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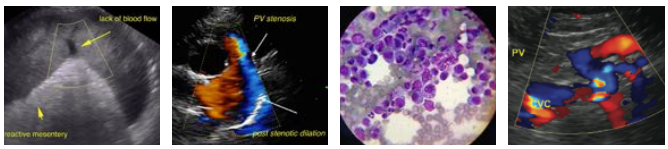

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1-800-838-4268 info@sonopath.com

PATIENT

Brownie Darvish

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered male

AGE

14 years

WEIGHT

21 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Green

HOSPITAL NAME

Healing Spirit AW

REFERRING VET

Dr. Green

INVOICE

42565

DATE

1/5/23

PRESENTING CLINICAL SIGNS

History: Presented due to diarrhea one week duration, recent onset vomiting
Abnormal PE/Chem/CBC/UA Results: No significant exam findings. CHEM: ALP=2198 (20-150) U/L, BUN=34 (7-25) mg/dL, Cr=1.0 (0.3-1.4) mg/dL

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 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. Mineralization was noted in the kidneys. Nephroliths were non-obstructive. The left kidney measured 5.0 cm. Cortical infarct was noted in the dorsal cortex of the right kidney.

Adrenal Glands

The right **adrenal gland** was enlarged and measured up to 1.2 cm. The right adrenal gland was heterogenous. The region of the left adrenal gland was visualized with no evidence of pathology.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself cranially. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. Hyperechoic, lipogranulomatous nodule was noted. The cranial pole of the spleen revealed a hypoechoic nodule. 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** 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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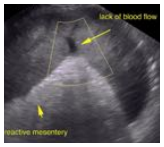
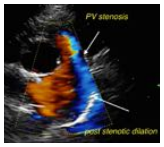
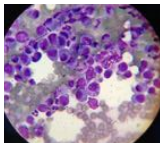
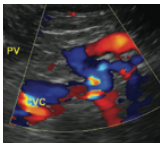

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Gastrointestinal

The **stomach** presented mucosal hypertrophy up to 1.2 cm. There was no evidence of ulcerative disease. However, chronic gastritis is likely. The small intestine and colon was unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Chronic gastric mucosal changes.

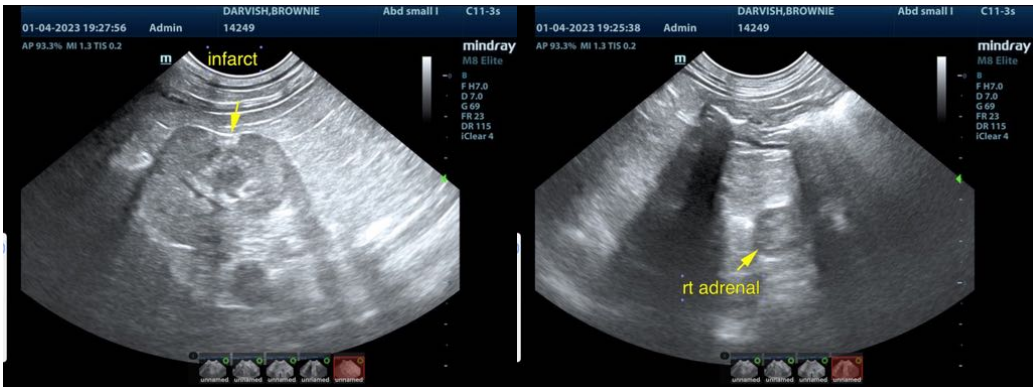
Chronic renal changes. Hyperechoic medullary rim sign was noted in the kidneys.

Enlarged right adrenal gland.

Geriatric abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am concerned about the long term viability of the kidneys in this patient. Supportive care should prove effective. I recommend to monitor urinalysis for inflammatory sediment or UTI is indicated. Blood pressure measurements are recommended.



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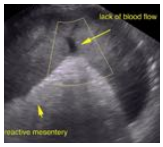
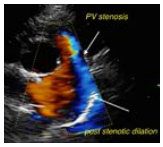
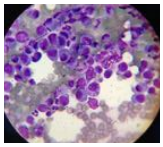
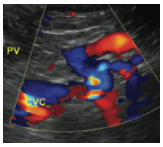

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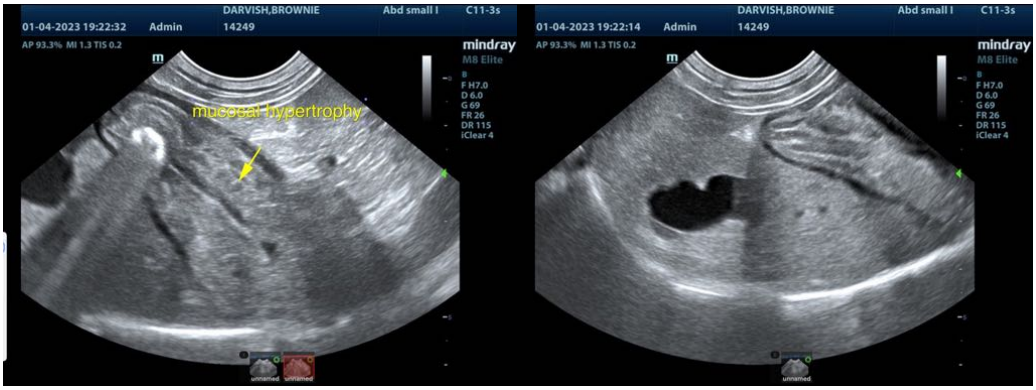

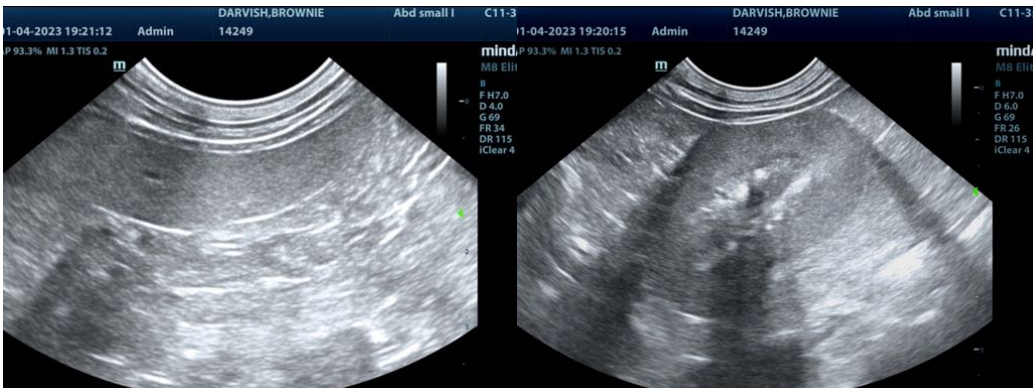

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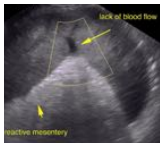
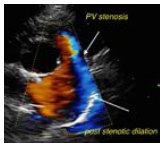
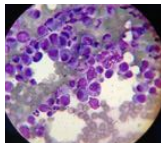
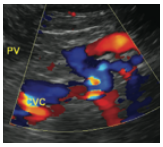

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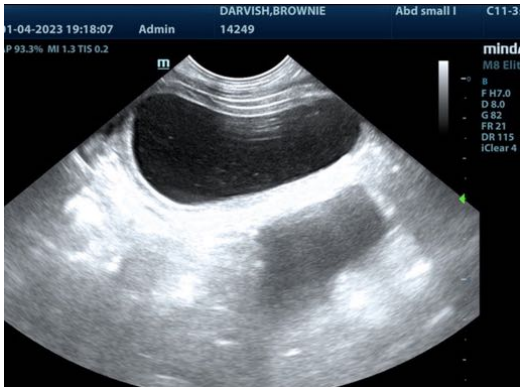

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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