

**DATE**

8/10/22

PRESENTING CLINICAL SIGNS

PU/PD, very elevated UPC 6.6 and 7.0, USG 1.014, 4DX snap all negative (including Lyme), has past history Lyme, now negative

PATIENT

Fancy Keagle

in-house urine culture negative. BP very difficult to accurately assess due to disposition-VERY nervous, will try again with gabapentin, renal values wnl

Current Medications: finishing course of clavamox, RC GI low fat diet, cerenia and gabapentin PRN

Lab Results: ALT 213 U/L 18 - 121, ALKP 380 U/L 5 - 160, SPEC cPL 627 ug/L 0 - 200- This is after 2-3 weeks of royal canine GI LF diet, spec cpl went up.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Terrier Mix

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 was noted. Ureteral papillae were normal.

AGE

2/1/11

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.68 cm.

WEIGHT

36.5 lbs

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 left adrenal gland measured 2.24 x 0.66 cm at the caudal pole and 0.69 cm at the cranial pole. The right adrenal gland measured 2.5 x 0.71 cm at the caudal pole and 0.88 cm at the cranial pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Frederick Road VH

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 was noted.

REFERRING VET

Dr. Beyer

Liver**INVOICE**

32303

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 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. An isoechoic hepatic mass was noted in the right cranial liver and measured 4.75 x 3.04 cm. Subjectively this appears benign and is most consistent with pronounced hyperplasia or possible hepatoma. FNA would be ideal or monitoring for any growth. There is a mild potential for carcinoma.

Gastrointestinal

The **gastric** wall was moderately thickened up to 1.52 cm with some loss of mural detail. The small intestines and colon were unremarkable.

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.

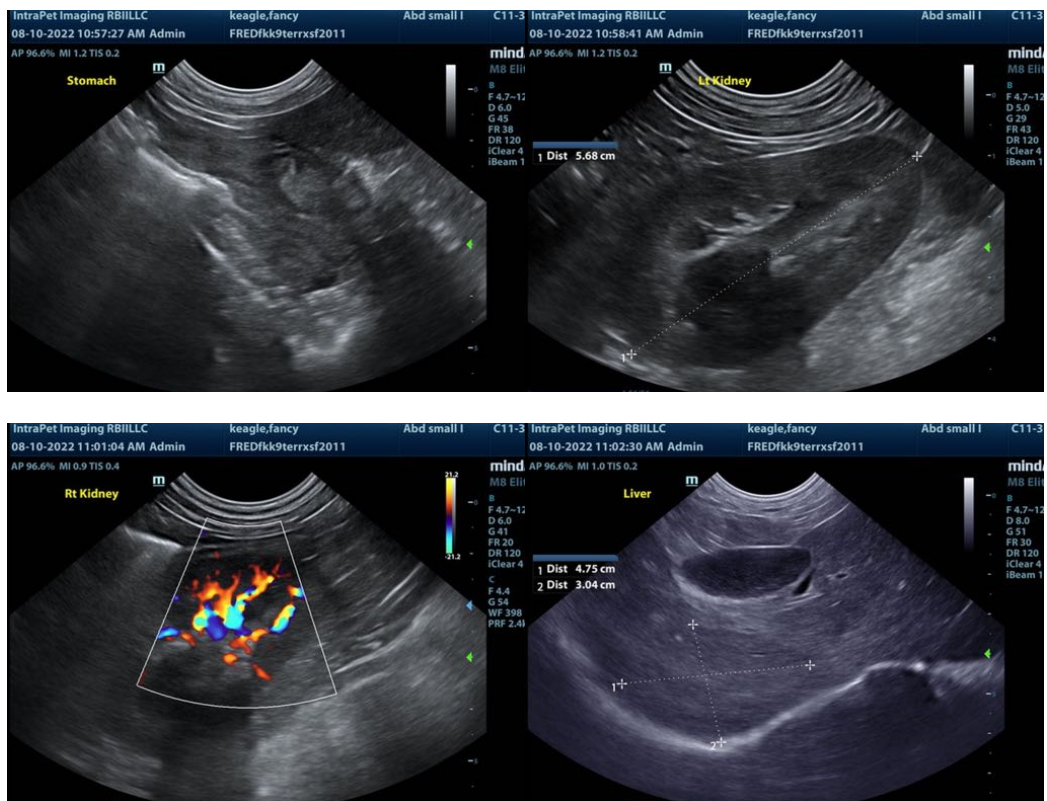
ULTRASONOGRAPHIC FINDINGS

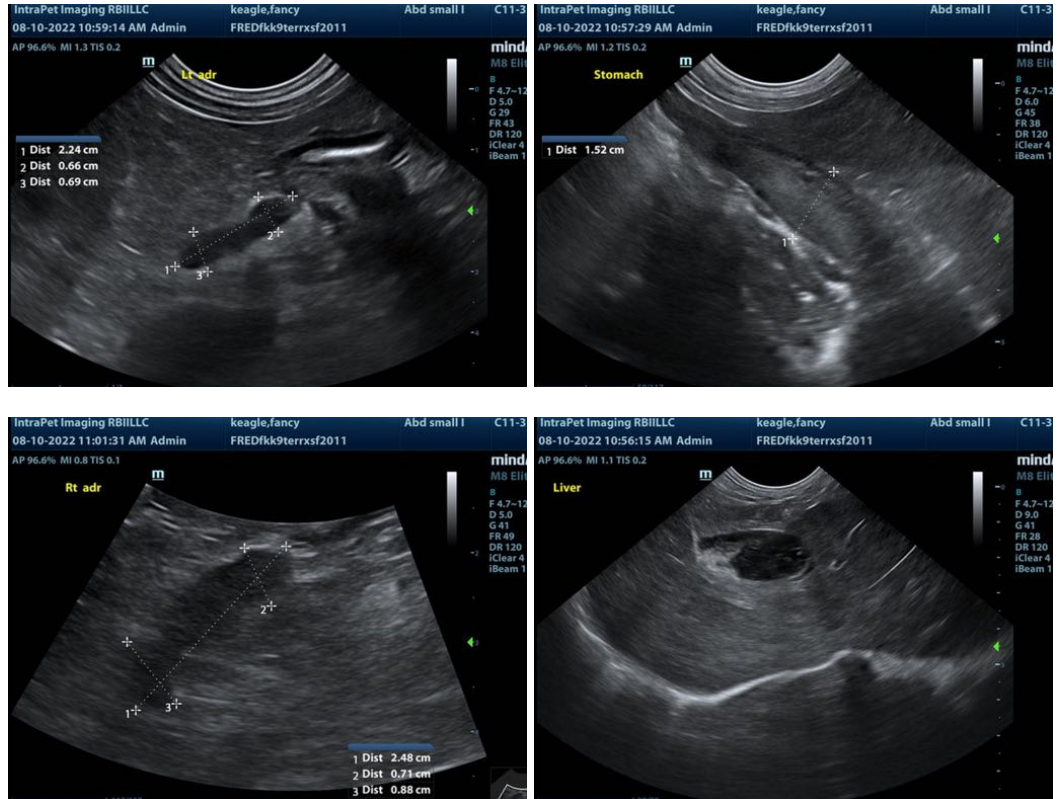
Mild gastric thickening.

Subjectively benign hepatopathy with expansive nodule or mass, technically mass, yet non-disruptive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric wall thickening is concerning. If any upper GI signs or anorexia is present then endoscopy and mucosal biopsies are warranted primarily of the gastric fundus. FNA of the general liver and right cranial liver mass would be ideal. Structurally the kidneys appear unremarkable. Systemic causes of proteinuria should be considered such as Lyme disease or antigen stimulation issues. There was no overt evidence of neoplasia.





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