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Clinical Sonography & Telecytology
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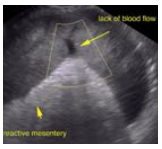
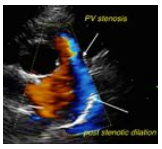
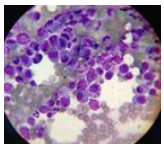
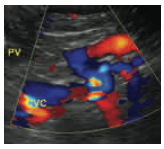

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Coco Galouch

SPECIES
Canine

BREED
Pitbull Mix

SEX
Spayed Female

AGE
6 years

WEIGHT
28 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Ebersole

HOSPITAL NAME
Scanvet

REFERRING VET
Dr. Bryant

INVOICE
95437

DATE
1/20/22

PRESENTING CLINICAL SIGNS

Six month history of vision loss at night (bumps into walls, doors, etc). PU/PD and weight loss for 3 months. Eats 2 1/2 cups food BID and normal activity level. Sedated with Torbugesic and hub of Ace IV, very anxious in hospital.
Patient was confirmed to be fasted.
Abnormal PE/Chem/CBC/UA Results: PE: BCS 1-2/9 BW: ALT 715, BUN 39, Alb 4.4. WBC 3.56k, Hct 52%.

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 **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 left kidney measured 5.94 cm. The right kidney measured 5.72 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 0.54 cm at the caudal pole and 0.51 cm at the cranial pole. The right adrenal gland revealed a hyperechoic nodule in the cranial pole measuring approximately 0.7 cm. The cranial pole of the right adrenal gland measured 1.34 cm and the caudal pole measured 0.79 cm.

Spleen

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

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. 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.

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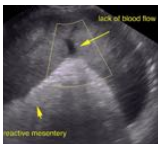
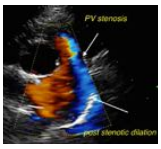
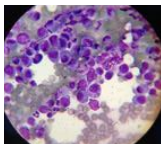
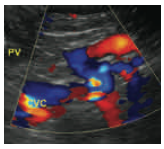

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Retention of ingesta was noted in the stomach. 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

Full stomach.

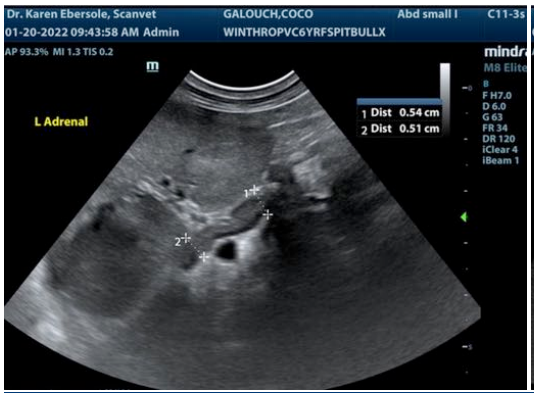
Slight right adrenal nodule. Likely adenoma or hyperplasia.

Ingesta type echotexture.

Structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of significant visceral disease and no evidence of significant liver disease. Acute insult such as Leptospirosis or GI insult with reactive hepatopathy is likely. FNA of the liver would be indicated to assess inflammatory cell type. There is no evidence of neoplasia. The adrenal glands appear fairly normal, yet an emerging PDH cannot be completely ruled out. If the patient appears Cushingoid and urine specific gravity is less than 1.020 then I recommend Cushing's work-up. Clinical trial of Ampicillin and Metronidazole or similar with reassessment of the ALT values can be considered. FNA in this particular case would defined inflammatory cell type. However, I am not concerned for hepatic neoplasia.



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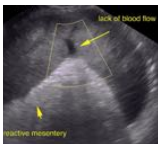
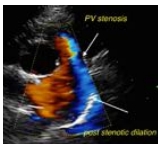
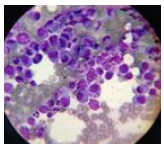
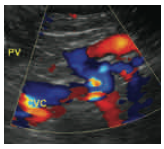

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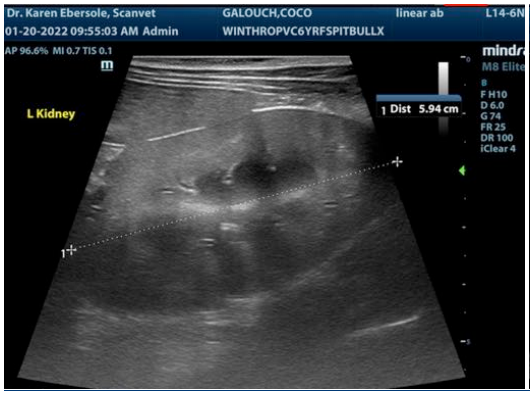

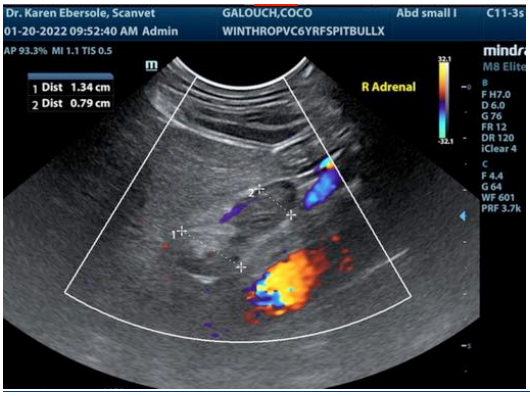

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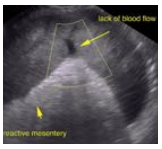

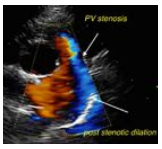

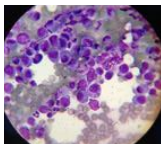
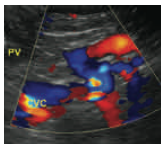

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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