

**DATE**

8/16/21

**PRESENTING CLINICAL SIGNS**

History: Pancreatitis, Severe Fear Aggression, Obesity, Possible hx Gall Bladder Mucocele, Arthritis/hind limb weakness.

Current Medications:

Gabapentin 300 mg- 3 tabs BID

Cobalequin 2 SID

vitamin C 1000mg sid

3-4 trazodone BID

cranberry supplements sid

Lactoquil 2 sid

Proviab 1 sid

Denamarin 1hr prior to dinner sid

Prozac 20mg x4 sid

Xanax 1 mg- 3 tabs sid at night

Dasuquin 2 chews sid

Adequan inj once weekly

vitamin E sid

Clonidine 4-5 tabs with Trazadone- does not give regularly

Wellactin

Lab Results: blood to be obtained at time of procedure.

Radiographs: rads to be obtained under sedation.

Date of Previous IntraPet Ultrasound: 12/12/2019.

Sedation: full sedation utilized for AUS and rads and exam.

Stat Report: not requested

**PATIENT**

Diesel Maxwell

**SPECIES**

Canine

**BREED**

Rottweiler

**SEX**

Neutered male

**AGE**

9/24/11

**WEIGHT**

106.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**HOSPITAL NAME**

Noah's Ark Veterinary  
and Boarding Resort

**REFERRING VET**

Dr. Gostyla

**INVOICE**

91251

**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.

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. Slight mineralization was noted and was non-obstructive. The left kidney measured 6.2 cm. The right kidney measured 7.05 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 left adrenal gland measured 3.28 x 0.86 cm at the caudal pole and 0.91 cm at the cranial pole. The right adrenal gland measured 3.15 x 0.79 cm at the caudal pole and 0.92 cm at the cranial pole.

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

### **Liver**

The **liver** revealed increased portal markings and coarse architecture. This is consistent with chronic inflammatory hepatopathy. The gallbladder wall was persistently fibrosed and echogenic with polypoid changes. This is similar to the prior sonogram.

### **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 **pancreas** revealed a minor amount of remodeling, yet there was no evidence of active inflammation. A 2.5 x 2.36 cm anechoic cyst was noted at the left pancreatic base. This appears subjectively benign.

## **ULTRASONOGRAPHIC FINDINGS**

Chronic inflammatory hepatopathy with persistently fibrosed gallbladder with benign polyps.

Age related renal changes.

Minor pancreatic remodeling.

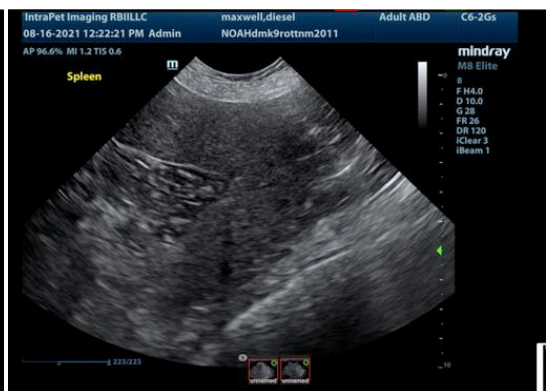
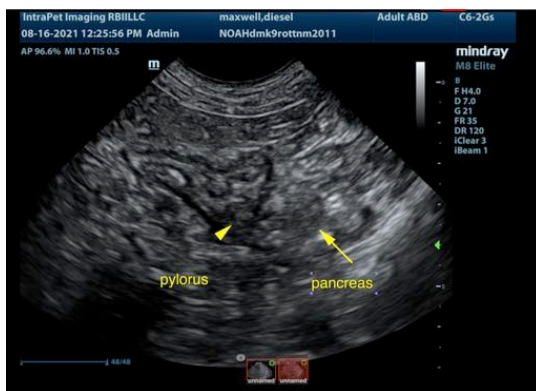
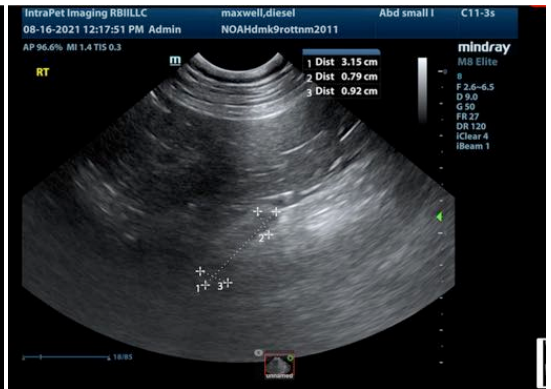
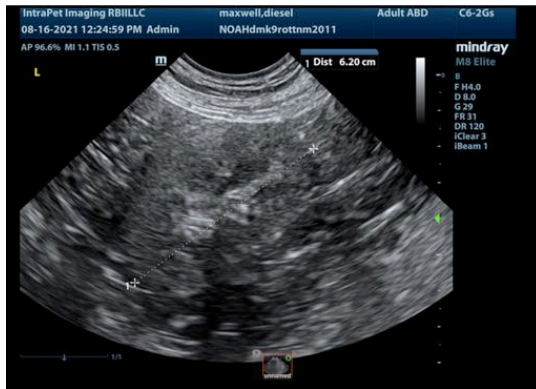
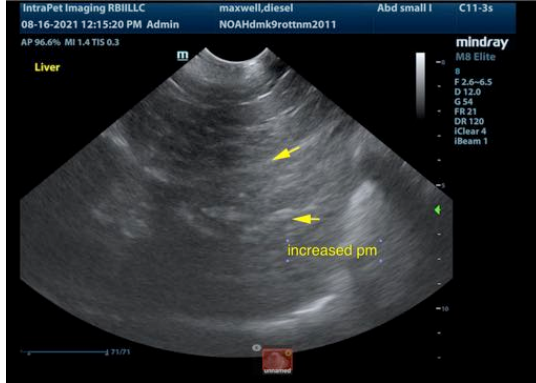
Structurally normal gastrointestinal tract and concurrent pancreatic cyst.

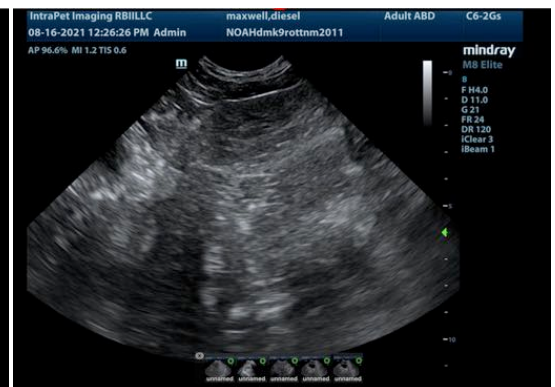
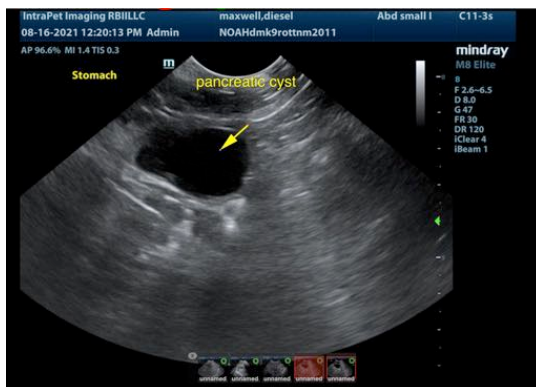
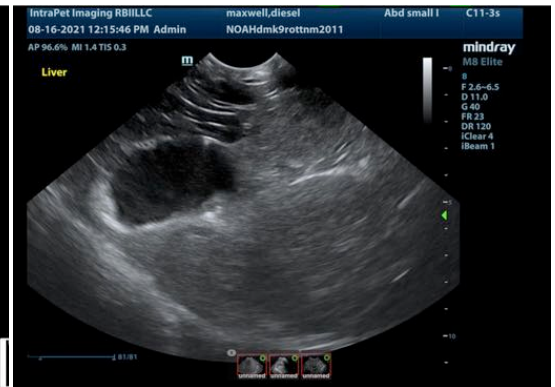
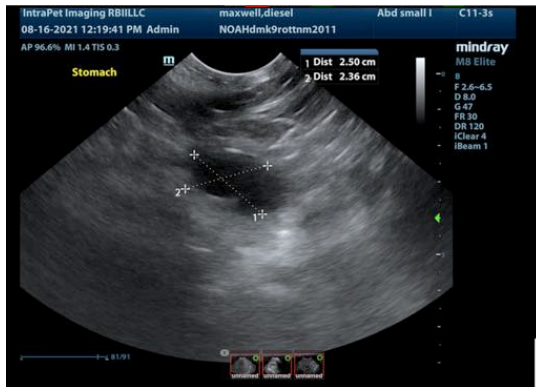
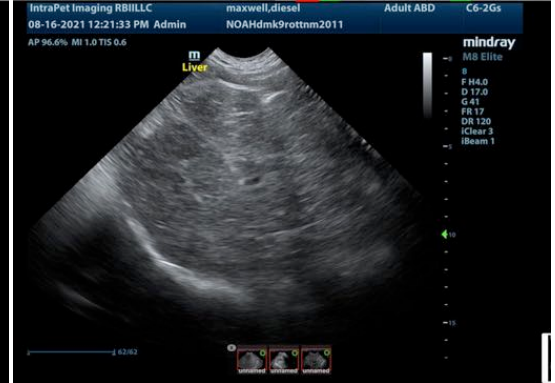
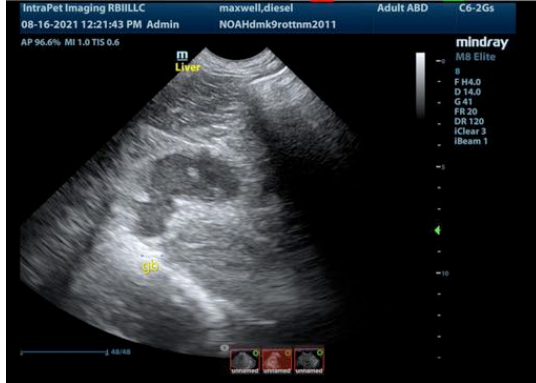
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound-guided drainage of the pancreatic cyst with culture could be considered; however, this appears subjectively benign. Core liver biopsy would be ideal for structural change. However, FNA may prove fruitful from an inflammatory cell type. Bile acid profile is warranted given the diffuse disease present in the liver. The changes in the liver are considered moderate. There is no evidence or suspicion of neoplasia. The kidneys appear approximately 50% compromised.

For an additional charge an internal medicine consult can be utilized through [Sonopath.com](https://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





**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