

**DATE**

07/10/2023

PRESENTING CLINICAL SIGNS

Katy is a new client of ours, historically has been showing elevated liver and pancreatic enzymes.

PATIENT

Katy Munyon

Current Medications: Boswella complex 1/2 tablet BID, Ursodiol 200mg 1/4 tablet BID, Denamarin 1/2 tablet SID

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

SPECIES

Canine

BREED

Dachshund

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****SEX**

FS

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

2011

The kidneys revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with 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. Pinpoint mineralization was noted. Slight left kidney pyelectasia was noted.

The left kidney measured 5.01 cm in length. The right kidney measured 5.04 cm in length.

WEIGHT

17.2lb

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. Mild 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 right adrenal measured 1.93 cm x 0.67 cm caudal x 0.62 cm cranial. The left adrenal gland measured 2.04 cm x 0.74 cm caudal x 0.78 cm cranial.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Lake Shore Pet
Hospital

Spleen

The spleen presented enlarged.

REFERRING VET

Prestia

Liver

The liver was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge and debris was present. The liver presented 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.

INVOICE

14360ag

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. Intestinal wall thickness up to 0.39 cm was

present. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

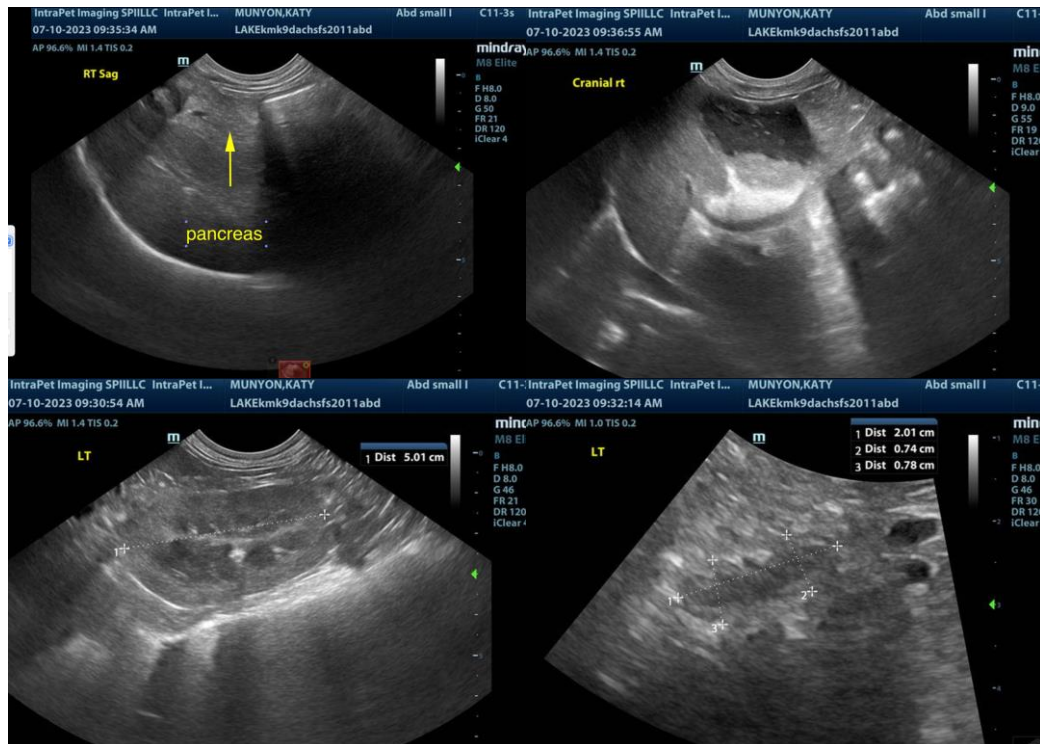
The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain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

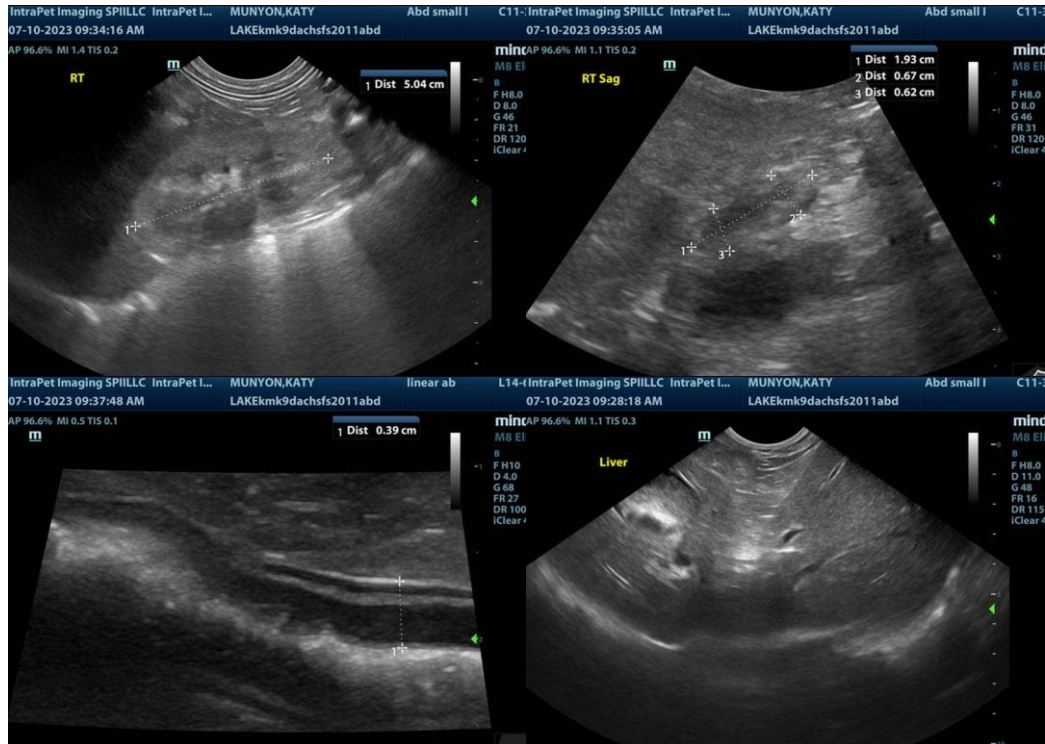
ULTRASONOGRAPHIC FINDINGS

- Geriatric abdomen largely expected age related changes.
- Excessive gallbladder debris/sand.
- Benign hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy could be considered. If liver enzymes progressively increase, then a hepatic FNA could be considered although subjectively the liver appears benign.





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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