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Clinical Sonography & Telecytology
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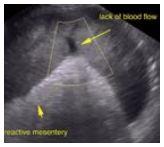
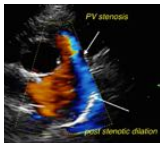
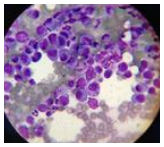
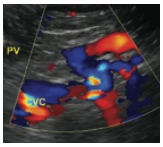

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bully Koch

SPECIES

Canine

BREED

Boston Terrier

SEX

Intact male

AGE

8 years

WEIGHT

7.5 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Miller

INVOICE

42134

DATE

1/16/23

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for falling off the couch, vomiting, decreased appetite, and black tarry stool. P rolled off of the couch 1/15/23, O stated that P legs were stiff, shaking and urinated after falling off. P has no previous neurological problems or seizures before. P ate steak 1/16/23 AM but vomited it up, and also vomited white foam on 1/14/23. O mentioned that P has been more lethargic recently, but also stated that it is normal for P to become lethargic for a few days. P has had a formed "black stool" 1/15/23, but black diarrhea 1/16/23. Previous Health Concerns: Cushing's Disease, recurring UTI Current Medications: 30mg Trilostane (vetoryl), probiotic, myos muscle formula, CBD and fish oil
Abnormal PE/Chem/CBC/UA Results: Bloodwork: CBC wnl; Chem: BUN >140; Cre 1.6; IP 7.8; ALP 292; GGT <10; tbili<0.1; AMY 1734; EPOC: pH 7.337; Cre 2.38; BUN >120 Radiographs- mildly distended stomach with "frothy" appearing ingesta, increased peristalsis throughout the small intestines and colon, subjectively inflamed small intestines, moderate gas in colon, mild gas in SI, hepatomegaly, moderately distended abdomen, cutaneous mineralization of the inguinal area and dorsum (calcinosis cutis), moderately distended bladder, mild vertebral bridging of the L5-L6

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 residual prostate measured 1.3 cm.

The **kidneys** presented significant cortical remodeling and loss of corticomedullary definition. Mild pyelectasia and mineralization was noted. The left kidney measured 5.26 cm. The right kidney measured 5.3 cm.

Adrenal Glands

The left **adrenal gland** was uniformly enlarged and measured 2.64 x 0.96 cm at the cranial pole and 0.98 cm at the caudal pole. Mineralization of the left adrenal gland was noted. The right adrenal gland was also enlarged and measured 1.0 cm at the cranial pole and 1.0 cm at the caudal pole.

Spleen

The **spleen** presented discrete and diffuse hypoechoic micronodular parenchyma. The capsule was generally smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. These changes are consistent with age related benign nodular hyperplasia. However, early hemangiosarcoma, lymphoma or mast cell neoplasia could not be entirely ruled out. Fine needle aspirate or biopsy following coagulation panel would be ideal especially of any weight loss is an issue. Otherwise, follow up ultrasound in 3-4 weeks to track these changes would be a more conservative approach.

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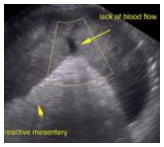
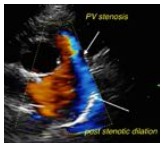
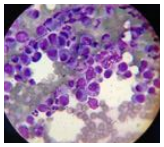
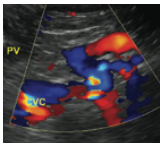

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Liver

The **liver** revealed coarse architecture with increased portal markings. Vascular and biliary tracts were of normal volume with no evidence of congestion. 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.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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. 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

Bilateral adrenal enlargement, consistent with Cushing's disease. Expansive pituitary tumor may be playing a role in this patient.

Moderate degenerative renal changes with mineralization, likely endocrinopathy induced.

Splenic mineralization.

Mild hepatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Long term viability of the kidneys is in question. Blood pressure measurements, CT of the CNS to assess for expansive pituitary tumor would be indicated as well as full CNS examination. 72-hour IV fluid protocol and anti-hypertensives are recommended if systolic pressure is > 160.

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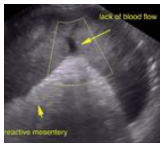
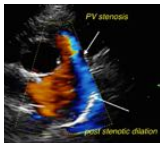
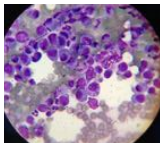
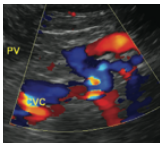

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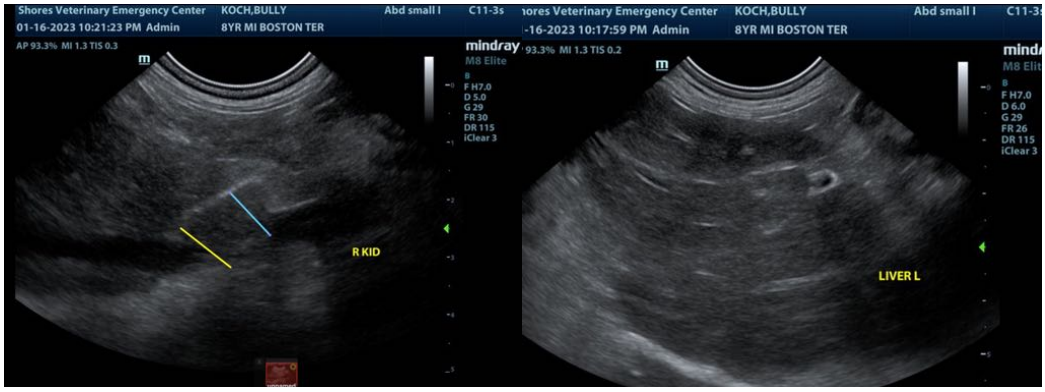

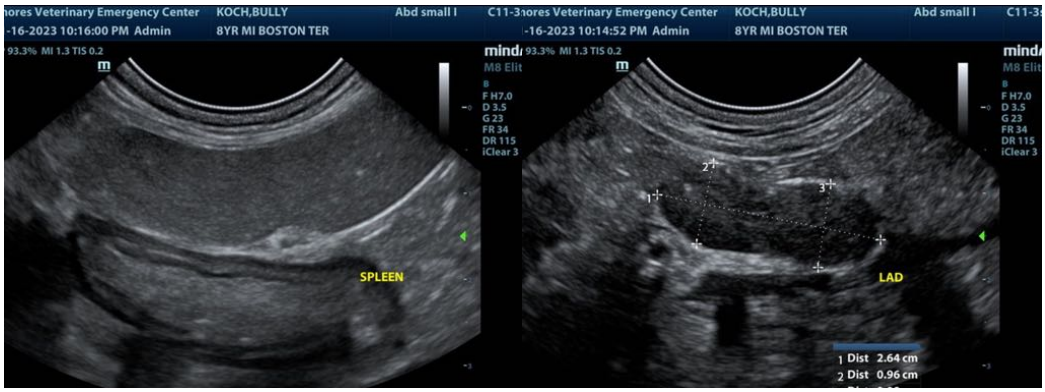

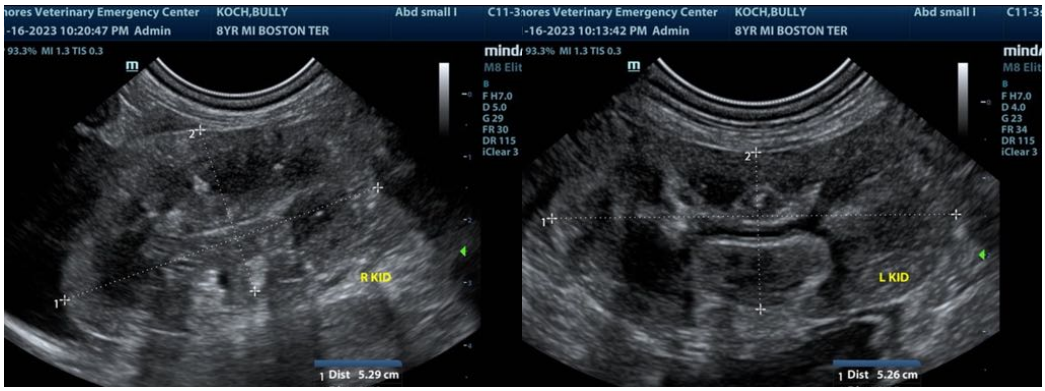

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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