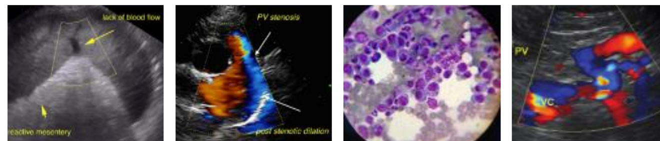

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1-800-838-4268 info@sonopath.com

PATIENT

Lizard Moote

SPECIES

Canine

BREED

Australian Cattle Dog Mix

SEX

Neutered Male

AGE

14 Years

WEIGHT

50.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Miranda Fritz

HOSPITAL NAME

Waterbury VH

REFERRING VET

Miranda Fritz

INVOICE

16904

DATE

8/19/22

PRESENTING CLINICAL SIGNS

History: Patient was initially evaluated in June 2022 for intermittent vomiting, diarrhea, hyporexia, and mild lethargy. CBC - inflammatory leukogram, Chem mild ALT and ALP elevation, UA wnl, tick PRC panel negative, cPLI normal. Unremarkable thoracic x-rays. P improved with fluids, omeprazole, cerenia, sucralfate, metronidazole and PRN mirtazipine. End of June p had abdominal ultrasound done at local referral hospital (see attached report). P continued to improve on GI meds. Recheck bw in early July - liver enzymes normal, mild azotemia. Recheck ultrasound today to compare/reassess abnormalities found early this summer. P only on galliprant and gabapentin now for osteoarthritis.

Abnormal PE/Chem/CBC/UA Results: CBC - wnl Chem - SDMA 16, Creat 1.6, all else wnl Tick PCR - wnl Thoracic x-rays - nsf UA - USG 1.021, pH 9.0, all else wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. This is a moderate change. Full urinary work up is warranted, of not already performed. A minimal amount of urine was present at the time of the sonogram. The residual prostate was uniform, measuring 1.0 cm.

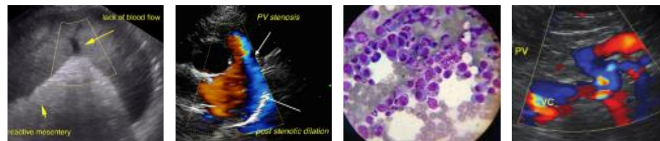
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild to moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 4.9 cm. The right kidney measured 5.34 cm. Slight pyelectasia was noted.

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 0.4 cm. The right adrenal gland measured 0.6 cm at the cranial pole and 0.4 cm at the caudal pole.

Spleen

The **spleen** revealed mild uniform enlargement. The spleen was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted. Cranial folding of the spleen was noted, positional fold.



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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

There was some residual chyme and gas was noted in the stomach, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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. The pylorus was free of evident pathology.

Pancreas

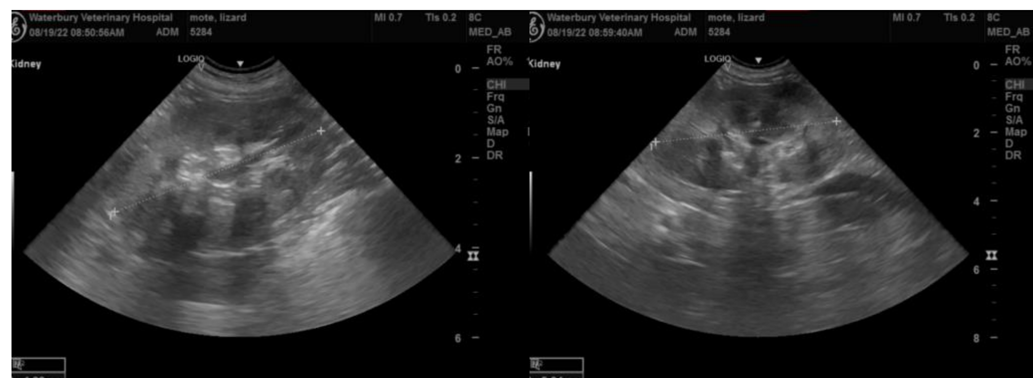
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes.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

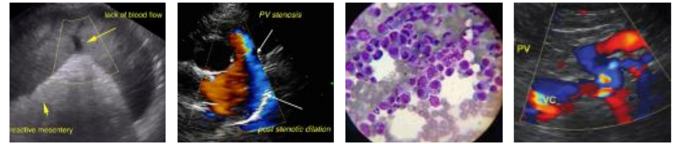
ULTRASONOGRAPHIC FINDINGS

- Geriatric abdomen
- Partially full stomach
- Splenic fold, positional variant
- Mild urinary bladder thickening, possible underlying history of UTI

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys appear to have moderate degenerative change yet not end-stage. Supportive care should prove effective.





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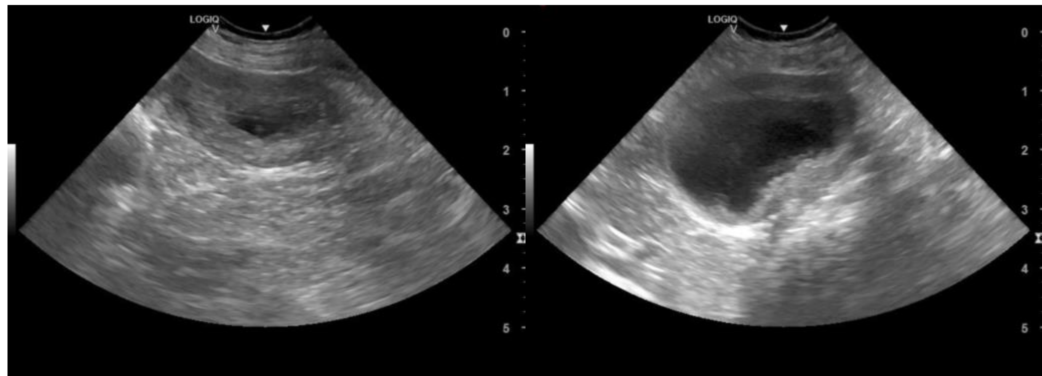

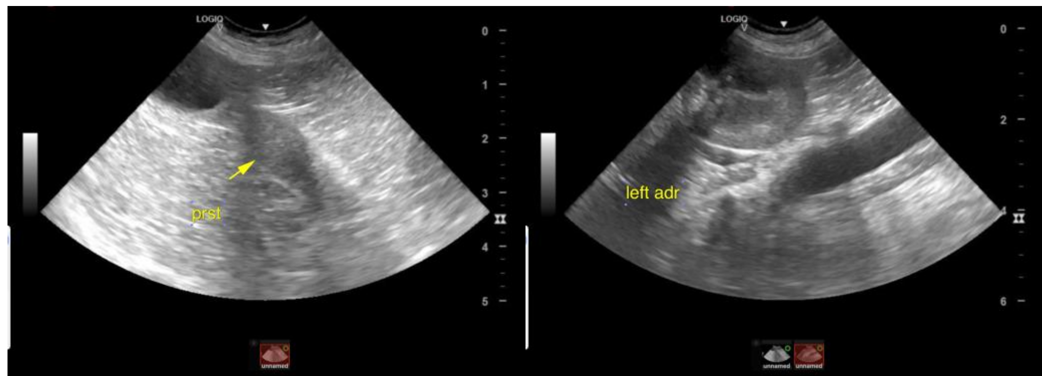

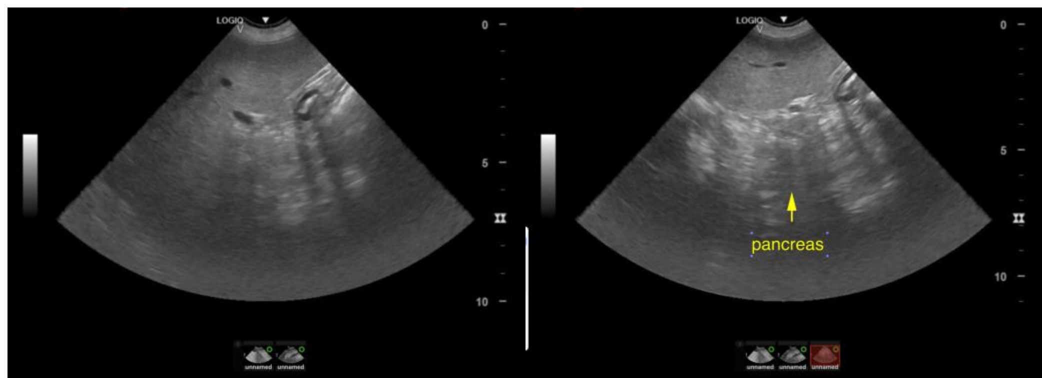

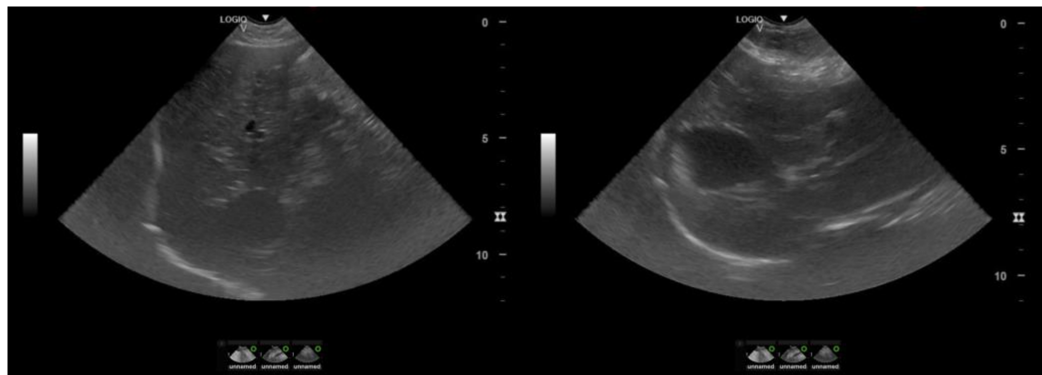

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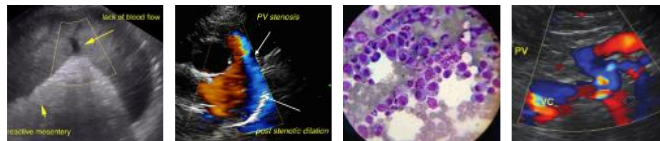

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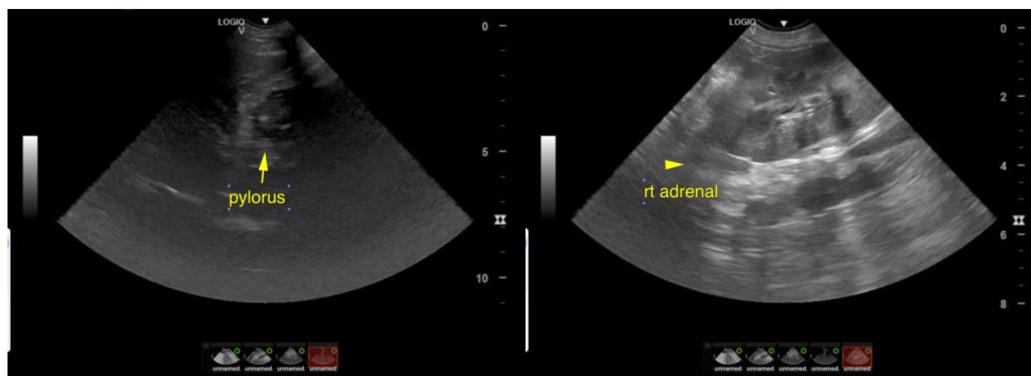

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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