

**DATE**

8/16/21

PRESENTING CLINICAL SIGNS

History: Patient has chronic weight loss, although clinically doing well at home per owner! Patient has a history of a left nephrectomy in 2017. Renal interstitial cell tumor, removed. Has had several AUS since then.

PATIENT

Sam Holmberg

Current Medications: None current, does give weekly SQF.

Lab Results: Labs sent, azotemia very stable and mild.

Date of Previous IntraPet Ultrasound: 10-22-2019, 3-29-2019.

Sedation: Not needed.

Stat Report: Not requested.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Labrador Retriever

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the apical ventral and apical dorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The bladder revealed striating debris. No evidence of urethral pathology was present. The bladder presented minimal repletion.

SEX

Neutered male

The **right kidney** 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. Hyperechoic medullary rim sign was noted. The right kidney measured 6.42 cm. There is no left kidney in this patient.

AGE

7/2/09

WEIGHT

46 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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

HOSPITAL NAME

Perry Hall AH

Liver

The **liver** presented a persistent left-sided nodule that measured 4.0 x 3.66 cm. Increased portal markings were noted throughout the liver. Heterogenous changes were noted throughout. The gallbladder revealed persistent, inspissated debris that measured 4.34 cm.

REFERRING VET

Dr. Miller

Gastrointestinal**INVOICE**

91254

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Excessive GI gas was noted at the time of the sonogram. 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

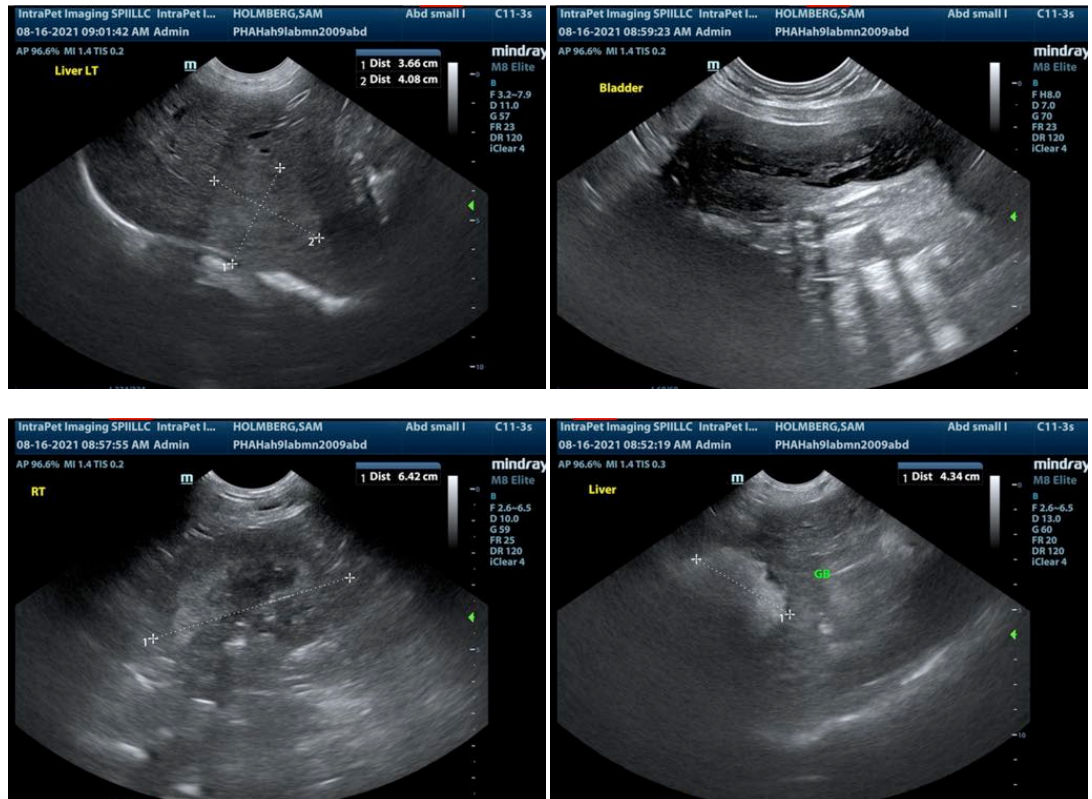
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

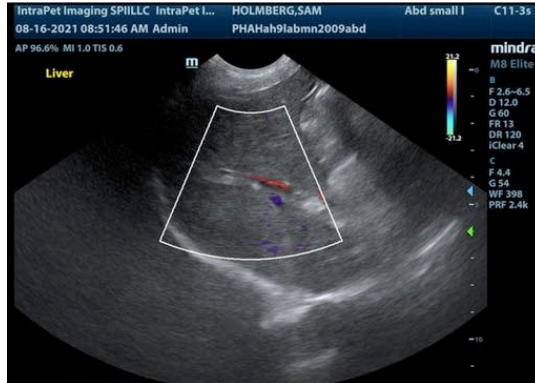
ULTRASONOGRAPHIC FINDINGS

Hepatic remodeling with persistent nodule, expansive compared to the prior sonogram. Chronic cystitis bladder pattern and excessive gallbladder debris. The right kidney revealed moderate to near end stage degenerative changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile is warranted as well as Ursodiol therapy and nutraceuticals are warranted. FNA of the left liver nodule could be considered. Pronounced nodular hyperplasia is likely, emerging carcinoma is possible. The remainder of the abdomen appears stable. Renal values and urinalysis should be monitored carefully.





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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