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Clinical Sonography & Telecytology
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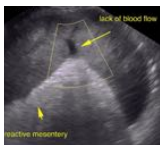
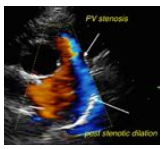
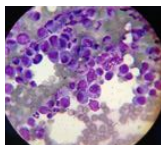
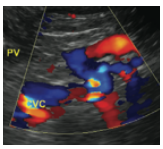

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Little Bear Jones

SPECIES
Canine

BREED
Pomeranian

SEX
Male

AGE
7 years

WEIGHT
11.2 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Ebersole

HOSPITAL NAME
Scanvet

REFERRING VET
Dr. Fortin

INVOICE
42526

DATE
1/4/23

PRESENTING CLINICAL SIGNS

History: AUS done in 2019 when Bile Acids very elevated dx early GB mucocele. Resolved on Ursodiol. Elevated LE again recently.
Abnormal PE/Chem/CBC/UA Results: BW (12/13/2022): ALT 455, AST 62, GGT 19.

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. A minor amount of sand was noted with slight acoustic shadowing and measured 0.86 cm. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The prostate was mildly heterogenous, uniform and measured 2.3 cm.

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 3.94 cm. The left kidney measured 3.79 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 1.18 cm at the cranial pole and 0.66 cm at the caudal pole. The left adrenal gland measured 2.52 x 0.52 cm at the cranial pole and 0.61 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** itself was uniform and slightly subnormal in size. The liver revealed mildly increased portal markings. The gallbladder was mildly over distended with suspended, immobile bile. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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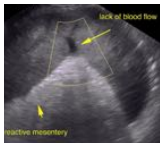
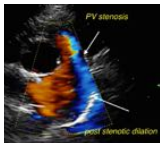
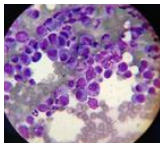
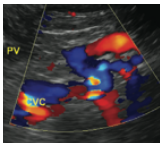

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Gastrointestinal

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.

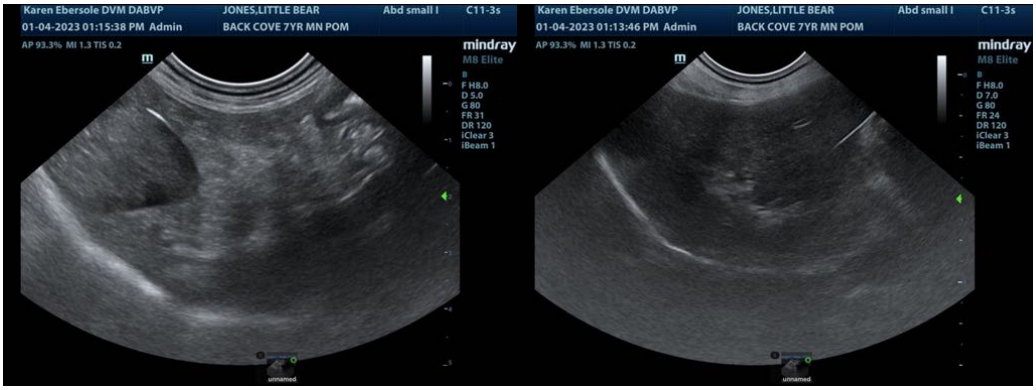
ULTRASONOGRAPHIC FINDINGS

Mild hepatic remodeling, minor gallbladder debris and over distension. Consistent with emerging mucocele.

Minor heterogenous prostate and bladder sand.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy is recommended and/or gallbladder motility study would be ideal. Non-specific inflammatory hepatopathy warrants FNA for further definition. Full urinary work-up or neutering may prove effective. Underlying Leptospirosis should be ruled out as an inciting factor. Ursodiol therapy is recommended over the next 6 weeks as well as empirical treatment with Enrofloxacin and Metronidazole over a 10 days period. Further management is recommended based on FNA results. Recheck sonogram is recommended in 6 weeks to assess gallbladder resolution.



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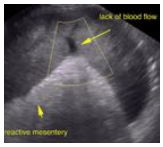
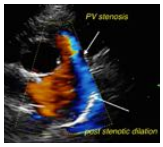
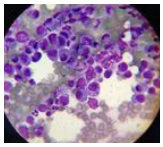
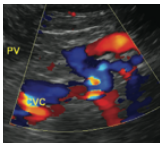

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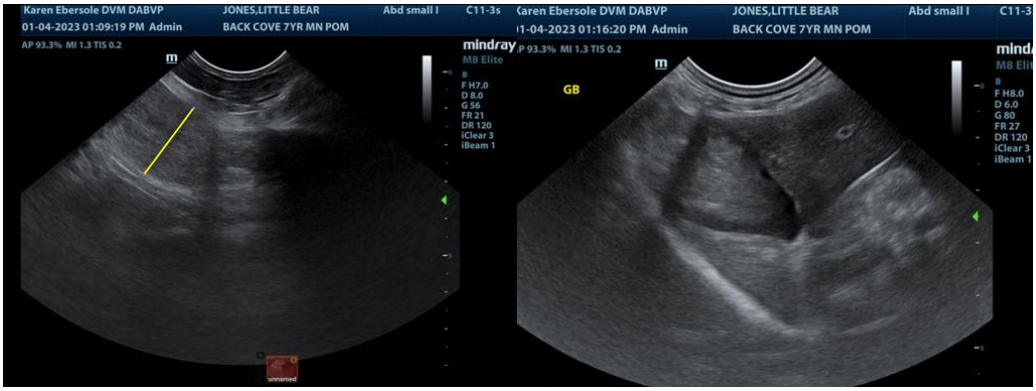

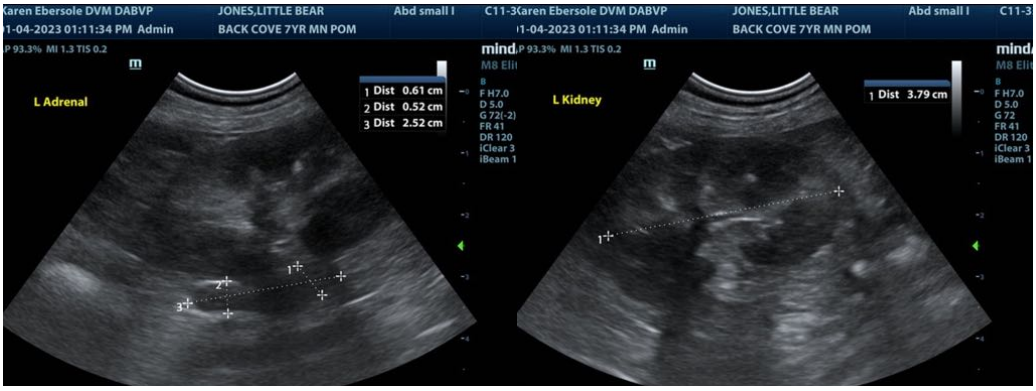

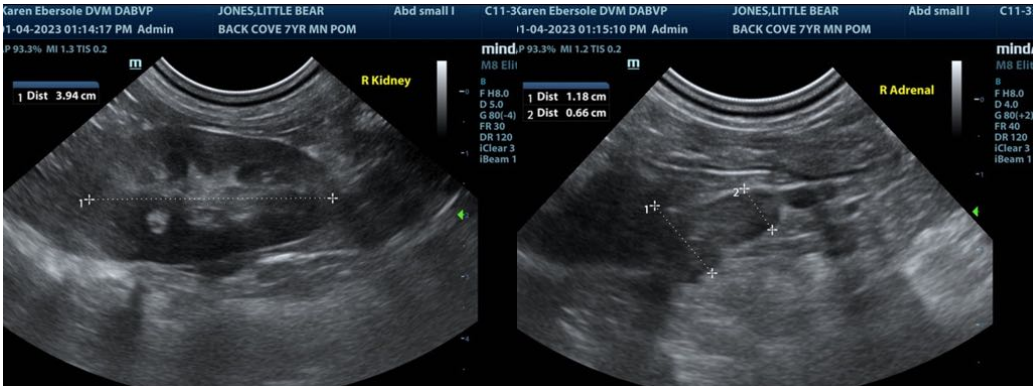

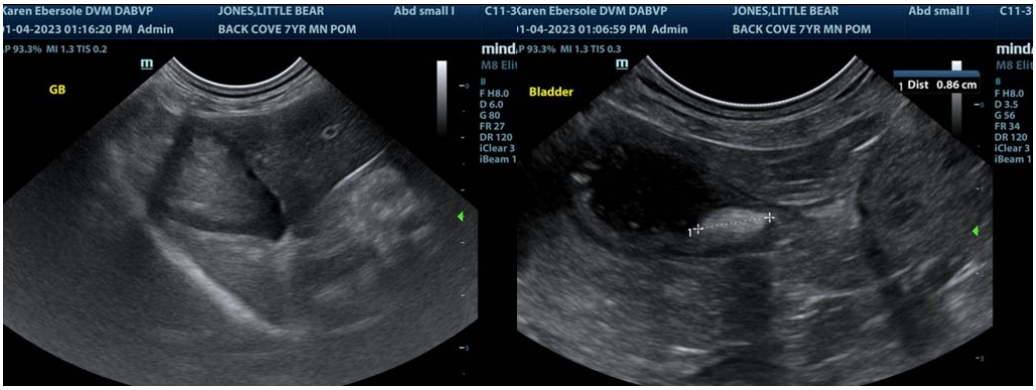

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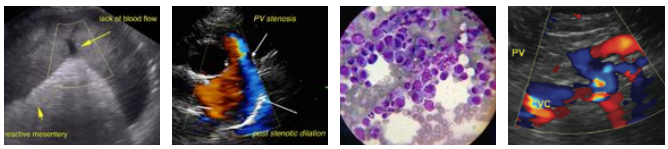

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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