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**DATE**

5/26/22

**PATIENT**

Amber Bell

**SPECIES**

Canine

**BREED**

Retriever X

**SEX**

Spayed Female

**AGE**

1/8/10

**WEIGHT**

59.6 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Andi Parkinson RDMS

**HOSPITAL NAME**

Everhart Vet Hospital

**REFERRING VET**

Dr. Hays

**INVOICE**

38029

**PRESENTING CLINICAL SIGNS**

Patient presented 2wks ago for bad hotspot on right stifle. Treated with routine skin treatments, is improving. Re-presented on 5/23 for reported lameness in back legs after unknown event while owners were away (may have been startled). Lameness had improved by time of exam but pet was still quite painful on hip/groin palpation. Owner also reported extreme lethargy, inappetence, but no vomiting Labs submitted. Pet has chronic history of mildly elevated ALP (130-180) and ALT (120-130) and has had a normal LDDST in 2021 and 2018. Labs today showed ALP of 690 and ALT 370

Current Medications: Apoquel 16mg BID to SID, Cefpo 200mg SID  
Carprofen 50mg BID, Gabapentin 300mg BID  
Lab Results: ALP 690, ALT 369  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.

**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 were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.5 cm. The right kidney measured 6.5 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 right adrenal gland measured 2.48 cm x 0.76 cm. The left adrenal gland measured 0.70 cm in width.

**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. Hyperechoic lipogranulomatous changes noted. 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.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Occasional hypoechoic non-disruptive nodule noted in the liver. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

### ***Gastrointestinal***

Minor 1.0 cm shadowing material noted in the **stomach**, likely medications or possibility of foreign matter. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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***

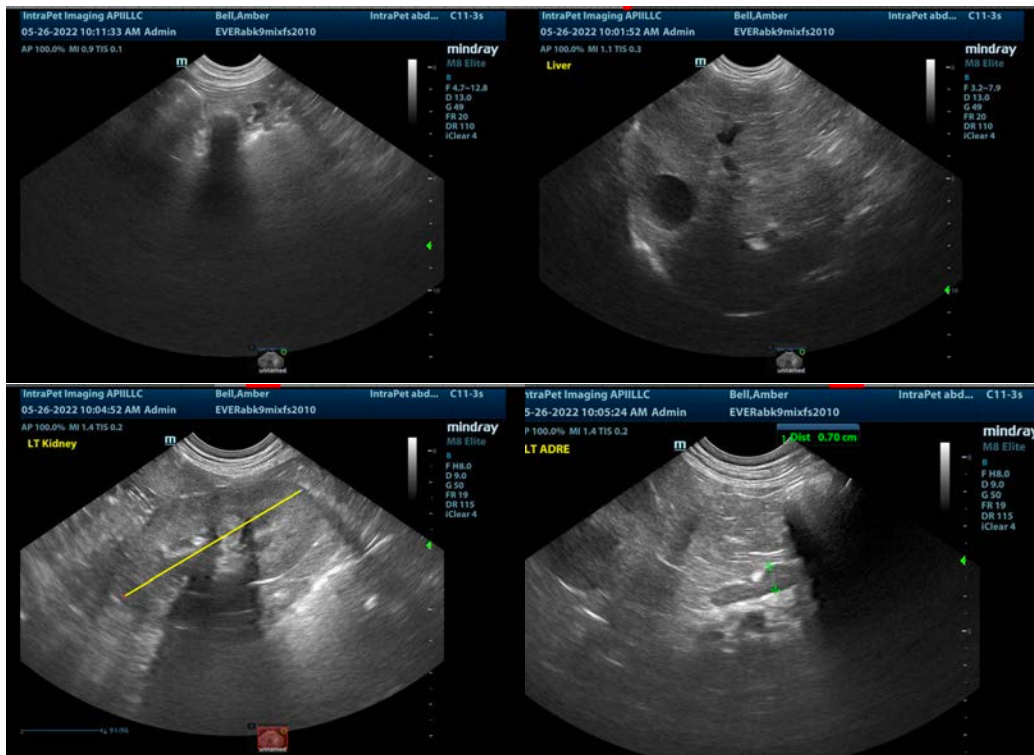
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

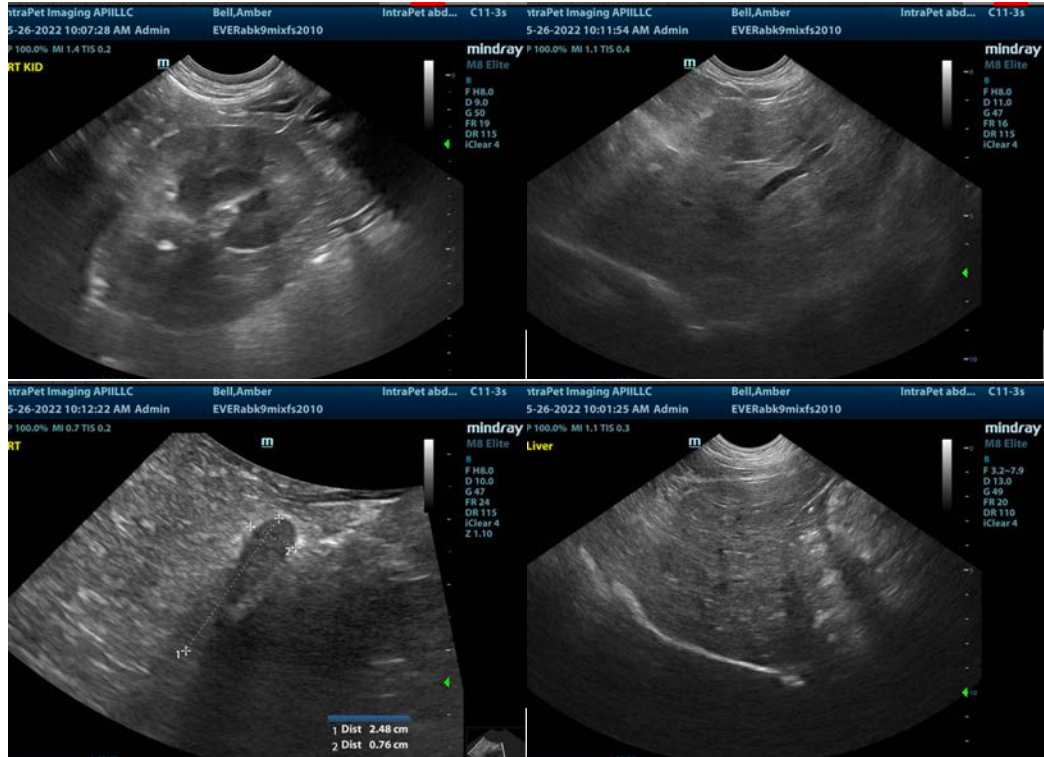
### **ULTRASONOGRAPHIC FINDINGS**

- Non-specific mild hepatic remodeling with minor nodular changes, largely expected change for this age patient.
- 1.0 cm shadowing material in stomach – possible medications or foreign matter.

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

FNA of the liver could be considered for further definition. No contraindication to anesthetic procedure.





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.

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