



PATIENT

Meme Karwath

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

15 Years

WEIGHT

6 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Miller

INVOICE

37962

DATE

5/26/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for vomiting, decreased appetite, and lethargy for 3 days. Patient vomits 1-2 times/day. Owner thinks she may have lost a small amount of weight (was 14# 3 weeks ago, 13.2# here today, was 6.1 kg here 1/2020). Previous Health Concerns: Vestibular, dental disease, UTI 3 weeks ago (resolved with Convenia) Current Medications: Frontline, Sentinel, Dasaquin
Abnormal PE/Chem/CBC/UA Results: Abdominal: NR, Tense but non-painful on palpation
Radiographs – mass like effect in cranial abdomen; loss of serosal detail EPOC – gluc (129) Liver – Glu (143) ALP (272)

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 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 his age patient. Medullary structure differed distinctly from that of the cortex. Mineralization noted in both kidneys, non-obstructive. The left kidney measured 3.9 cm. The right kidney measured 5.44 cm with slight pyelectasia at 7.0 mm x 4.0 mm.

Adrenal Glands

The **left adrenal gland** was enlarged, irregular and heterogeneous, measuring 2.16 cm x 0.89 cm at the cranial pole and 0.93 cm at the caudal pole.

The **right adrenal gland** was visualized obliquely measuring 0.80 cm at the cranial pole and 0.50 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself cranially. 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.

Liver

The **liver** was enlarged and mildly irregular in the caudal pole. The caudate process of the liver adjacent to the pancreatic pathology appeared mildly irregular. The gallbladder was unremarkable.

Gastrointestinal

Minor retention of ingesta or delayed outflow noted in the **stomach**. The upper duodenum was spastic and enveloped by the pancreatic pathology.

Pancreas

The right limb of the **pancreas** presented mixed hypoechoic parenchymal changes with hyperechoic surrounding mesentery, enveloping the upper duodenum.



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ULTRASONOGRAPHIC FINDINGS

- Right limb pancreatitis/gastroenteritis and irregular liver
- Enlarged left adrenal gland

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend an ultrasound guided FNA of the liver, preferably in the caudate process. However, general liver should also be defined cytologically. Treatment for pancreatitis/gastroenteritis warranted in the meantime. No obvious evidence of neoplasia, yet underlying neoplasia in the liver or pancreas cannot be completely ruled out.

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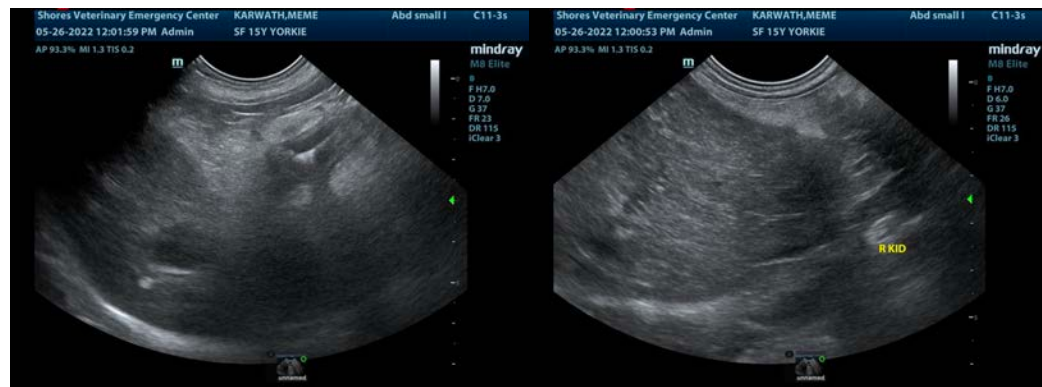
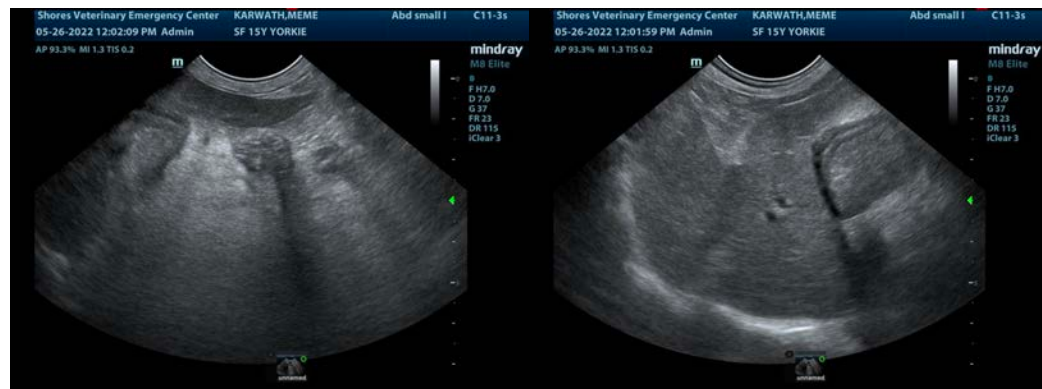
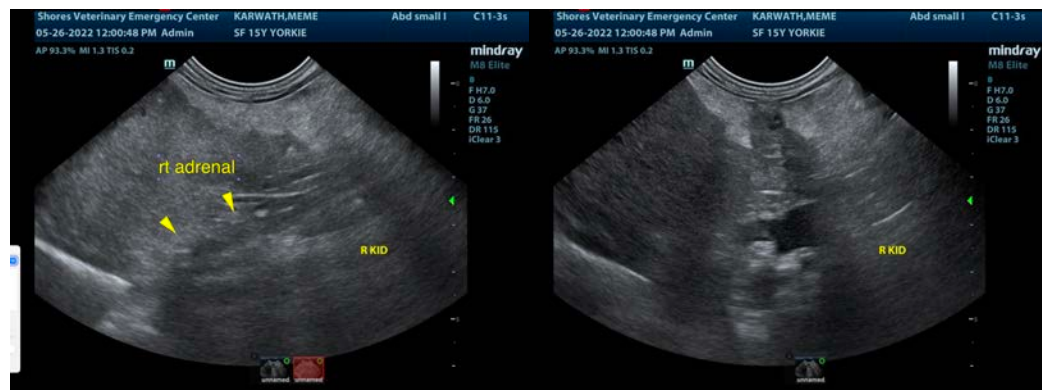
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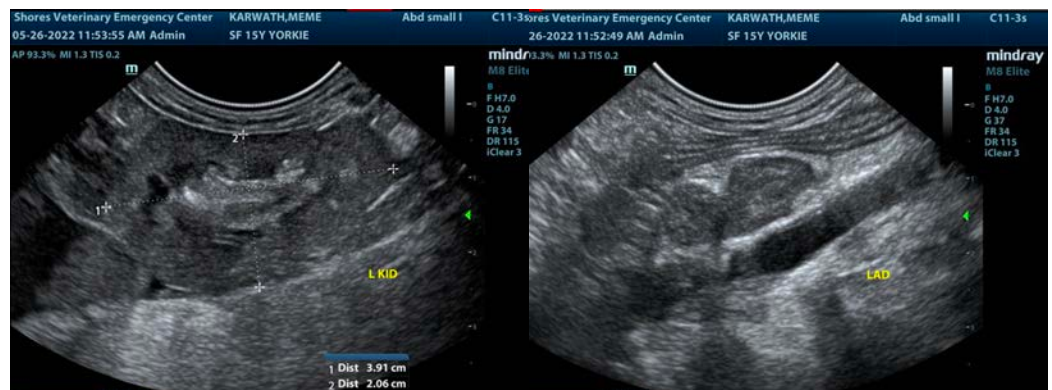
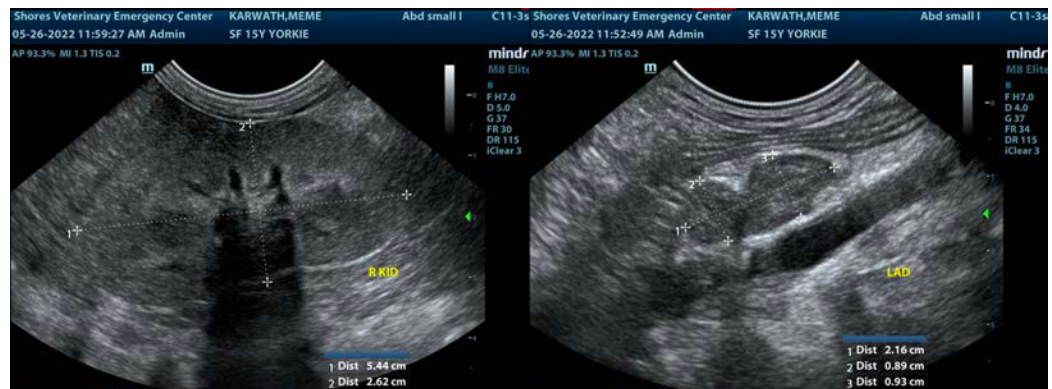
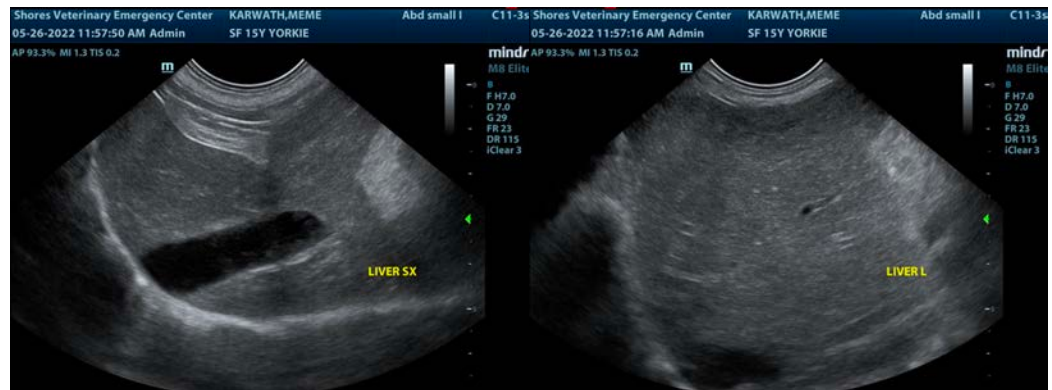
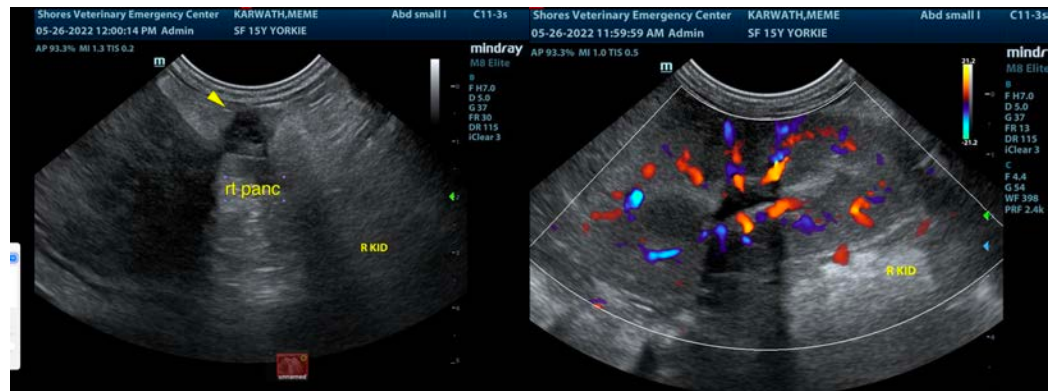
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

info@SonoPath.com

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