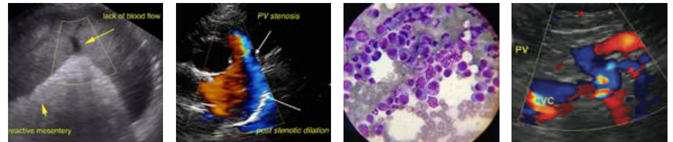


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lulu Reece

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

9 years

WEIGHT

42.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Logas

HOSPITAL NAME

Bradentwon VH

REFERRING VET

Dr. Logas

INVOICE

91247

DATE

8/16/21

PRESENTING CLINICAL SIGNS

History: Presented for vomiting and diarrhea since last night.
Abnormal PE/Chem/CBC/UA Results: ALT=150, ALP=993, Ca=8.9, WBC=5.34, NEU=4.77, LYM=0.43,MONO=0.10, EOS=0.02, BAS=0.02, NEU%=89.2, LYM%=8.0, MONO%2=2.0, EOS%=0.4, BAS%=0.4, RBC=5.51, HGB=14.5, HCT=37.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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. The left kidney measured 6.0 cm. The right kidney measured approximately 5.0 cm.

Adrenal Glands

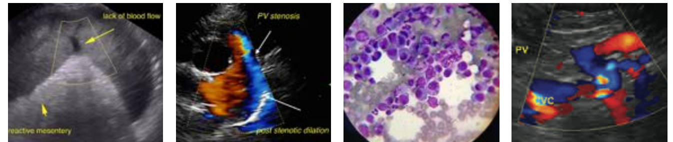
The right **adrenal gland** was slightly heterogenous and normal in size and contour. The right adrenal gland measured 0.8 cm in width. The left adrenal gland was not visualized.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. A hyperechoic, lipogranulomatous nodule was noted at the mid splenic body and measured 0.5 cm. This is not pathological. 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.

Liver

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. There was no overt suspicion of neoplasia.



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Gastrointestinal

The **stomach** was mildly thickened in this patient with echogenic remodeling. Hyperechoic, linear mucosal changes were noted. This may represent ulcerative disease. The small intestine and colon were unremarkable.

Pancreas

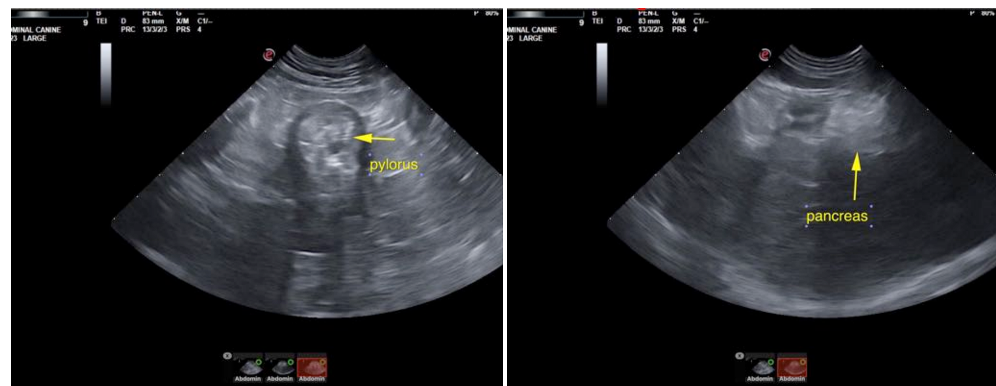
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Geriatric abdomen with possible gastric ulcerative disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A clinical trial of the following may prove effective. Empirical treatment with Zithromax at 10 mg/kg s.i.d. for 5 days and then every other day up to 14-21 (if Bartonella +) days and B12 injections twice a week, hydrolyzed diet +/- Prednisolone therapy would be recommended at the minimal necessary dose to control symptoms. A recheck sonogram is recommended if the clinical signs persist over the next week. Dietary indiscretion, food intolerance/indiscretion, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.



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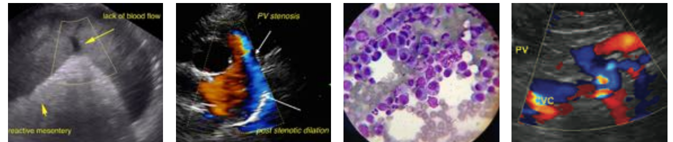

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com