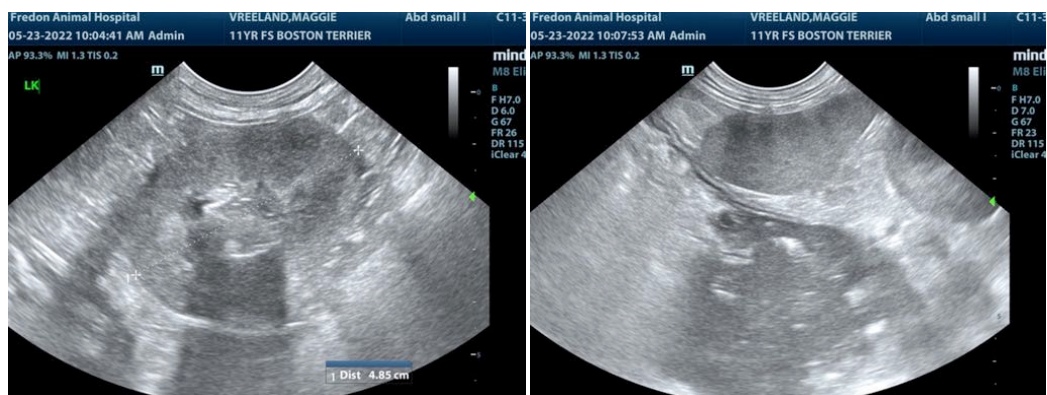
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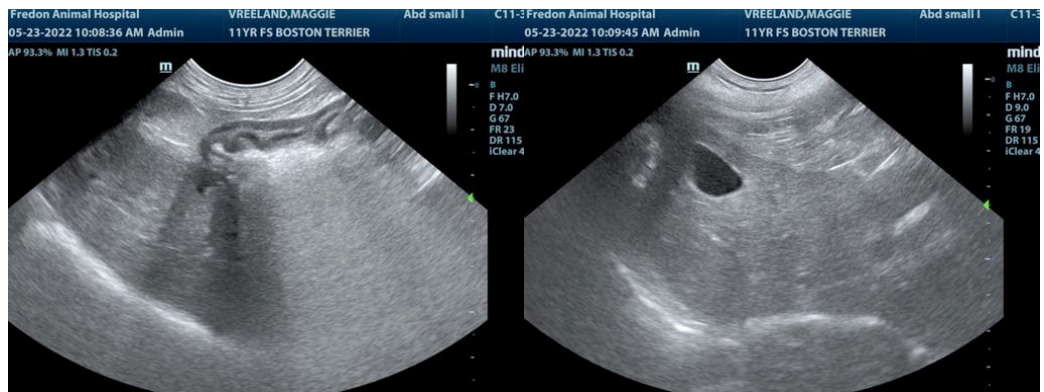
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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