

**DATE**

9/1/21

**PRESENTING CLINICAL SIGNS**

History: New patient evaluated on 8/6/21 for pre-op for removal of pendulous dermal mass that recently ruptured. No health concerns. Pre-op blood work identified elevations in ALP and ALT.

Current Medications: No current medications.

Lab Results: ALP 1314 (range 5-131). ALT 166 (12-118). Rest of chem and CBC WNL.

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: utilized for AUS

Stat Report: not requested

**PATIENT**

Brook Collison

**SPECIES**

Canine

**BREED**German Shorthair  
Pointer**SEX**

Spayed Female

**AGE**

6/24/11

**WEIGHT**

70 lbs

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**HOSPITAL NAME**

Maryland Mobile VC

**REFERRING VET**

Dr. Brauning

**INVOICE**

91627

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****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.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.86 cm.

**Adrenal Glands**

Both **adrenal glands** were at the upper limits of normal, yet uniform. The right adrenal gland measured 2.52 x 0.87 cm at the cranial pole and 0.85 cm at the caudal pole. The left adrenal gland measured 2.66 x 0.8 cm at the caudal pole and 0.74 cm at the cranial pole.

**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.

**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. Occasional hyperechoic lipogranuloma was noted in the liver. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

**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 limb measured 1.8 cm.

### Free Abdomen

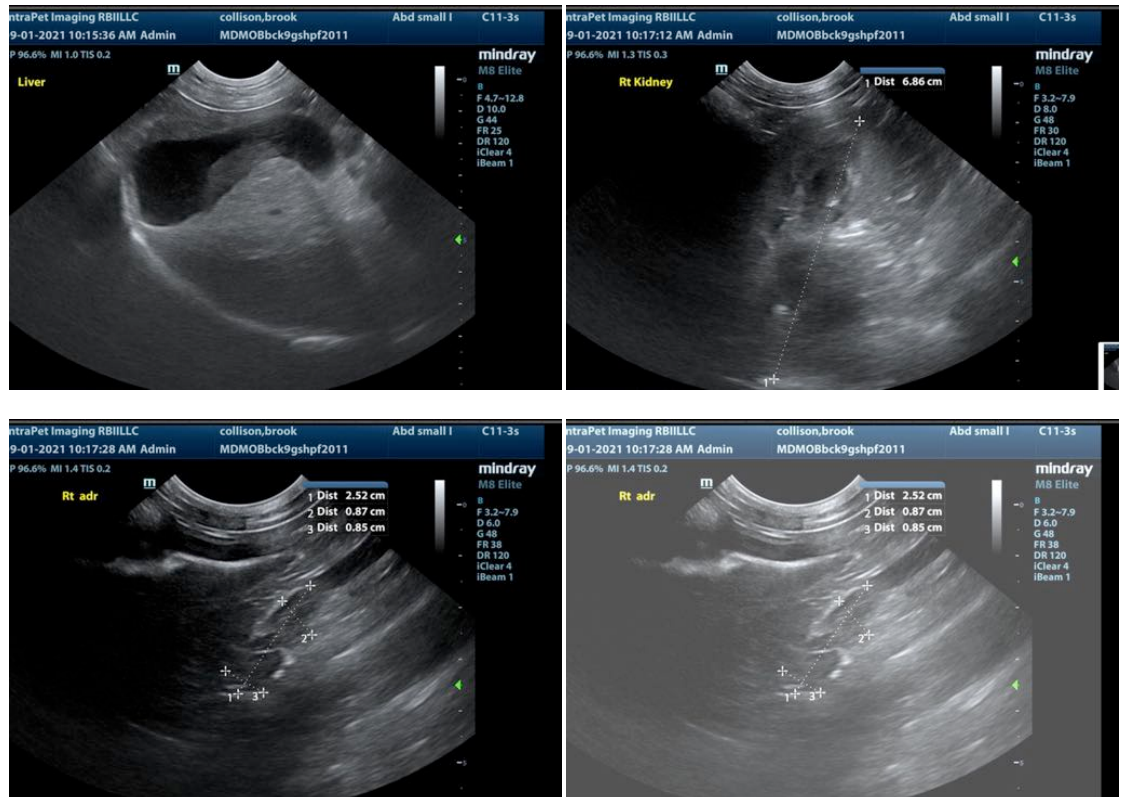
A cystic mass was noted on the right flank. This was 80% fluid filled. Minimal polypoid tissue was noted in the body wall lesion. The mass measured 5.7 x 4.0 cm.

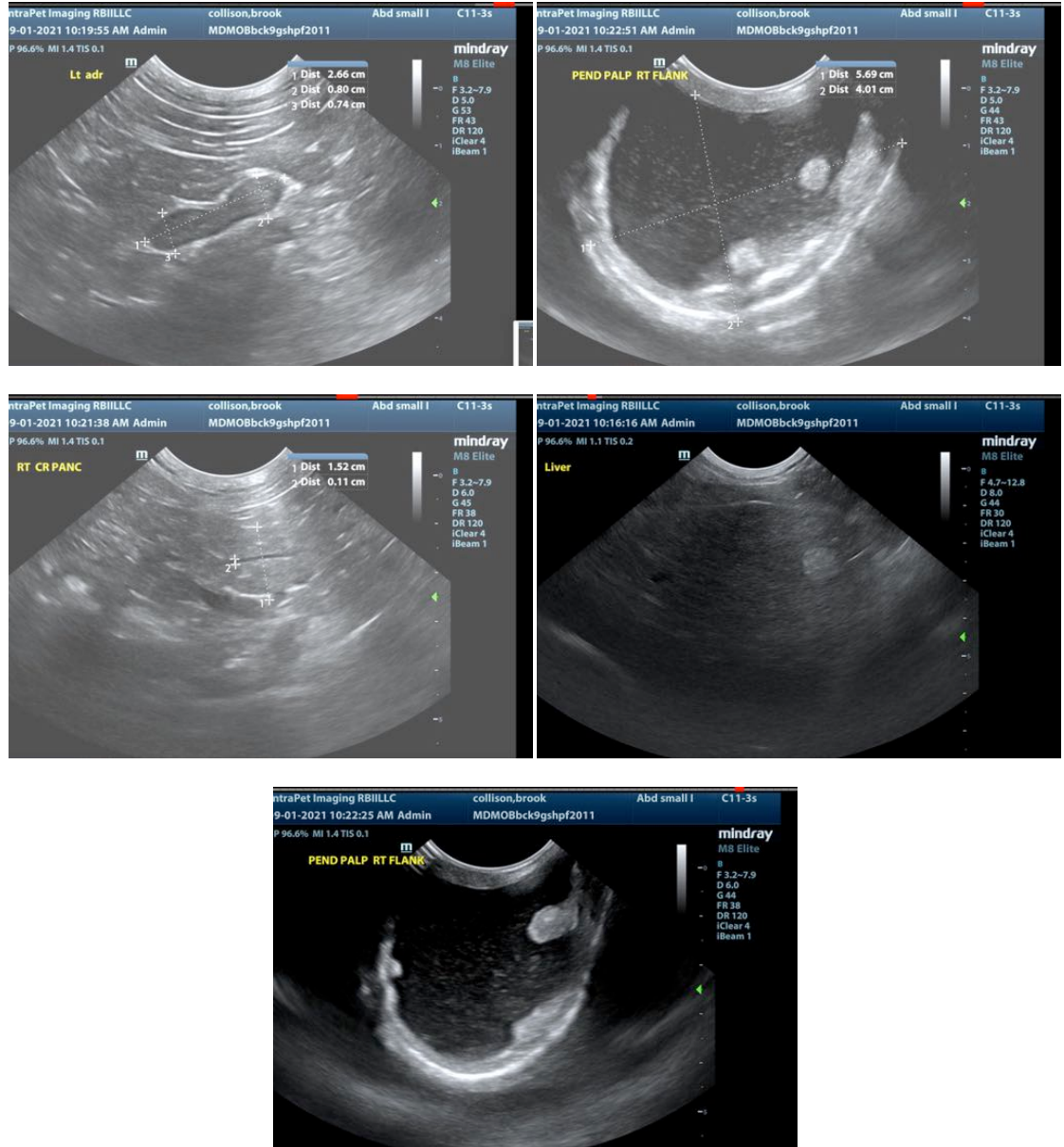
### ULTRASONOGRAPHIC FINDINGS

Benign hepatopathy with lipogranulomas.  
Slightly enlarged adrenal glands.  
Body wall cyst or abscess.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient is PU/PD with urine specific gravity less than 1.020 then work-up for early Cushing's/PDH is indicated. There is a minor potential for neoplasia. This appears resectable as it is well circumscribed. Ultrasound-guided drainage, culture and cytology could be considered. FNA of the liver can be considered; however, subjectively it appears benign. There was no relationship between the body wall lesion and abdominal organs were noted from a sonographic perspective.





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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