

**DATE**

9/30/22

**PRESENTING CLINICAL SIGNS**

History: Bailey was seen for a rehabilitation appointment at Hickory veterinary Hospital. We performed lab work on 9/9/22 as Bailey is on carprofen chronically. There was further increase in his ALP compared to 6 months ago.

**PATIENT**

Bailey Gehling

Current Medications: Carprofen - 75mg PO q 12 hours, Gabapentin - 400mg PO q 12 hours, Nexgard - monthly

**SPECIES**

Canine

Lab Results: CHEM10 - ALP 381 U/L, all other values WNL. CBC all WNL.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

**BREED**

Mixed

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**SEX**

Neutered Male

**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 were noted. Ureteral papillae were normal.

**AGE**

12/13/11

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. The left kidney measured 6.73 cm. The right kidney measured 6.2 cm.

**WEIGHT**

77.5 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**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. The left adrenal gland 3.65 cm x 0.87 cm at the caudal pole and 0.6 cm at the cranial pole. The right adrenal gland measured 2.43 cm x 0.92 cm at the cranial pole and 0.64 cm at the caudal pole.

**HOSPITAL NAME**

Bel Air VH

**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 were noted.

**REFERRING VET**

Dr. Young

**INVOICE**

17508

**Liver**

The **liver** revealed coarse architecture, mild increased portal markings and iso- to hypoechoic ill-defined nodular changes consistent with remodeling. The changes were fairly minor. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

The **gastrointestinal tract** presented considerable gastric artifact due to the presence of ingesta. This did not permit thorough evaluation of portions of the gastric and upper intestinal structure. No overt abnormality was seen in the visualized tissue, however. This is consistent with a post-prandial presentation within a few hours of mealtime. If the prandial temporal interval does not fit the case history, and the patient presents a history of post-prandial vomiting, this could indicate a delayed upper gastrointestinal outflow due to primary or secondary pyloric hypertrophy, upper GI infiltrative disease, motor deficits, or a non-visualized foreign body. A prudent approach would be to rescan this patient at 24 hour NPO status to further review the non-visible regions if stomach primarily as well as assess any delayed outflow issue.

### **Pancreas**

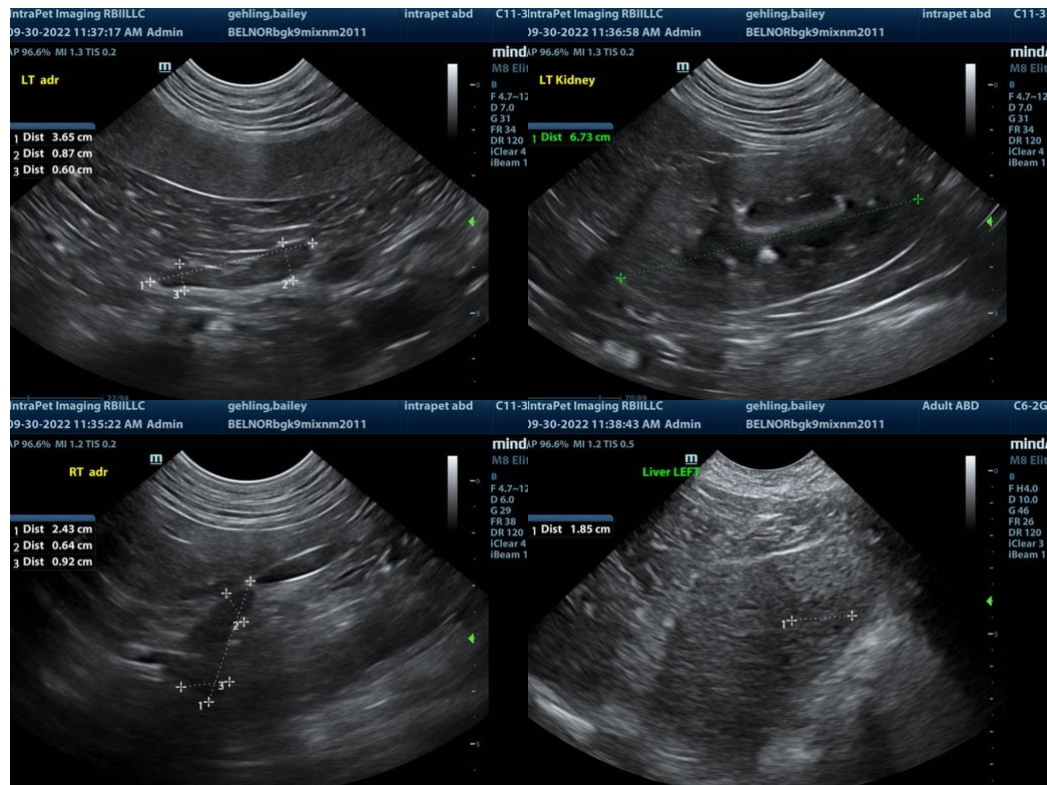
Minor **pancreatic** remodeling was also noted with echogenic changes. A history of pancreatitis is likely in this patient

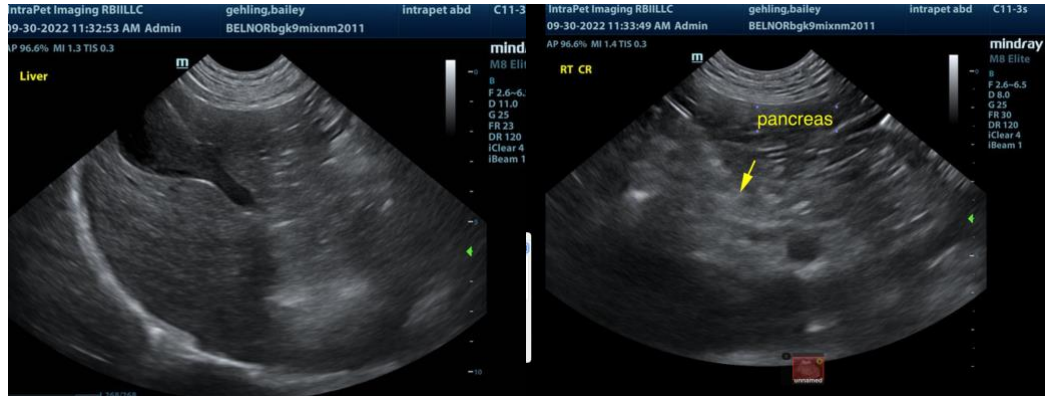
### **ULTRASONOGRAPHIC FINDINGS**

- Mild nonspecific hepatic remodeling
- Minor renal mineralization
- Pancreatic remodeling
- Full stomach

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of significant current 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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