

**DATE**

8/26/21

PRESENTING CLINICAL SIGNS

Ben had one seizure when owner was on vacation. BW shows elevation in liver enzymes and low BG. Normal BG on recheck.

PATIENT

Ben Spodienok

Current Medications: owner will be starting Clavacillin 125mg today.
Lab Results: Bloodwork shows elevation in liver enzymes and low BG.
Date of Previous IntraPet Ultrasound: No previous
Sedation: not needed
Stat Report: not requested

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Boston Terrier

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 4.64 cm with an anechoic cyst that measured 0.5 cm. The left kidney measured 5.31 cm.

AGE

2008

WEIGHT

24 lbs

Adrenal Glands

The left **adrenal gland** was enlarged and measured 2.29 x 0.99 cm at the cranial pole and 0.98 cm at the caudal pole. The right adrenal gland was slightly enlarged and mildly irregular measuring 2.2 x 0.98 cm at the caudal pole and 0.99 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

HOSPITAL NAME

Animal Clinic of
Southgate

REFERRING VET

Dr. Jones

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.

INVOICE

91546

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. 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. The right pancreatic base revealed a hypoechoic nodule that measured 0.5 x 0.3 cm. This is a very subtle nodule, yet could represent insulinoma.

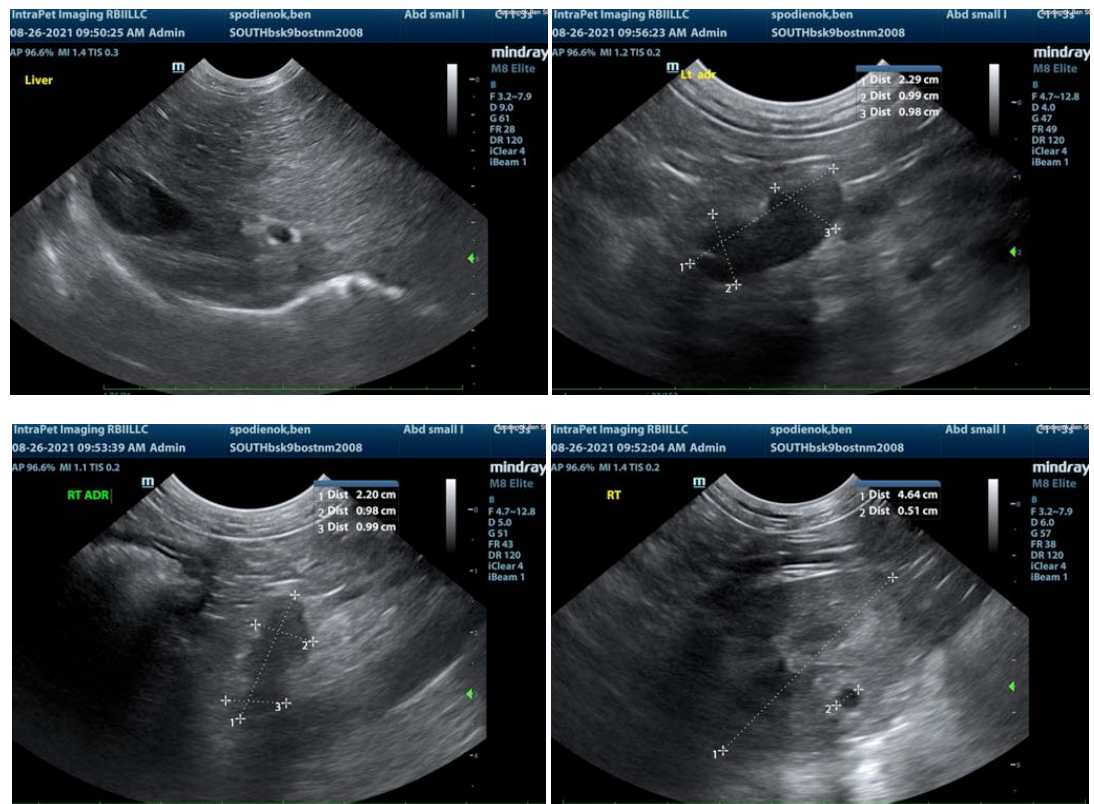
ULTRASONOGRAPHIC FINDINGS

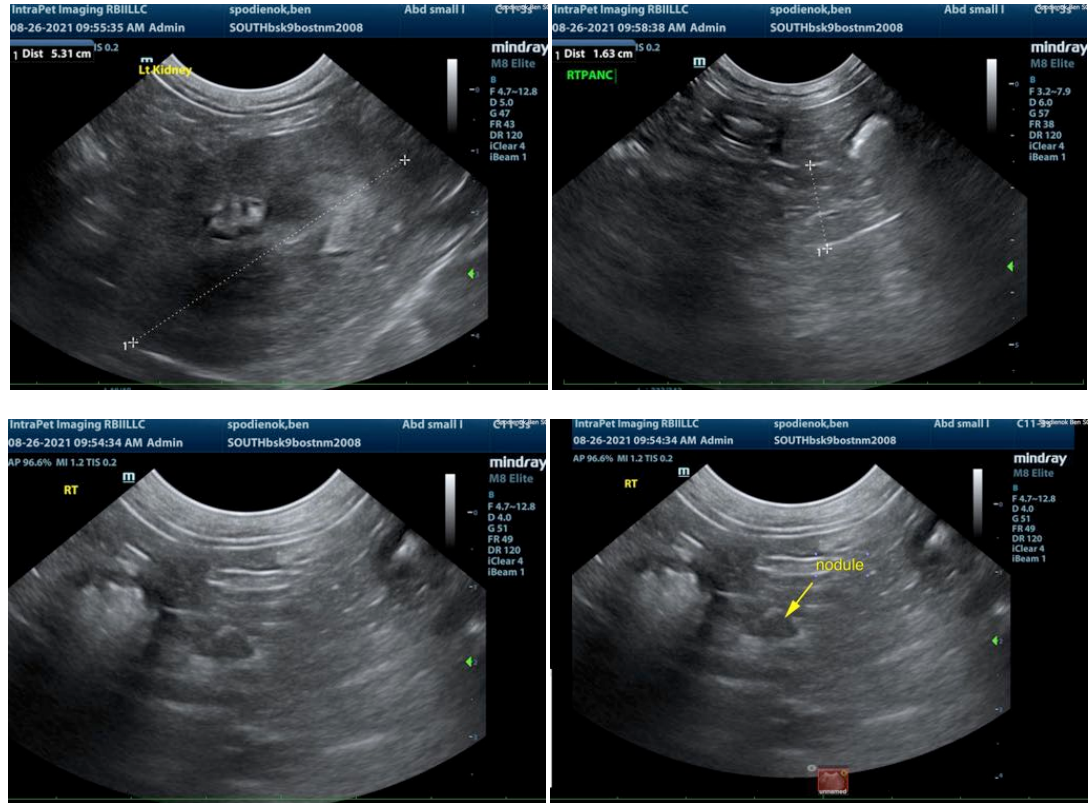
Bilateral adrenal hypertrophy.

Slight, subtle, right pancreatic nodule. Hyperplasia versus insulinoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Insulin glucose ratio is recommended if hypoglycemia is persistent. If the urine specific gravity is less than 1.020 and ALKP elevations are present then work-up for PDH/Cushing's is indicated. Full CNS examination and brain CT would be indicated. Given the bilateral adrenal enlargement expansive pituitary tumor or other CNS neoplasia is possible given the seizure activity. Blood pressure measurements are also warranted.





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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