

**DATE**

9/29/21

**PRESENTING CLINICAL SIGNS**

History: Seen 8/20/2021 for wellness but also intermittent inappetence; routine blood work showed elevated liver enzymes. Then seen 9/11/2021 for lethargy/inappetence - Chronic fever; persistent elevated liver enzymes; negative leptospirosis.

**PATIENT**

Jefferson Jones

Current Medications: Amoxi/Clav 375mg PO BID x 10 days

Doxycycline 350 mg PO SID x 10 days (added on day 5 of Amoxi/Clav when fever was persisting).

Lab Results: Attached separately.

Radiographs: Not provided by the veterinarian.

**SPECIES**

Canine

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Dexdomitor and Butorphanol administered prior to scan.

Stat Report: STAT report not requested by the veterinarian.

**BREED**

Basset Hound

**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.

**SEX**

Neutered male

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 7.4 cm. The left kidney measured 7.45 cm.

**AGE**

5/29/14

**WEIGHT**

79.6 lbs

**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. A slight, heterogenous nodule was noted at the cranial pole of the right adrenal gland. The right adrenal gland measured 3.44 x 1.04 cm at the cranial pole and 0.65 cm at the caudal pole. The left adrenal gland measured 3.52 x 0.61 cm at the caudal pole and 0.65 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**HOSPITAL NAME**

Maryland Mobile VC

**Spleen**

The **spleen** in this patient was mildly enlarged with heterogenous parenchymal changes and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

**REFERRING VET**

Dr. Brauning

**Liver**

The **liver** revealed coarse architecture with non-specific, increased portal markings. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**INVOICE**

92081

**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. The intestinal wall thickness measured 0.45 cm. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

## Pancreas

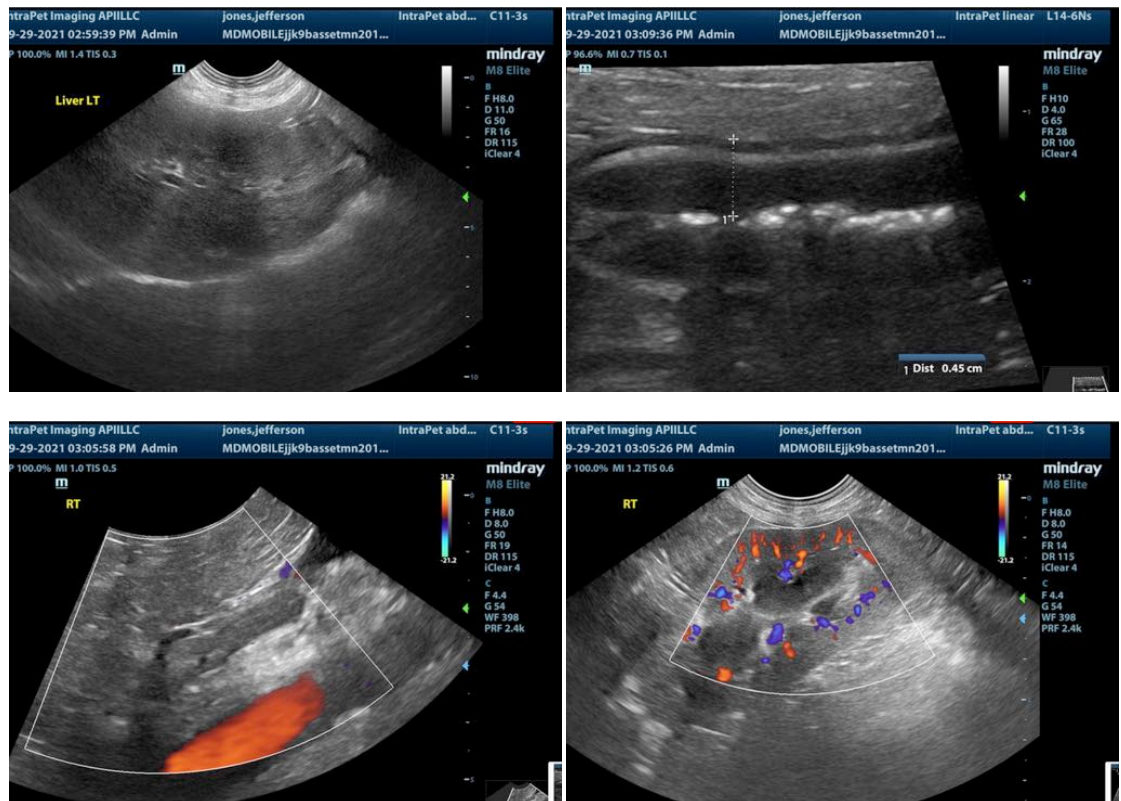
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

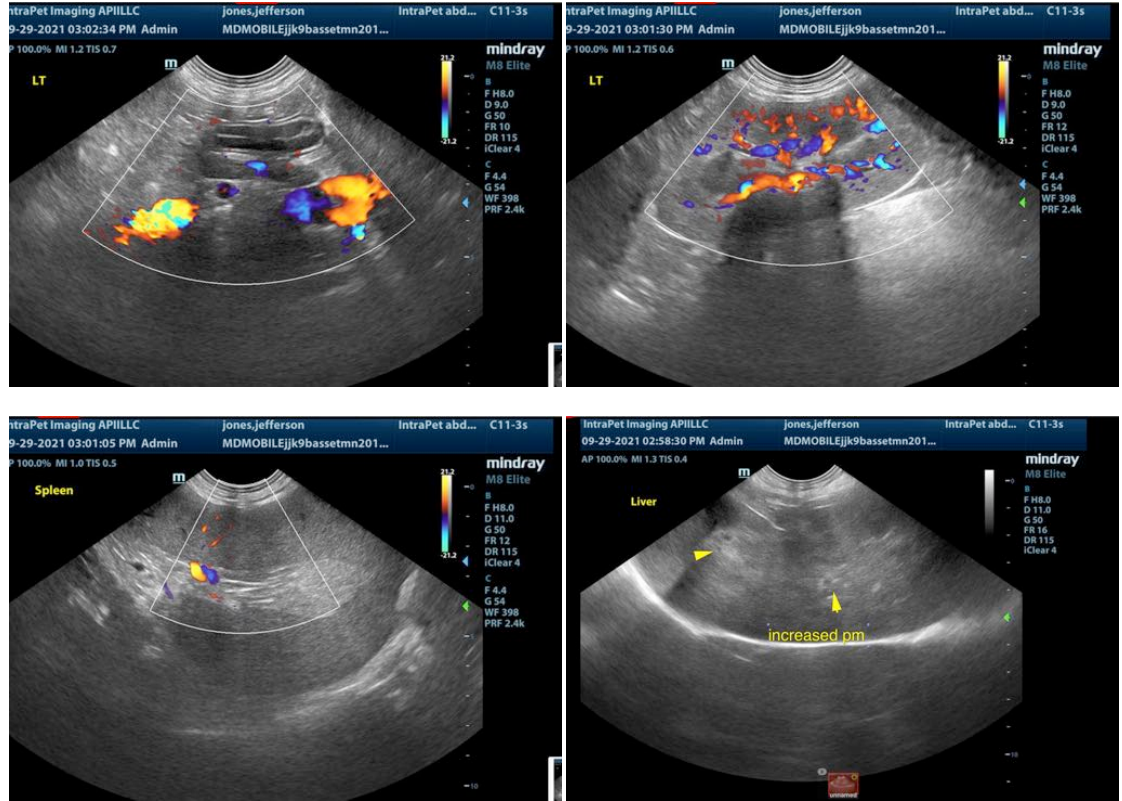
## ULTRASONOGRAPHIC FINDINGS

Hepatic remodeling. Chronic inflammatory hepatopathy.  
Minor reactive splenic state.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA or core biopsy would be appropriate. There was no evidence of neoplasia. If by chance the liver was biopsied at the prior surgery then some insight into an undergoing, low-grade chronic active process may be present in the histopathology. No suspicion or evidence of neoplasia. Leptospirosis titers are warranted to rule out underlying occult disease.





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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