

**DATE**

7/1/22

PRESENTING CLINICAL SIGNS

History: History of elevated ALT, ALP, and triglycerides. Eats hills i/d low fat since 2/10/22.

PATIENT

Ike Schilder

Current Medications: None listed.

Lab Results: 5/18/22 ALT 135, ALP 906, TRIG 595. 3/17/22 ALT 177, ALP 1498, TRIG 462. 2/10/22 ALT 73, ALP 442, TRIG 1381

3/17/22 URINE SG 1.029 PROT 2+, T4 1.0 FT4 14.9

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Schnauzer

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

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.

AGE

2/1/11

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. Slight nonobstructive mineralizations were noted. The left kidney measured 5.3 cm. The right kidney measured 4.88 cm.

WEIGHT

21 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 1.95 cm x 0.63 cm at the caudal pole and 0.67 cm at the cranial pole. The right adrenal gland measured 1.93 cm x 0.68 cm at the cranial pole and 0.59 cm at the caudal pole.

HOSPITAL NAME

Jacksonville VH

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 were noted.

REFERRING VET

Dr. Burke

INVOICE

16461

Liver

The **liver** was uniformly swollen with minor dependent gallbladder debris and mild over distension without evidence of overt mucocele formation. Gallbladder sand and calculi were noted, nonobstructive. The liver presented moderate 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.

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

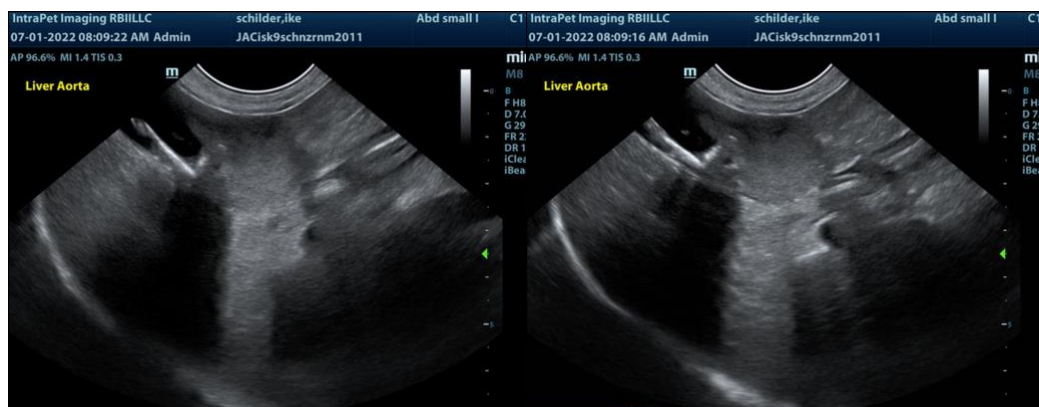
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. 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.

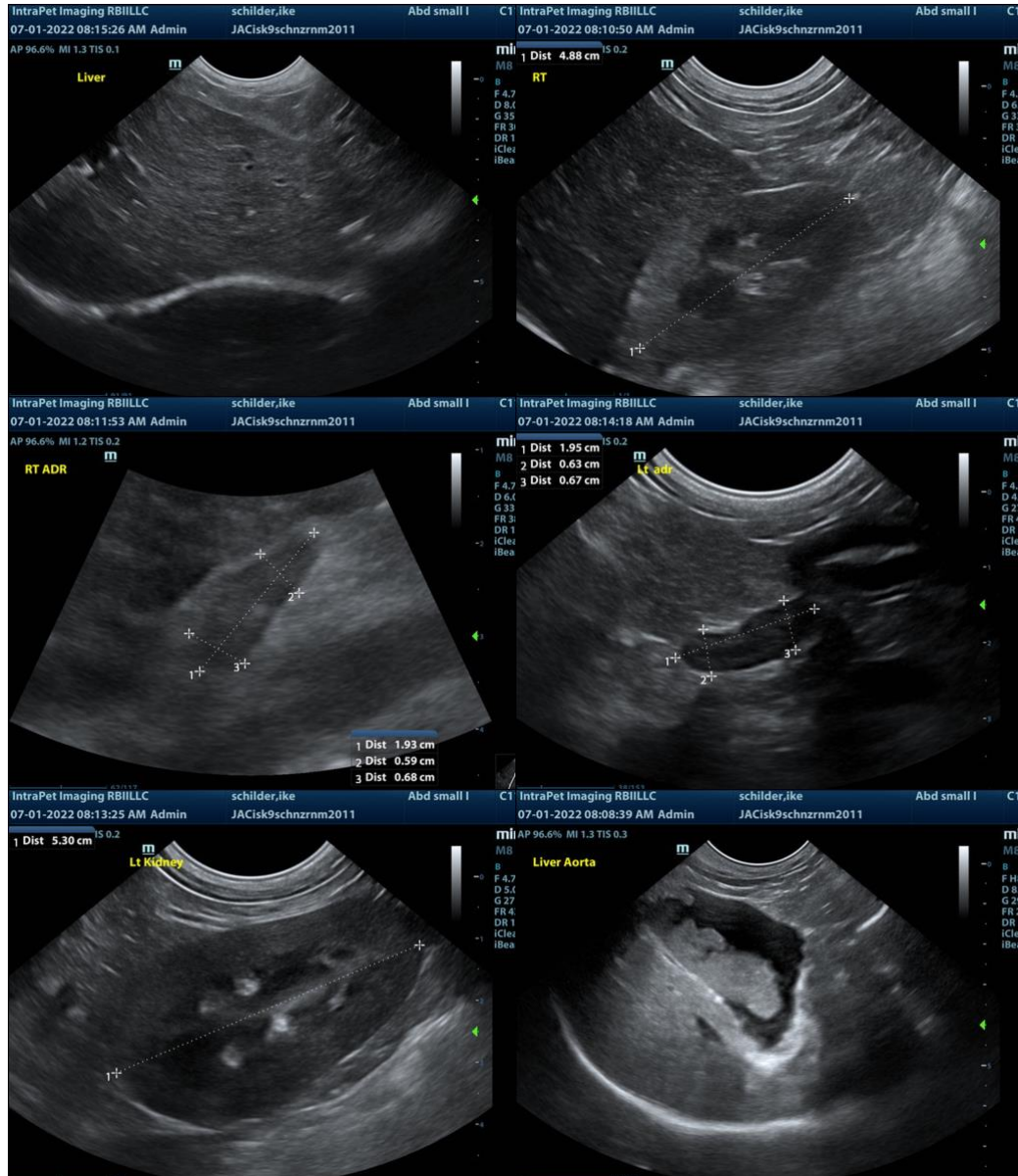
ULTRASONOGRAPHIC FINDINGS

- Mild hepatic remodeling
- Gallbladder sand and calculi, nonobstructive
- Age-related renal, adrenal and pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy could be considered from a preventative standpoint, however, its highly variable in effectiveness upon biliary calculi. A clinical trial of ursodiol over a 6–8-week period and enrofloxacin/metronidazole combination and reassessment of clinical status. Otherwise, FNA of the liver could be considered to further define inflammatory cell type. If rapid rise in alkaline phosphatase or bilirubin or anorexia occur, then repeat sonogram is recommended, as the biliary calculi could obstruct in the future.





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.

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