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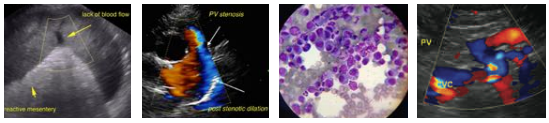

imagine SOUND LLC.
IMAGING PERFORMED BY
dbimaginesound@gmail.com 917-647-4318

PATIENT

Polly Ramadhn

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

14 Years

WEIGHT

9 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT, RDMS

HOSPITAL NAME

Kenilworth AH

REFERRING VET

Dr. Mansour

INVOICE

95446

DATE

01/20/22

PRESENTING CLINICAL SIGNS

History: Weight loss from 12 lb in July 2021 to 9lbs in January 2022.

Severe Icterus

Albumin (L) 2.2: ALT (H) 524: Alk Phos (H) 7306: GGTP (H) 162: Total Bili (H) 7-9

Precision PSL (H) 497

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** were normal in size and contour with occasional cortical cyst that measured up to 0.3 cm. The left kidney measured 3.57 cm in length. The right kidney measured 3.91 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 right adrenal gland measured 1.37 x 0.62 cm at the caudal pole and 0.49 cm at the cranial pole. The left adrenal gland measured 1.72 x 0.62 cm at the caudal pole and 0.46 cm at the cranial pole.

Spleen

The **spleen** revealed focal, hypoechoic nodule at the cranial body measuring 1.06 x 0.83 cm. Multi-focal, splenic mineralization was present.

Liver

The **liver** revealed an echogenic and thickened wall without over distension. Mildly increased portal markings were noted. The architecture was coarse. Undulating contour was noted. Gallbladder calculi were noted and non-obstructive at the time of the sonogram.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Minor variable areas of intestinal thickening were noted. This is consistent with enteritis.

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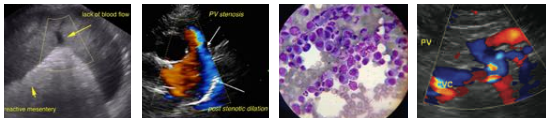

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Pancreas

The **pancreas** is heterogenous.

ULTRASONOGRAPHIC FINDINGS

Minor enteritis pattern.

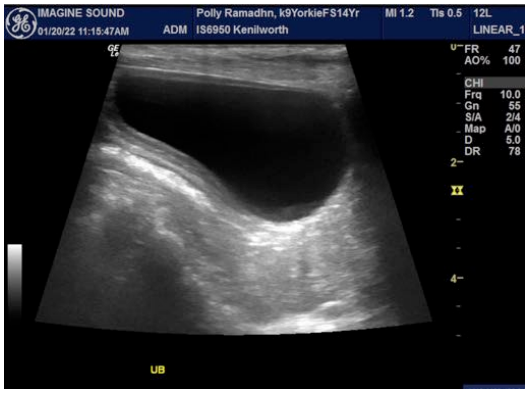
Pancreatic remodeling.

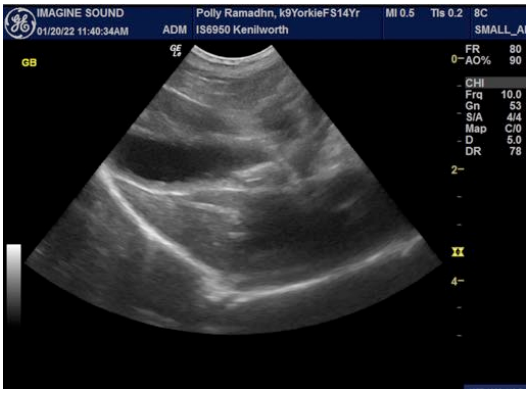
Splenic nodule. Differentials include emerging hemangiosarcoma versus round cell neoplasia or nodular hyperplasia.

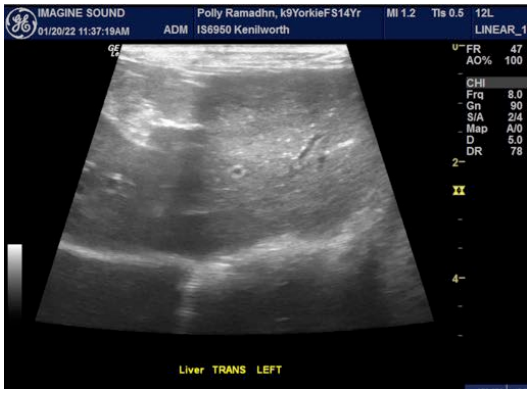
Biliary calculi with chronic cholangitis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has likely been passing calculi; however, the common bile duct is currently normal. Leptospirosis titers are warranted. Splenectomy and liver biopsy could be considered. Albumin loss is possibly owing to protein losing enteropathy versus protein losing nephropathy or potentially owing to hepatic failure. If no significant proteinuria is present then PLE should be considered or emerging hepatic failure. Liver biopsies are strongly recommended as well as splenectomy. A clinical trial of Ampicillin and Metronidazole over a 10-14 day period with Ursodiol therapy is indicated. If Leptospirosis titers are positive then Doxycycline should be considered. Prognosis is guarded long term.







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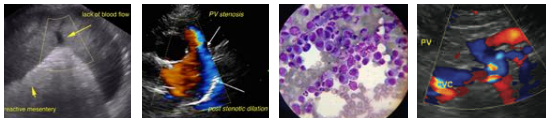

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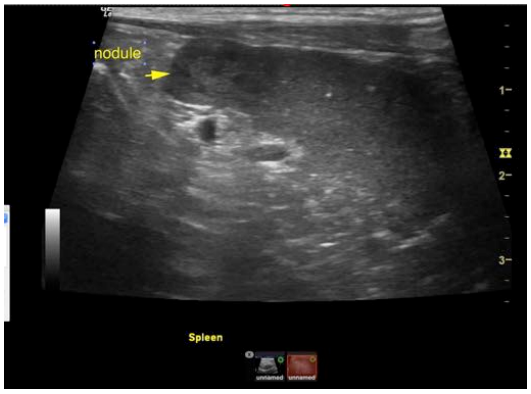

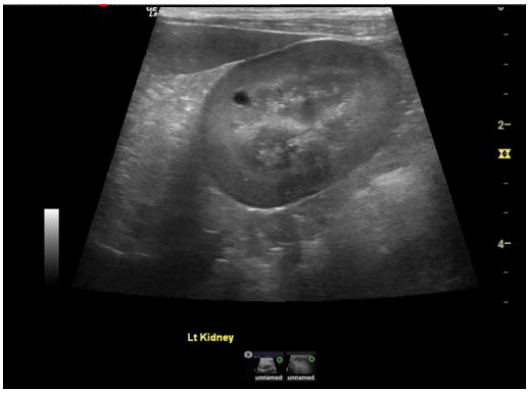

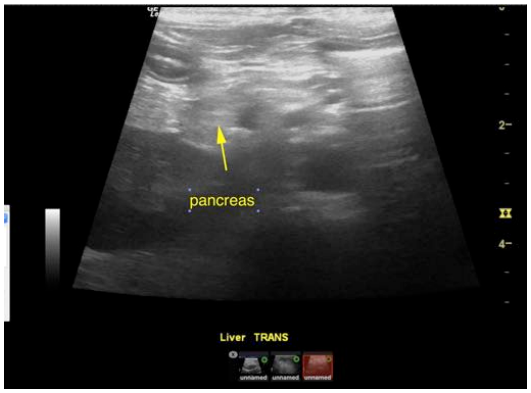

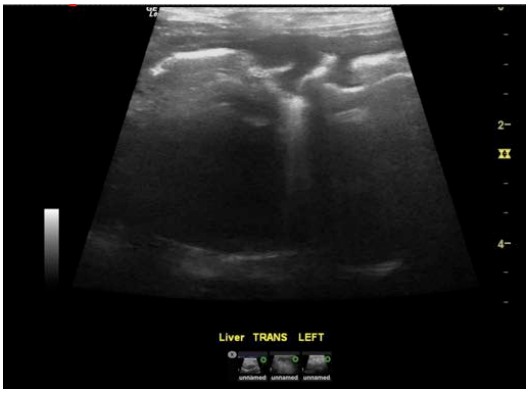

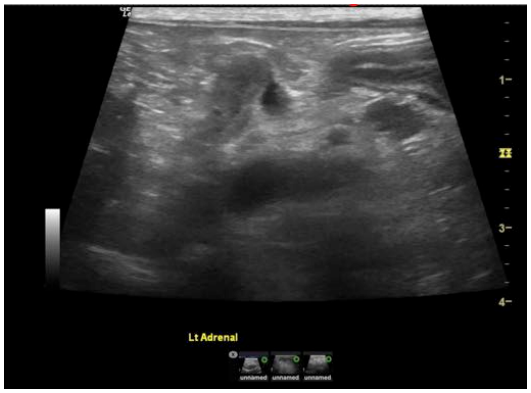

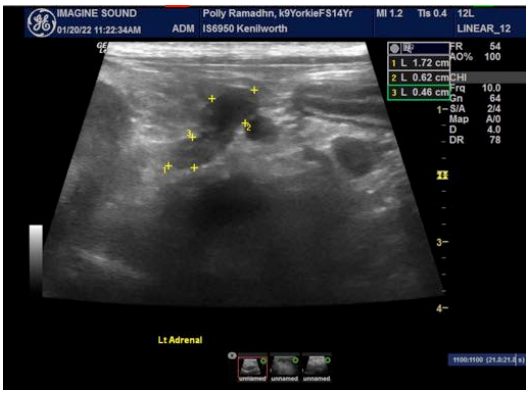

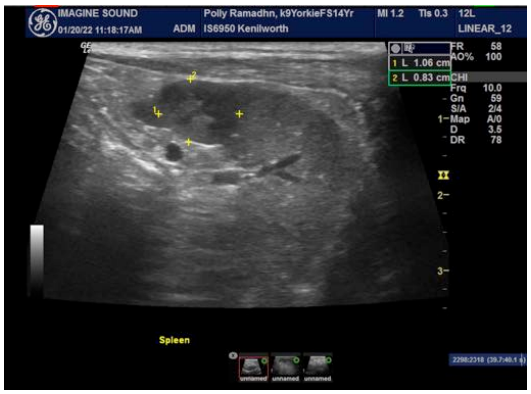

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the

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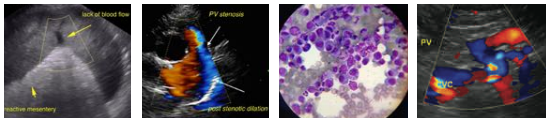

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image/video clips provided.

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
Eric.Lindquist@SonoPath.com