



PATIENT PRESENTING CLINICAL SIGNS

Dodie Behnke

History: Presented for inappetence, lethargy, vomited bile. BW- Mild neutrophilia, suspect bands. plt slt decreased, ALT 488, ALP 486, USG 1.020, trace protein. Mildly febrile on PE, T-L back pain with delayed CP's in HLs. Responded well to Metronidazole, Amoxicillin, Ursodiol, Denamarin + pred
Returned 9/11- Identical clinical signs + PE findings. BW- SLT decreased HCT, mild neutrophilia, suspected bands. ALT 362, ALP 1206, USG 1.008 with UTI Tx'd w/Ursodiol, Clavamox, gabapentin and pred 9/23 doing better clinically. UA shows persistent UTI, culture pending

SPECIES

Canine

BREED

Beagle Mix

SEX

Spayed Female

AGE

12 years

WEIGHT

34 lbs

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.

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The **adrenal glands** were not visualized.

IMAGING PERFORMED BY

Dr. Kivircik

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

Kings VH

REFERRING VET

Dr. Kivircik

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Multi-focal, non-disruptive nodular changes were noted. Lobar swelling was noted. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes

INVOICE

91957

DATE

9/23/21



PATIENT

either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

Dodie Behnke

SPECIES

Gastrointestinal

Canine

The **stomach** revealed some soft, shadowing pyloric material. This may be ingesta versus soft foreign matter such as hair accumulation. The material in the stomach is non-obstructive.

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Beagle Mix

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.

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AGE

12 years

ULTRASONOGRAPHIC FINDINGS

Benign hepatopathy.

WEIGHT

34 lbs

Nodular hyperplasia liver pattern.

Retention of ingesta or possible soft foreign matter such as grass or similar depending on when the patient ate prior to the sonogram.

INTERPRETED BY

Minor bladder thickening.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

If the patient was n.p.o. at the time of the sonogram then gastrotomy could be considered with evacuation of the gastrointestinal tract and appropriate biopsies. However, a sonogram should be performed just prior to surgery to ensure that the material is persistently present in the gastrointestinal tract. Assessment for urinary tract infection is warranted. If adrenal disease is suspected then sedation and full imaging of the adrenal glands would be appropriate to rule out concurrent Cushing's disease given the clinical parameters.

Dr. Kivircik

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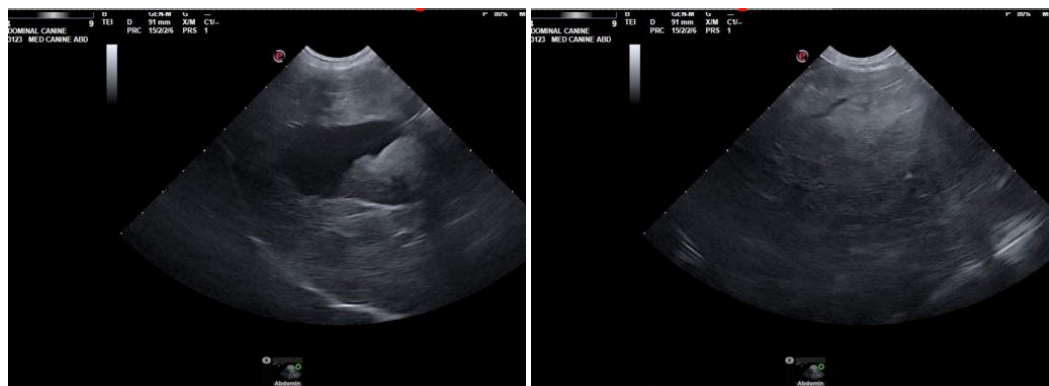
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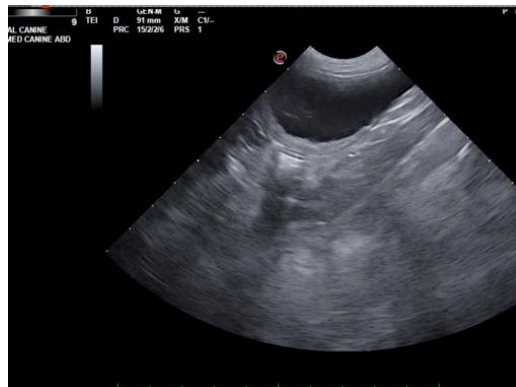
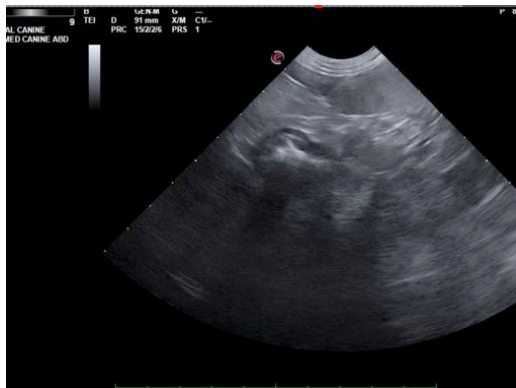
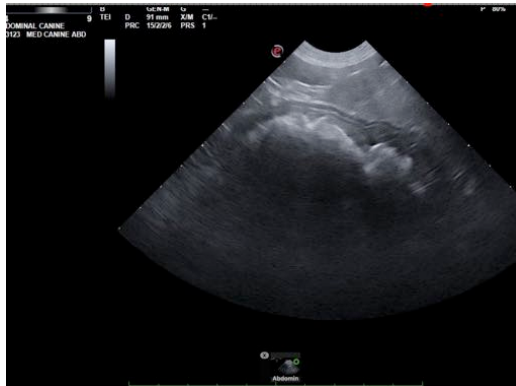
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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