

**DATE**

8/12/21

PRESENTING CLINICAL SIGNS

Patient presented on 8/1 for GI upset (vomiting/diarrhea/inappetance) for 4 days duration. PE unremarkable but elevated liver enzymes on labs. Initially patient responded to medications but stopping eating again this morning. U/S in house showed mottled appearance to most of liver.

PATIENT

Scooter Graves

Current Medications: Metronidazole and Cerenia

Lab Results: ALP 1059, ALT 190. Attached.

Radiographs: enlarged liver

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed, patient tense

Stat Report: not requested

SPECIES

Canine

BREED

Schipperke

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.

SEX

Neutered male

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.98 cm.

AGE

2013

WEIGHT

24.8 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 right adrenal gland measured 1.49 x 0.54 cm at the cranial pole and 0.41 cm at the caudal pole. The left adrenal gland measured 1.87 x 0.6 cm at the caudal pole and 0.52 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Everhart 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. SM

Liver**INVOICE**

91196

The **liver** revealed uniform enlargement with multi-focal, hypoechoic non-disruptive nodular changes. Increased portal markings were noted. The liver was diffusely hyperechoic with the interspersed hypoechoic nodular changes. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

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

Pancreas

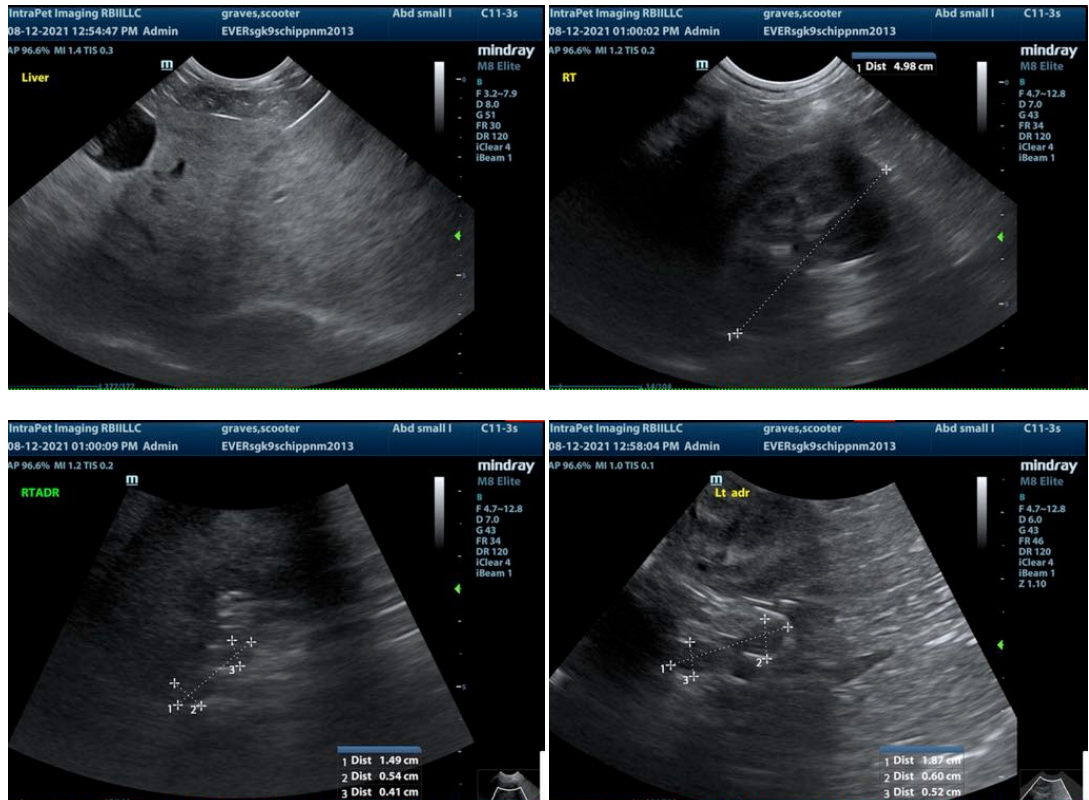
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

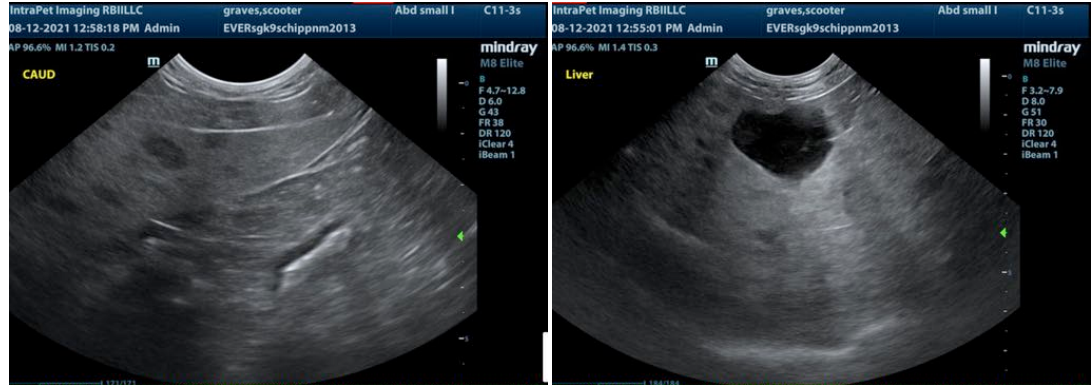
ULTRASONOGRAPHIC FINDINGS

Metabolic hepatopathy with pronounced nodular hyperplasia liver pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the general hepatic parenchyma and hypoechoic nodules are warranted for further definition. There is no overt suspicion for neoplasia. Underlying metabolic disease should be considered. Otherwise, the abdomen was unremarkable.





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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