

**DATE**

08/05/2022

PRESENTING CLINICAL SIGNS

Diarrhea.

PATIENT

Gracie Sherwood

Current Medications: None listed.

Lab Results: See attached.

Radiographs: See attached.

Date of Previous IntraPet Ultrasound: 9/22/2020. See attached.

Sedation: Declined. Recommended for further imaging.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Canine

BREED

Pyrenees Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****SEX**

FS

The urinary bladder exhibited mild mural thickening with slight micropolyploid changes. The trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A minor amount of dependent debris up to 1.6 cm in width was noted.

AGE

2013

The kidneys revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 and no evidence of pelvic dilation was present. Corticomedullary calculi was present in the right kidney. The right kidney measured 5.37 cm in length.

WEIGHT

70.7lb

Adrenal Glands

The adrenal glands appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 2.95 cm in length by 0.96 cm caudal pole width by 0.86 cm cranial pole width. The right adrenal gland measured 2.64 cm in length by 1.05 cm caudal pole width by 1.16 cm cranial pole width.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Cambria Vet Center

Spleen

The spleen presented hypoechoic nodules similar to those noted in the previous ultrasound.

REFERRING VET

Dr. Hartman

Liver**INVOICE**

11294ag

The liver images submitted revealed mild coarse architecture. The gallbladder presented acceptably thin walls with primarily anechoic content and minor excessive debris. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

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

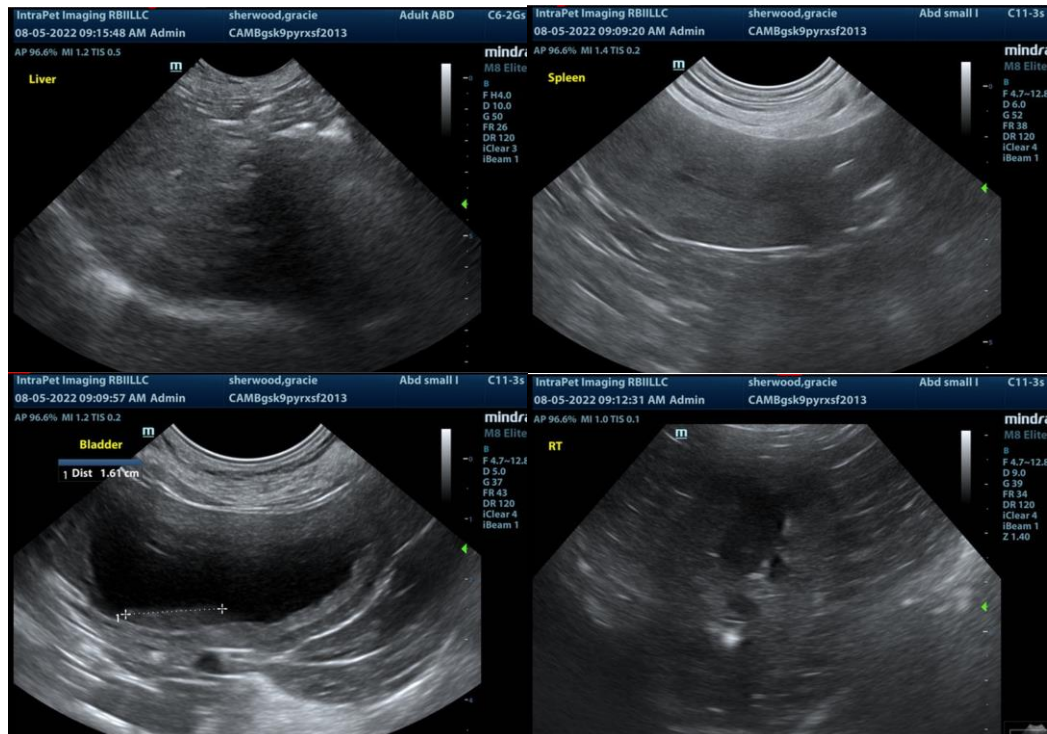
The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

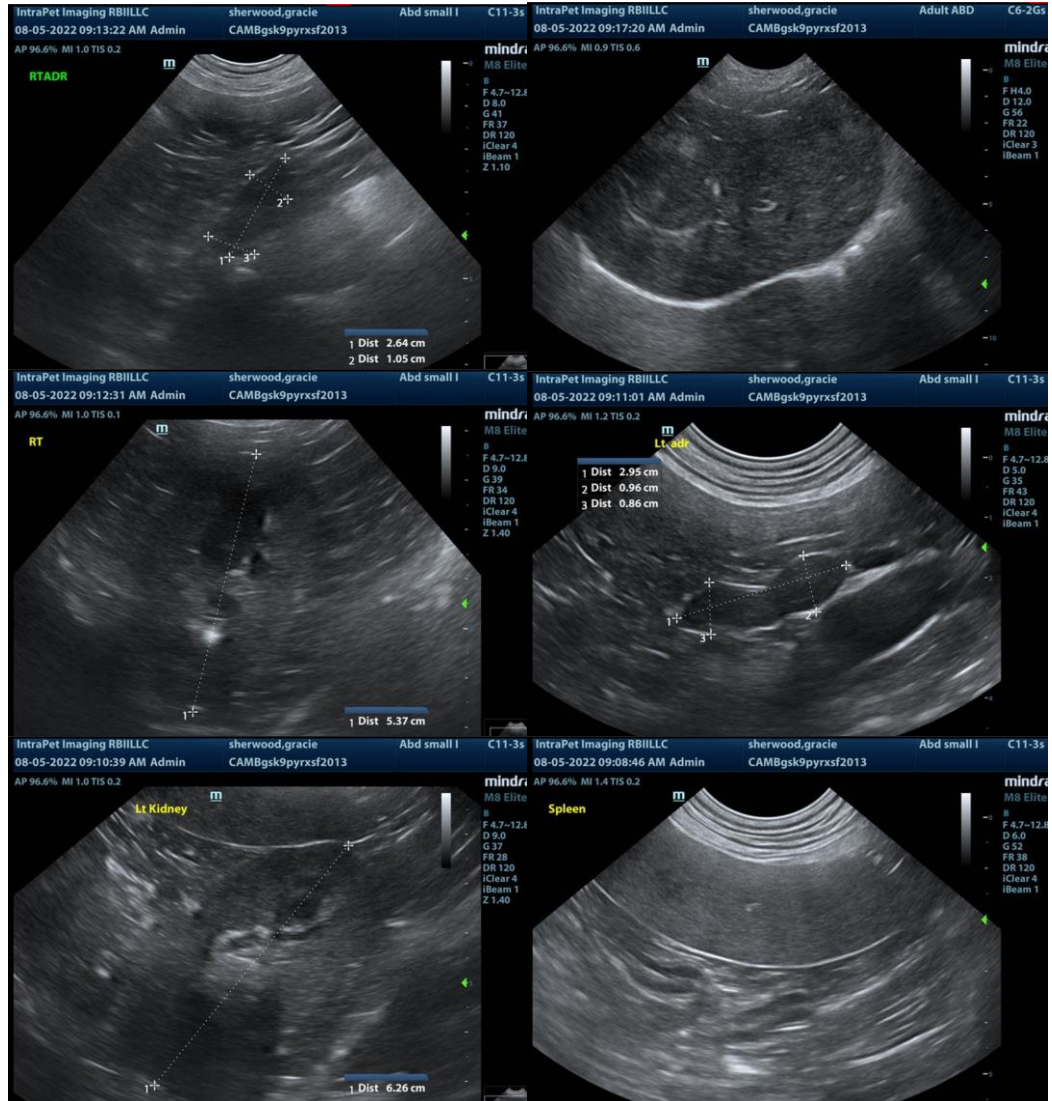
ULTRASONOGRAPHIC FINDINGS

- Mild bilateral adrenal hypertrophy
- Nodular hyperplasia splenic pattern-static
- Hepatic remodeling-age related

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A largely geriatric abdomen with slightly swollen adrenal glands. No significant progression was noted in the splenic nodules. If USG is below 1.020 then a workup for PDH is indicated. A bile acid profile would be considered given the amount of hepatic remodeling present.





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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