

**DATE**

6/15/22

**PRESENTING CLINICAL SIGNS**

P has a congenital liver issue. Last scan 9/8/15 from IntraPet. follow up scan. PE was otherwise unremarkable. Elevated liver enzymes on lab work.

Date of Previous IntraPet Ultrasound: 9/8/15 & 4/22/18 (AEH).

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Declined.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

**PATIENT**

Katie Allen

**SPECIES**

Canine

**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.

**BREED**

Beagle Mix

The **kidneys** revealed moderate degenerative changes with corticomedullary calculi and irregular contour that was non-obstructive. The right kidney measured 4.87 cm. The left kidney measured 4.7 cm.

**SEX**

Spayed Female

**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 1.81 x 0.52 cm at the caudal pole and 0.52 cm at the cranial pole. The right adrenal gland measured 1.79 x 0.52 cm at the caudal pole and 1.0 cm at the cranial pole.

**AGE**

3/9/10

**WEIGHT**

18.7 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** revealed a persistent 2.24 cm, mixed, hypoechoic mass with mild capsular expansion. The remainder of the spleen was unremarkable. The mass is stable and similar to the prior sonogram.

**HOSPITAL NAME**

Northwind AH

**Liver**

The **liver** revealed persistent, coarse architecture with increased portal markings, heterogenous parenchymal changes and variable nodular changes. The liver was subnormal in size and has reduced in size compared to the prior sonogram with diffuse, nodular changes and remodeling. The liver had a persistent hepatic cirrhosis pattern. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident

**REFERRING VET**

Dr. Cross

**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.

**INVOICE**

31029

**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

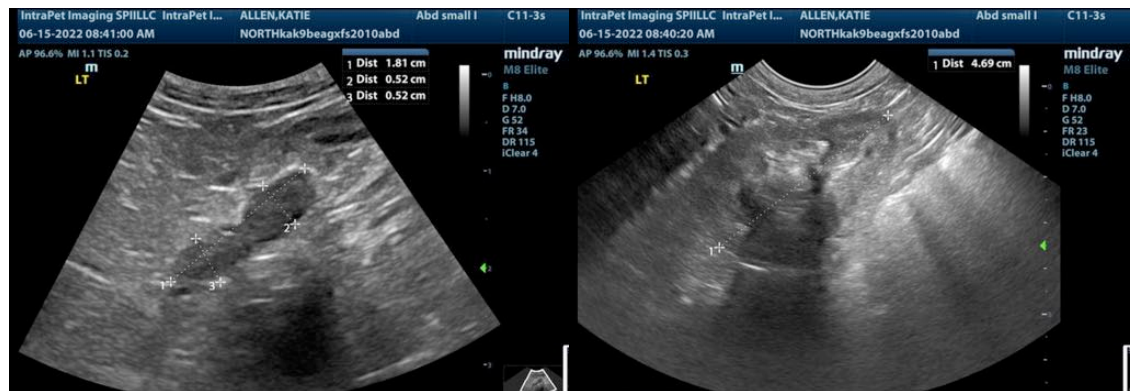
Stable splenic nodule.

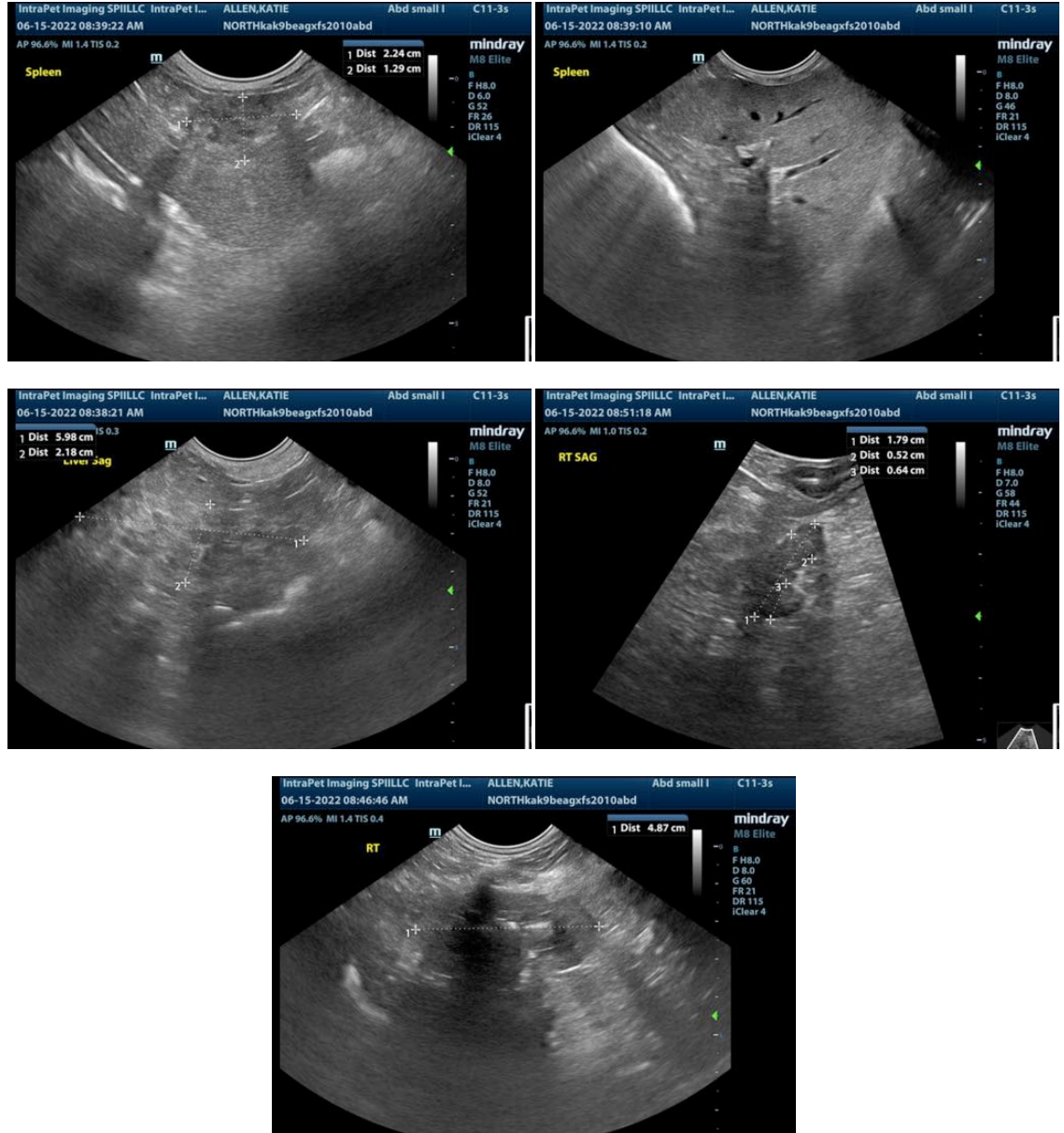
Mild to moderate degenerative renal changes with non-obstructive nephrolithiasis.

Diffuse hepatic remodeling. Cirrhosis, nodular hyperplasia pattern, reduced in size compared to the prior sonogram.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is amazing that this patient has maintained metabolic need with the diffuse hepatic disease history. Bile acid profile is warranted to assess for early dysfunction. Liver oriented nutraceuticals and diet should be continued. All in all the abdomen appears stable with the progressive reduction of hepatic size, which is concerning.





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**  
 Eric.Lindquist@SonoPath.com