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**DATE**

6/30/22

**PATIENT**

Bruno Appel

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Neutered Male

**AGE**

11/21/05

**WEIGHT**

7.34 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**

Severna Park VH

**REFERRING VET**

Dr. Todd

**INVOICE**

39165

**PRESENTING CLINICAL SIGNS**

Bruno presented on 6/28/22 for a stiff gait and hunched spine. Back pain was suspected and spinal rads were obtained. Spondylosis noted of thoracolumbar spine. On review of the rads, there appeared to be a loss of detail in the cranial abdomen on the R lateral view. The patient is thin, so unsure if the loss of detail is due to lack of body fat, positioning, or a mass effect. The owner would like an abdominal U/S to help r/o abnormalities, in particular, an abdominal mass.

Current Medications: Gabapentin 50mg/mL 0.6mL PO BID-TID as needed for pain, Carprofen 25mg/mL 0.25mL PO BID for pain and inflammation.

Both started on 6/28. No other meds.

Radiographs: loss of detail in the cranial abdomen. Spinal spondylosis.

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 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 and no evidence of pelvic dilation was present. Mineralization noted in both kidneys, non-obstructive. The right kidney measured 3.37 cm. The left kidney measured 2.95 cm with slight pyelectasia noted at 0.42 cm. Polycystic cortical changes, appear stable.

**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 1.5 cm x 0.53 cm at the caudal pole and 0.72 cm at the cranial pole. The left adrenal gland measured 1.73 cm x 0.52 cm at the caudal pole and 0.52 cm at the cranial pole.

**Spleen**

The **spleen** revealed a hyperechoic lipogranulomatous nodule at the mid cranial body.

**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. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was non distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

**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**

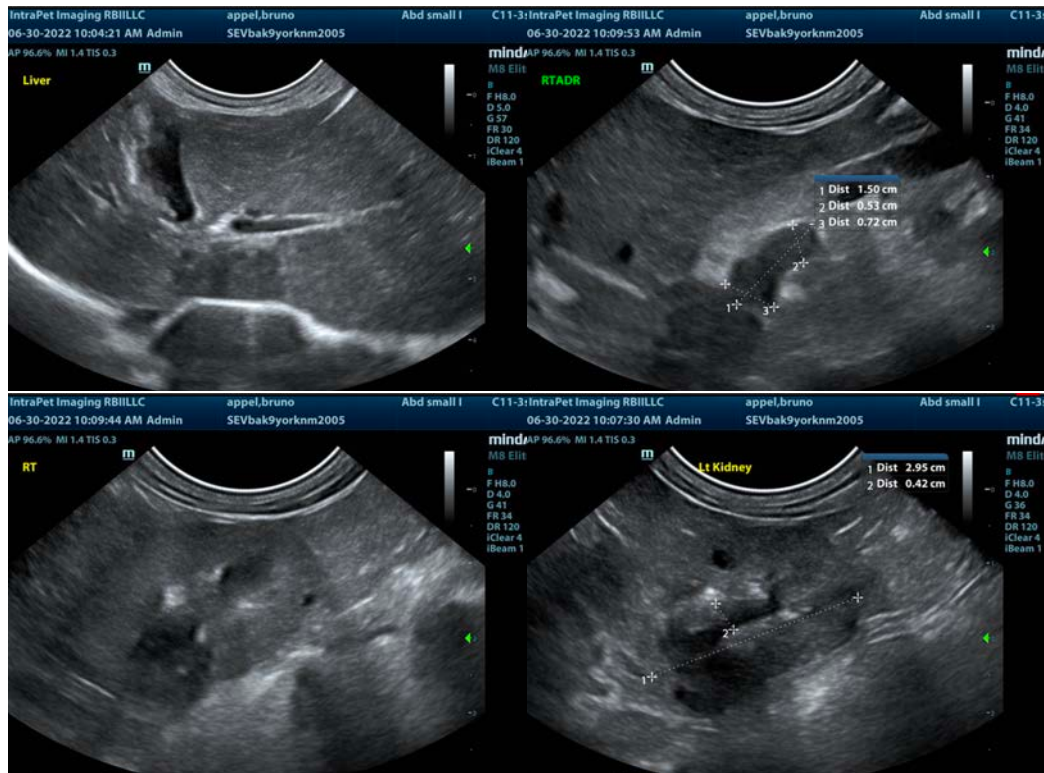
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

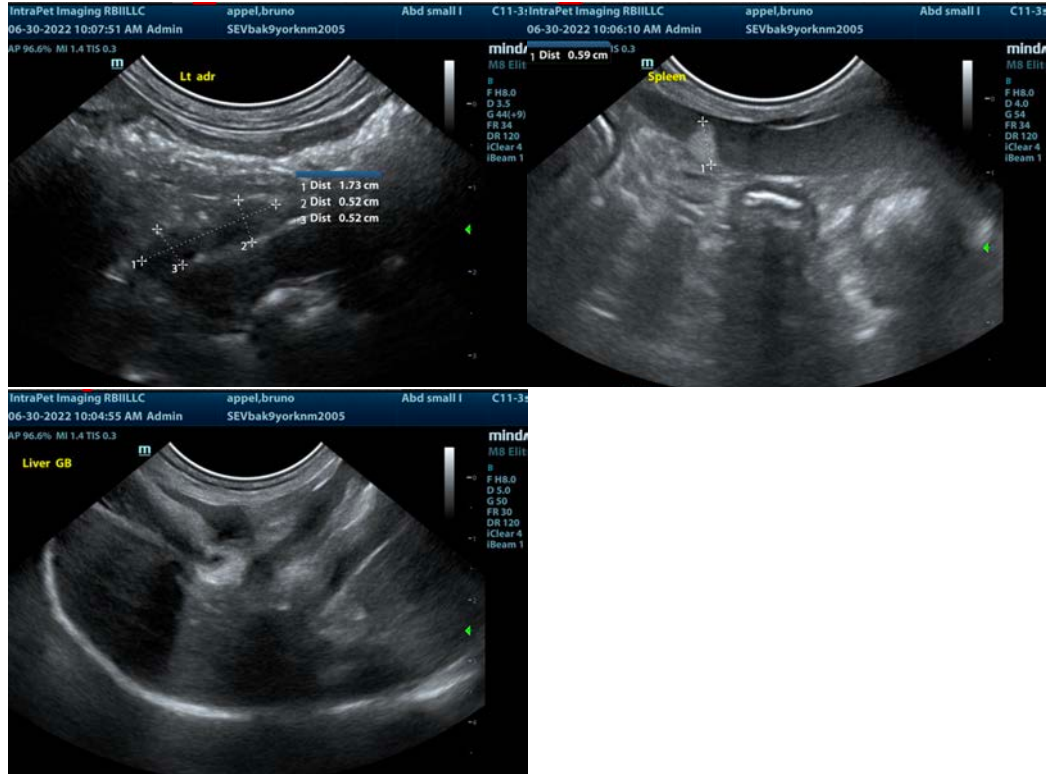
### **ULTRASONOGRAPHIC FINDINGS**

- Moderate degenerative renal changes and mineralization
- Age related hepatic changes with minor gallbladder debris
- Splenic nodule
- Age related pancreatic changes

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

Given the age of the patient, the organs appear stable. Ursodiol therapy may be in order, given the gallbladder presentation, as a preventative measure.





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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