

**DATE**

7/1/22

PRESENTING CLINICAL SIGNS

History: ADR.

PATIENT

Lady Mack

Current Medications: None listed.

Lab Results: Elevated liver values- resolved with Denamarin.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

SPECIES

Canine

Imaging Performed By: Andi Parkinson, BS, RDMS.

BREED

Labrador

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Intact Female

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

AGE

5/11/09

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. Slight pyelectasia was noted in the left kidney, measuring 0.39 cm. The right kidney measured 6.0 cm. The left kidney measured 6.0 cm.

WEIGHT

37.6 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Adrenal Glands**

The **adrenal glands** appeared mildly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 2.64 cm x 1.18 cm at the cranial pole and 0.86 cm at the caudal pole. The left adrenal gland measured 2.86 cm x 0.83 cm at the cranial pole and 0.9 cm at the caudal pole.

HOSPITAL NAME

Banfield Towson

REFERRING VET

Dr. Washington

SpleenThe **spleen** revealed heterogeneous granular changes.**INVOICE**

16453

Liver

The **liver** was swollen and irregular in contour with subtle micronodular changes. The hepatic lymph nodes were enlarged and reactive, measuring up to 1.95 cm. The gallbladder was mildly over 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. 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.

Other

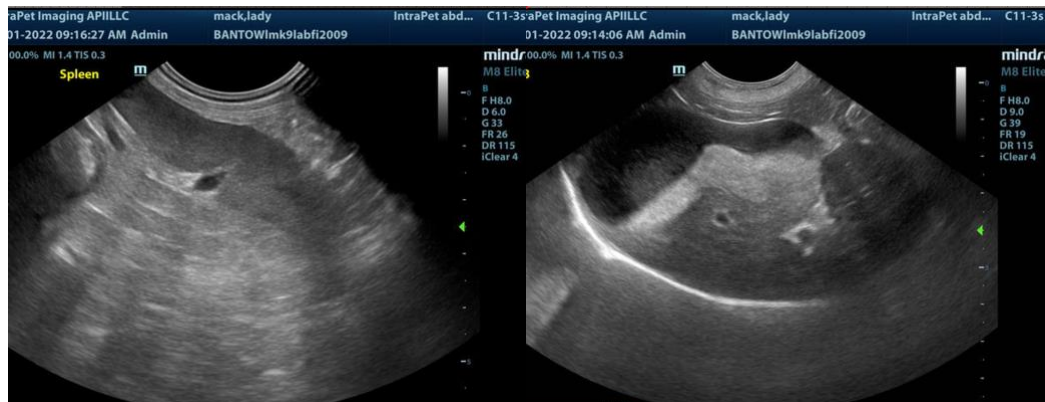
The **reproductive tract** was unremarkable.

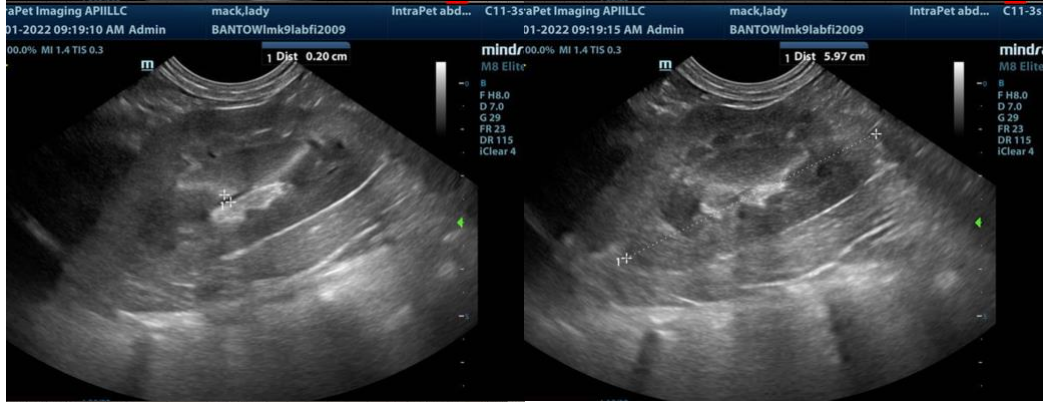
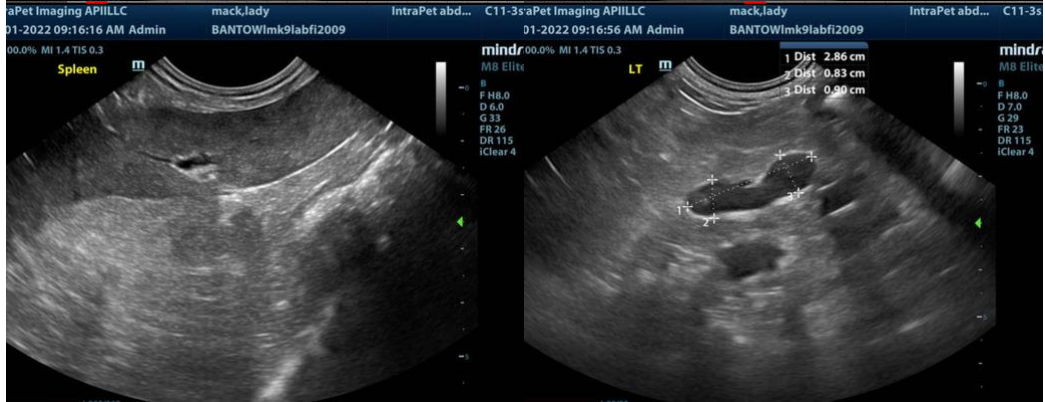
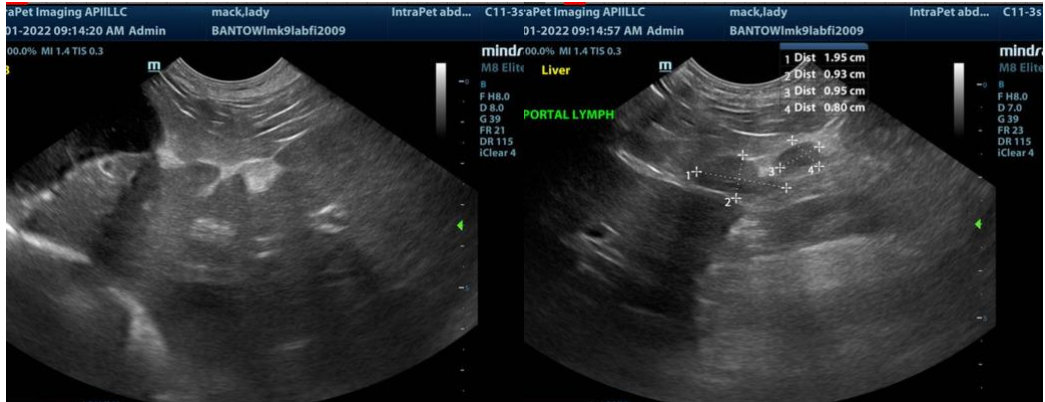
ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenal hypertrophy
- Irregular spleen
- Irregular liver with regional lymphadenopathy
- Gallbladder sludge
- Age-related renal changes with pyelectasia
- Urinary bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and liver recommended in this patient. I'm concerned for round cell neoplasia versus reactive spleen and cholangitis. Prognosis is guarded depending upon cytology results. Full urinary work up warranted given the urinary bladder debris.





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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