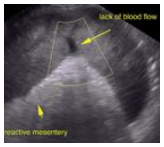
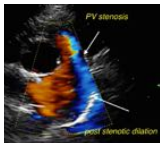
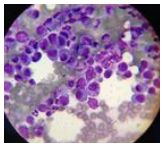
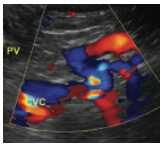
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Misti Sipe

SPECIES
Canine

BREED
Pekinese Mix

SEX
Spayed female

AGE
12 years

WEIGHT
6.5 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Hayley Heindel, CVT

HOSPITAL NAME
Mason Dixon AEH

REFERRING VET
Dr. Longbottom

INVOICE
42576

DATE
1/10/23

PRESENTING CLINICAL SIGNS

History of thrombocytopenia , concern for sepsis, pancreatitis
ALP >993 ALT 431 GGT 156 WBC 38

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** has normalized with anechoic urine and normalized wall.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 right kidney measured 5.05 cm. The left kidney measured 4.77 cm.

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 measured 1.4 x 0.34 cm at the cranial pole and 0.46 cm at the caudal pole. The right adrenal gland was visualized obliquely and measured 0.6 cm at the cranial pole and 0.4 cm at the caudal 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.

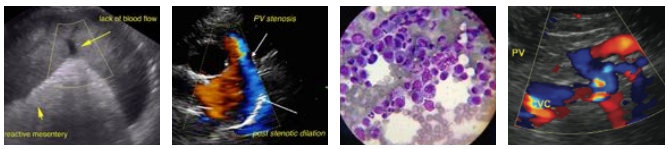
Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. Gallbladder sand grouping measured 1.3 cm. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

Gastrointestinal

Stasis was noted in the **stomach** consistent with stasis/chyme. This is likely post prandial presentation or delayed outflow. The small intestines and colon were unremarkable.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Misti Sipe

SPECIES

Canine

BREED

Pekinese Mix

SEX

Spayed female

AGE

12 years

WEIGHT

6.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Hayley Heindel, CVT

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr. Longbottom

INVOICE

42576

DATE

1/10/23

Pancreas

The **pancreas** revealed hyperechoic remodeling. This is consistent with a history of pancreatitis, yet there is no evidence of active inflammation.

Free Abdomen

No free fluid was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

Full stomach, delayed outflow, post prandial pattern.

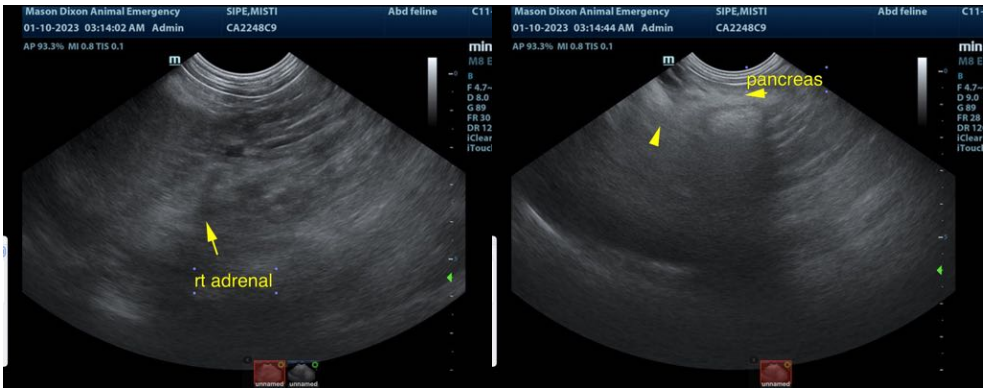
Pancreatic remodeling.

Minor gallbladder sand.

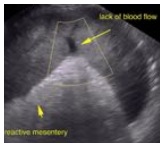
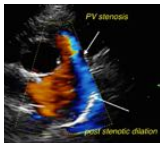
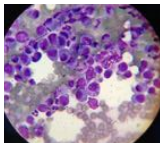
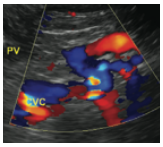
Resolved urinary presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend pairing the sonographic findings of the GI tract with the patient's feeding history would be warranted. I recommend Ursodiol therapy for medical management regarding the biliary sand. The biliary sand is non-obstructive at this time. I would like to commend you on the medical management of this patient given the complete resolution of the urinary tract. The cause of thrombocytopenia is unclear. Benign hepatopathy with low-grade inflammatory disease is likely, yet given the ALT and ALKP elevations with the sonographic presentation FNA would be indicated. Pancreatic remodeling is present, yet no evidence of inflammation. History of pancreatitis is likely in this patient.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Misti Sipe

SPECIES

Canine

BREED

Pekinese Mix

SEX

Spayed female

AGE

12 years

WEIGHT

6.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Hayley Heindel, CVT

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

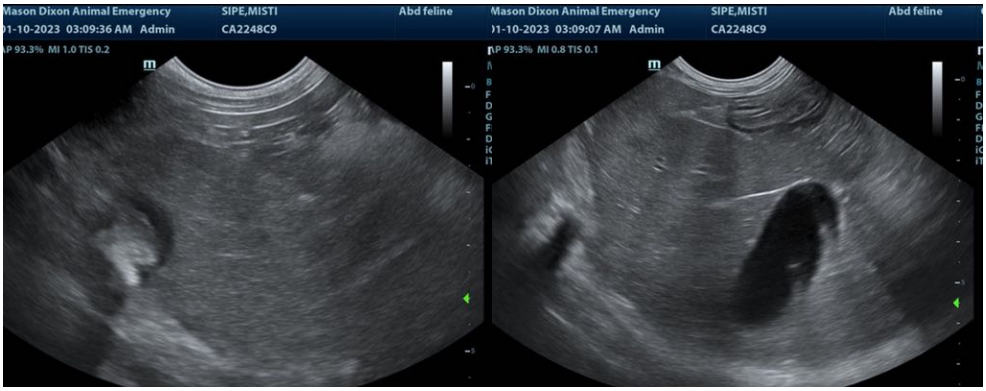
Dr. Longbottom

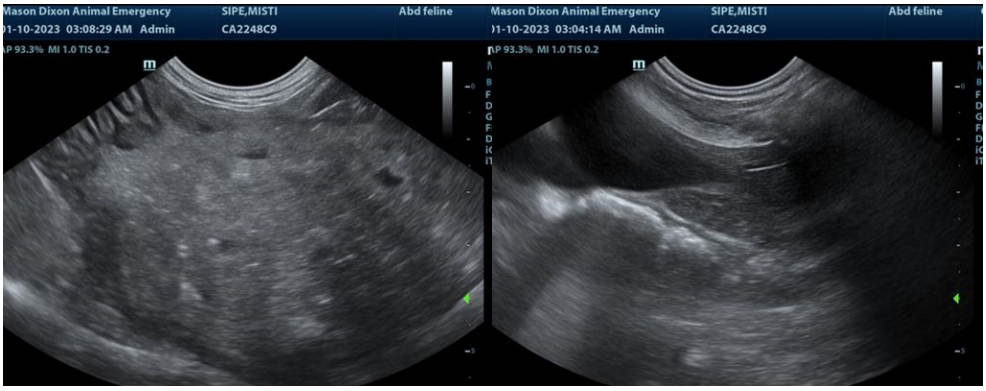
INVOICE

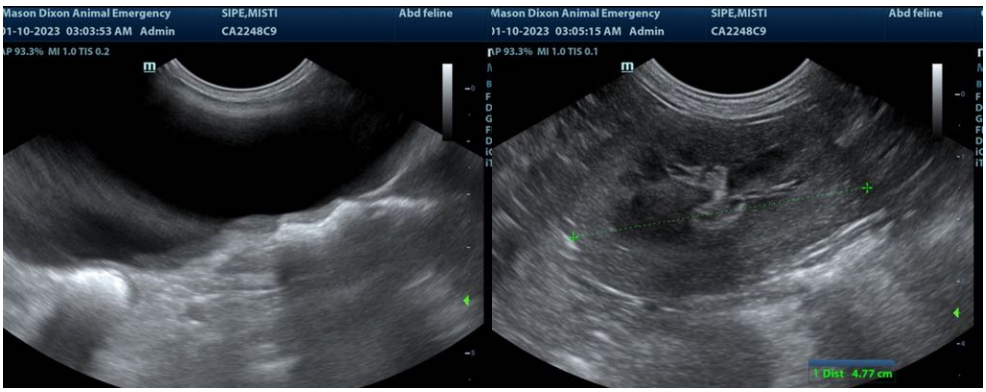
42576

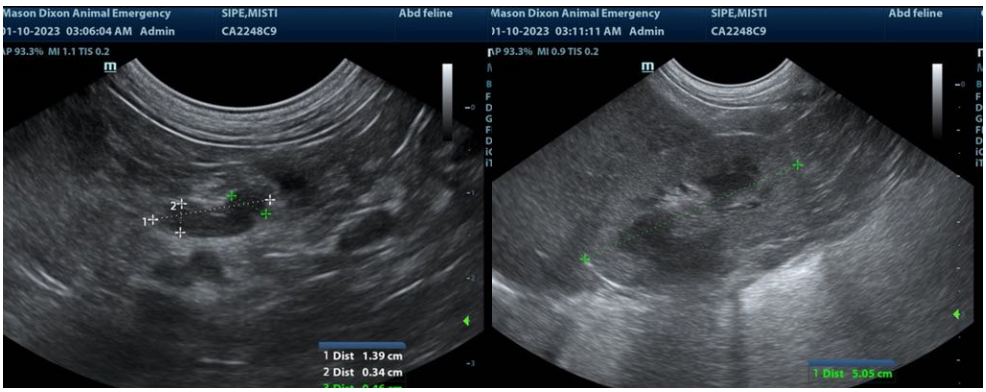
DATE

1/10/23

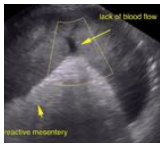
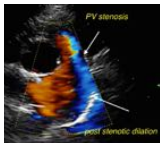
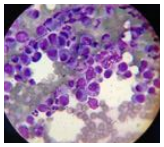
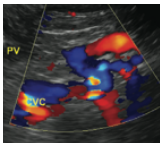








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Misti Sipe

SPECIES

Canine

BREED

Pekinese Mix

SEX

Spayed female

AGE

12 years

WEIGHT

6.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Hayley Heindel, CVT

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

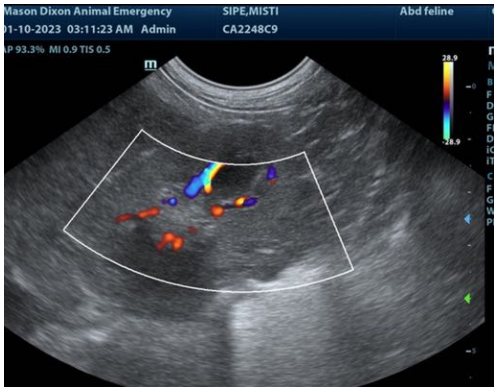
Dr. Longbottom

INVOICE

42576

DATE

1/10/23



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com