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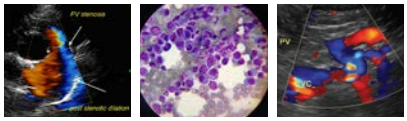
IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

7/11/22

PATIENT

Parker Robinson

SPECIES

Canine

BREED

Pug X

SEX

Neutered Male

AGE

1/7/13

WEIGHT

42 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Stephanie Pearce
RDCS, RVT

HOSPITAL NAME

Everhart Vet Hospital

REFERRING VET

Dr. Kerr

INVOICE

39385

PRESENTING CLINICAL SIGNS

Parker presented to the EVH for severe diffuse skin infection characterized by crusting, lichenification, erythema, and hyperpigmentation of axilla, cranial chest to ventral abdomen/inguinal region, dorsal paws, and interdigitally x4. He was started on antibiotics and a tapering course of prednisone to resolve his severe infection.

At recheck appointment two weeks later, Parker's skin was nearly resolved and routine labwork was performed to evaluate internal organ function. The owner reported that Parker's cranial abdomen had been mildly distended and his panting had increased.

Current Medications: Vetri Liver Bites 1 chew once daily indefinitely
Vetri SAM-e 225 mg 1 chew once daily indefinitely. Finishing Prednisone taper: 20 mg 1/2 tab every other day for 5 more doses

Lab Results: ALP 7606, ALT 387. Brief ultrasound: Severe diffuse mottled to moth eaten appearance of liver parenchyma. Gall bladder appeared slightly distended but mostly within normal limits.
Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested/Approved.

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. The right kidney measured 6.18 cm. The left kidney measured 5.93 cm.

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 2.41 cm x 0.74 cm at the caudal pole and 0.72 cm at the cranial pole. The left adrenal gland measured 1.98 cm x 0.68 cm at the caudal pole and 0.58 cm at the cranial pole.

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** was mildly swollen and presented coarse architecture. The liver was riddled with multiple hypoechoic, coalescing, non-disruptive nodular changes measuring up to 2.72 cm x 1.66 cm.

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. Intestinal wall thickness measured up to 0.40 cm. 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

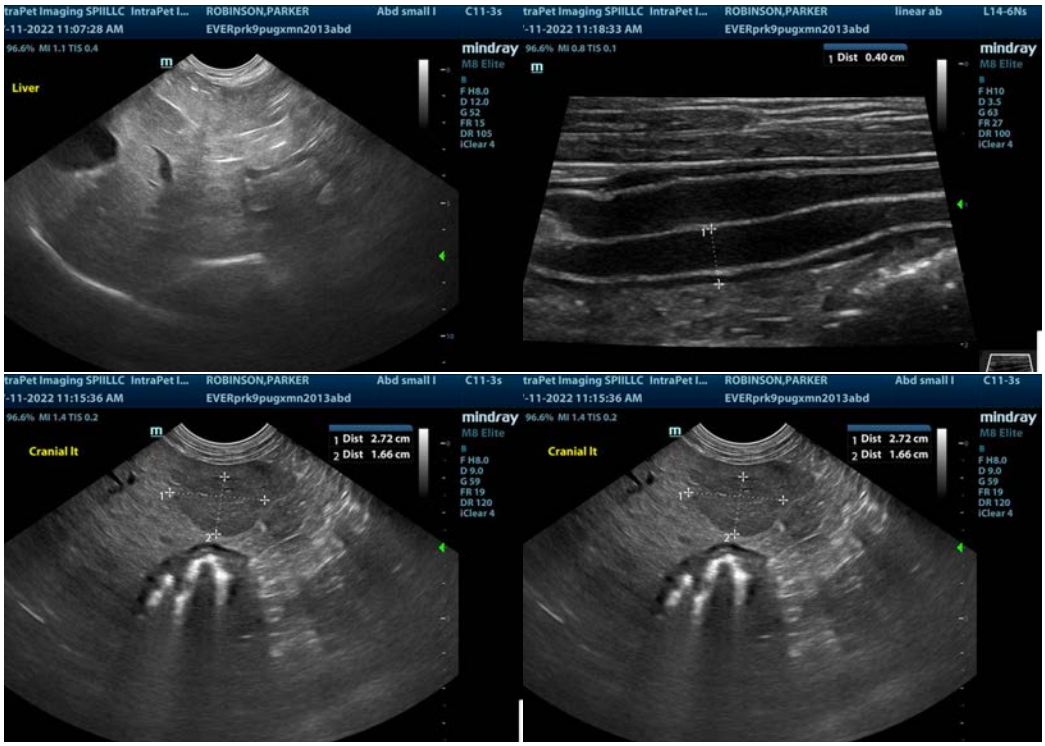
The pancreas revealed a moderate amount of mixed echogenic remodeling. Possible low-grade inflammation.

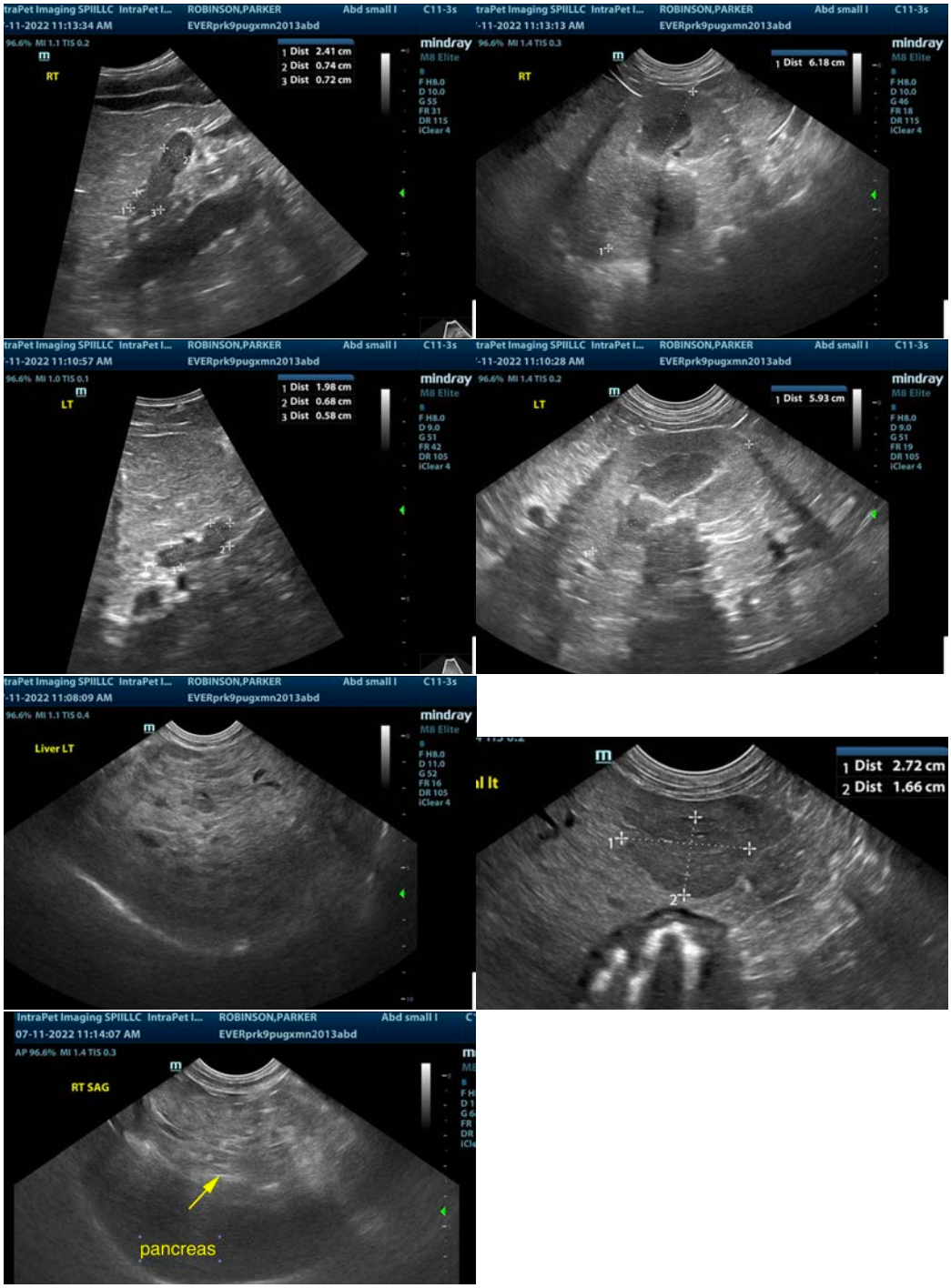
ULTRASONOGRAPHIC FINDINGS

- Pronounced nodular hyperplasia liver pattern with potential hepatocutaneous syndrome
- Pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient history, hepatocutaneous syndrome is a potential. Core liver biopsy recommended. FNA may prove somewhat fruitful based on the nodular changes. Curvilinear patterns were still recognizable within the parenchyma. Minimal potential for neoplasia.

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Liver LT
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RT SAG
pancreas

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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