

**DATE**

7/1/22

PRESENTING CLINICAL SIGNS

History: Vomiting and diarrhea-presented 6/27. Treated with Cerenia and Metronidazole. P is still lethargic and vomiting.

PATIENT

Wiggles Knott

Current Medications: Metronidazole 250mg BID since 6/27, Cerenia 1.2mL 10mg/mL SQ 6/27.

Lab Results: Fecal float, fecal smear, giardia and CPL- WNL/NSF.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

BREED

Cockapoo

Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time. This is a moderate change.

AGE

12/17/07

WEIGHT

11.25 kg

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are moderate and most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 5.35 cm. The left kidney measured 4.33 cm.

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

The **adrenal glands** appeared slightly 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 2.41 cm x 1.06 cm at the cranial pole and 0.87 cm at the caudal pole. The left adrenal gland measured 2.0 cm x 0.91 cm at the cranial pole and 0.75 cm at the caudal pole.

HOSPITAL NAME

Banfield Towson

REFERRING VET

Dr. Culbertson

INVOICE

16454

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.

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. The hepatic lymph nodes were unremarkable. The gallbladder was overdistended with some striating bile, however, not to the full level of mucocele formation.

Gastrointestinal

The **stomach** was overdistended with anechoic fluid. The pylorus revealed some mucosal remodeling. Pyloric dysfunction may be an issue in this patient given the stasis. The small intestine and colon were unremarkable.

Pancreas

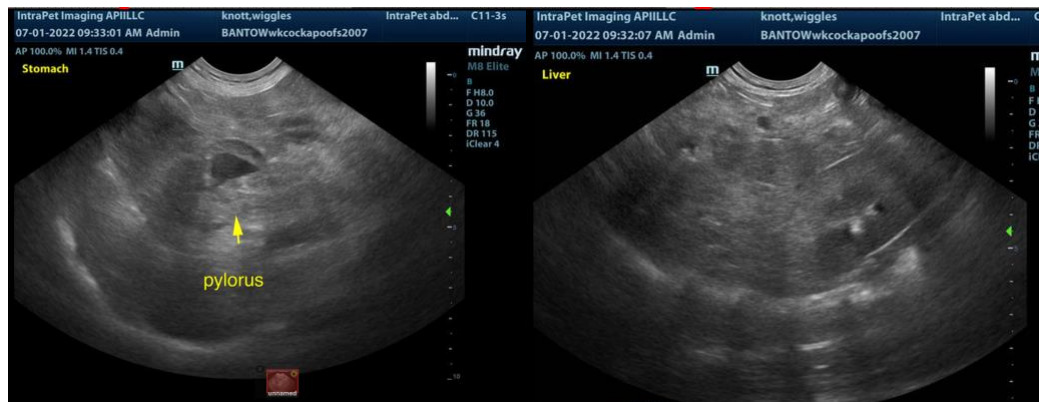
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain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

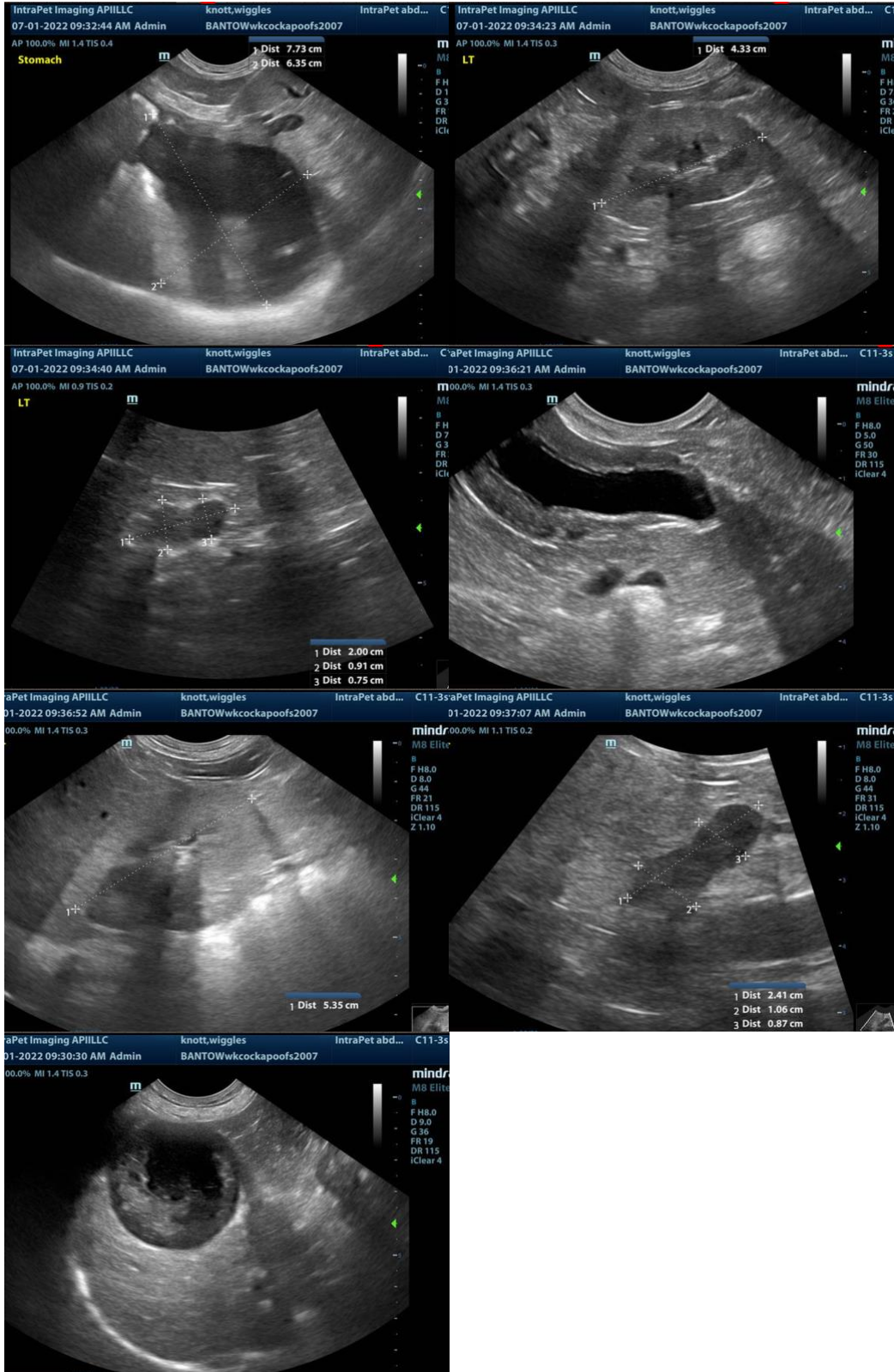
ULTRASONOGRAPHIC FINDINGS

- Hepatic remodeling with emerging gallbladder mucocele
- Pancreatic remodeling
- Moderate degenerative renal changes
- Bilateral adrenal enlargement
- Gastritis pattern with pyloric remodeling- no obvious evidence of neoplasia
- Cystitis urinary bladder pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI protectant protocol and BID bland diet canned feedings warranted. Urinary work up warranted. Ursodiol is warranted over the next 6 weeks. If the patient appears Cushingoid and urine specific gravity is <1.020 persistently, then work up for PDH is indicated.





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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