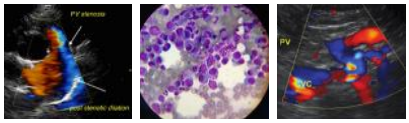
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE
7/15/22

PATIENT
Bella Geslois

SPECIES
Canine

BREED
Miniature Schnauzer

SEX
Spayed Female

AGE
3/21/09

WEIGHT
16.3 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Bel Air VH

REFERRING VET
Dr. Young

INVOICE
16654

PRESENTING CLINICAL SIGNS

History: Bella was presented on 4/1/22 for whimpering and trying to bite upon being picked up. She had fallen down 2-3 steps and was limping on her right front paw. Bella had also urinated in the house twice. On PE, Bella has incipient cataracts OU, significant calculi on molars and premolars, decrease weight bearing on her right front limb, and was resistant to extension of the right shoulder. There was no evidence of fracture of the right shoulder, though there was evidence of a few osteophytes of the right elbow. Labwork revealed significantly increased ALT, ALP and GGT, at that time recommended abdominal ultrasound. Update from owner on 4/15/22 - Patient no longer limping.

Current Medications: Tramodol 50mg PO q 8 hours for 10 days. (4/1/22 - 4/11/22), Gabapentin 100mg PO q 12 hours for 14 days. (4/1/22 - 4/15/22).
Lab Results: 4/1/22: Chemistry: ALT - 1764 U/L, ALP - 1978 U/L
GGT- 23 U/L, Chol - 350 mg/dL, Glob - 4.8 g/dL. Complete Blood Count
Lymph - 0.56K/uL
Radiographs: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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. Bladder calculi were noted, the largest of which measured 1.0 cm. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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. Mineralization was noted in the kidneys. The right kidney measured 4.34 cm. The left kidney measured 4.62 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 2.06 cm x 0.83 cm at the cranial pole and 0.43 cm at the caudal pole. The left adrenal gland measured 1.49 cm x 0.63 cm at the caudal pole and 0.53 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** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. Isoechoic nodular changes were noted in the liver as well. A particular nodule (approximately 2.5 cm x 2.0 cm) in the left cranial liver should be sampled. Occasional parenchymal cysts were also noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.

Gastrointestinal

The caudal aspect of the **pyloric** outflow was thickened with regional muscularis hypertrophy, up to 1.4 cm region. The small intestine and colon were unremarkable.

Pancreas

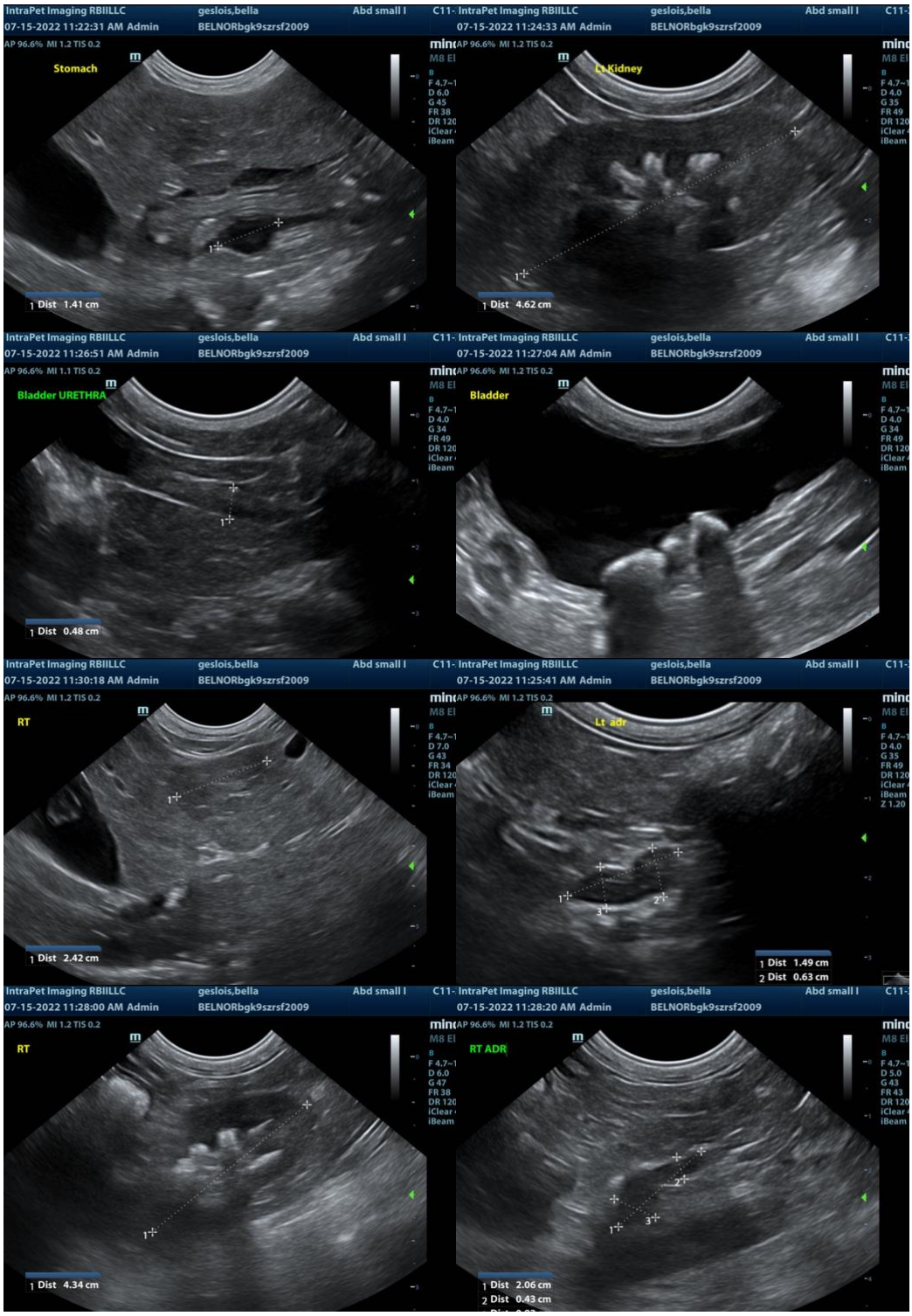
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain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

- Urinary bladder calculi
- Chronic inflammatory hepatopathy/vacuolar hepatopathy liver pattern with nodular changes and occasional parenchymal cysts
- Renal calculi
- Pyloric hypertrophy, likely owing to chronic upper GI disease
- Age-related pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the general liver parenchyma and nodules strongly recommended to assess for underlying neoplasia.
The patient is likely passing calculi from the kidneys to the bladder periodically. Eventual cystotomy, stone analysis and culture are indicated. Guarded prognosis, depending upon cytology results of the liver. No overt evidence of suspicion of neoplasia of the stomach.


IntraPet Imaging RBIILLC
geslois,bella
Abd small I
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Stomach
Dist 1.41 cm
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BELNORbgk9szrsf2009
Lt Kidney
Dist 4.62 cm
IntraPet Imaging RBIILLC
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BELNORbgk9szrsf2009
Bladder URETHRA
Dist 0.48 cm
IntraPet Imaging RBIILLC
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Abd small I
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Bladder
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RT
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geslois,bella
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Lt adr
Dist 1.49 cm
Dist 0.63 cm
IntraPet Imaging RBIILLC
geslois,bella
Abd small I
07-15-2022 11:28:00 AM Admin
BELNORbgk9szrsf2009
RT
Dist 4.34 cm
IntraPet Imaging RBIILLC
geslois,bella
Abd small I
07-15-2022 11:28:20 AM Admin
BELNORbgk9szrsf2009
RT ADR
Dist 2.06 cm
Dist 0.43 cm

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Eric.Lindquist@SonoPath.com