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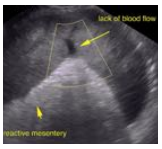

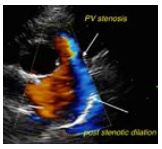

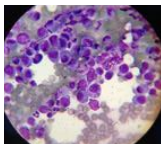
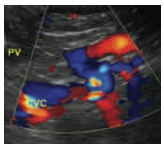

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1-800-838-4268 info@sonopath.com

PATIENT

Buster Faile

SPECIES

Canine

BREED

Schnoodle

SEX

Neutered male

AGE

7 years

WEIGHT

12.8 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Harris

HOSPITAL NAME

TotalBond VH- Bethel

REFERRING VET

Dr. Rowan

INVOICE

92368

DATE

10/13/21

PRESENTING CLINICAL SIGNS

History: Buster is a 7yr, MN, schnoodle that presented for 3 days of anorexia, diarrhea, and 1 vomiting incident. He has a history of copper storage disease that was identified on liver biopsy and Cushing's (fow which he is being treated with Trilostane). Routine bloodwork performed on 8/27/2021 revealed normal ALT and elevated ALP (3150). Bloodwork performed yesterday reveals an Azotemia, increased liver values, leukocytosis, and high SDMA. On physical, there is no fever, he is bright and alert, 5% dehydrated, but otherwise unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.92 cm. The left kidney measured 4.1 cm with non-obstructive calculi and corticomedullary pelvic calculi.

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 1.53 x 0.64 cm at the caudal pole and 0.8 cm at the cranial pole. The left adrenal gland measured 0.36 cm.

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.

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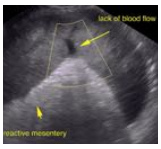
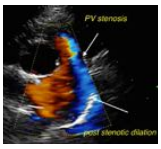
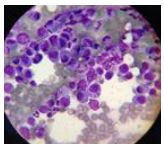
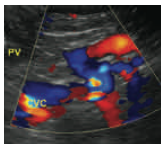

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Liver

The **liver** was mildly swollen with minor, echogenic gallbladder debris. Increased portal markings were noted. The gallbladder revealed a polyp at the neck measuring 1.0 cm; however, this is not pathology and most consistent with hyperplasia. A minor amount of gallbladder debris was noted.

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. 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 **pancreas** revealed mildly coarse architecture with heterogenous parenchymal changes. There is a potential for low-grade inflammation.

ULTRASONOGRAPHIC FINDINGS

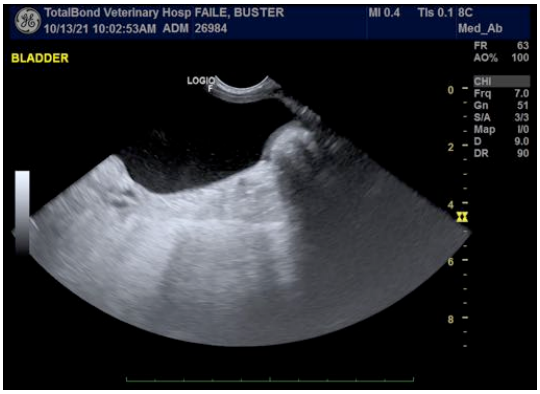
Non-specific inflammatory hepatopathy.

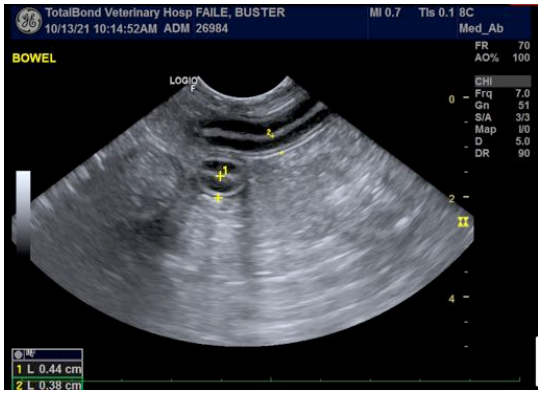
Nephrolithiasis, non-obstructive.

Mild to moderate degenerative changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the azotemia acute renal insult owing to toxin exposure, infectious agents and Leptospirosis should be considered. However, recent passage of calculi can also cause the syndrome noted. There is a separate issue of inflammatory hepatopathy. FNA of the liver is warranted. Coverage for Leptospirosis is recommended along with blood pressure measurements and urine culture given the urinary debris. There was no evidence of neoplasia. Gastrointestinal protectants are indicated. Structurally the adrenal glands appear normal. Given the Cushing's history PDH is likely. However, the adrenal glands fall within normal limits for this size patient, which represents a small percentage of PDH patients. Adrenal axis testing may be appropriate to assess if azotemia is associated to emerging Addisonian crisis.





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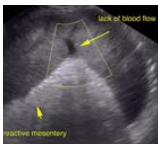
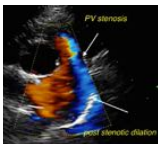
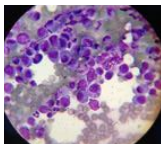
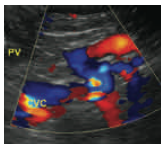

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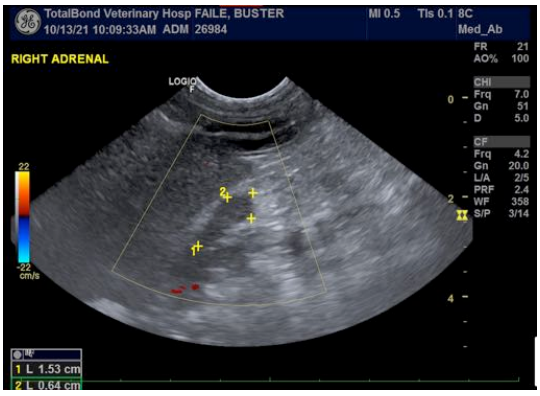

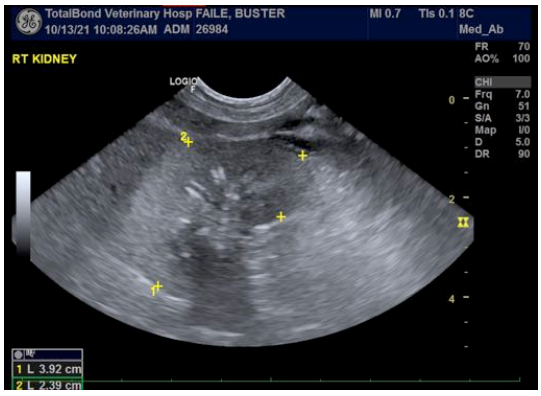

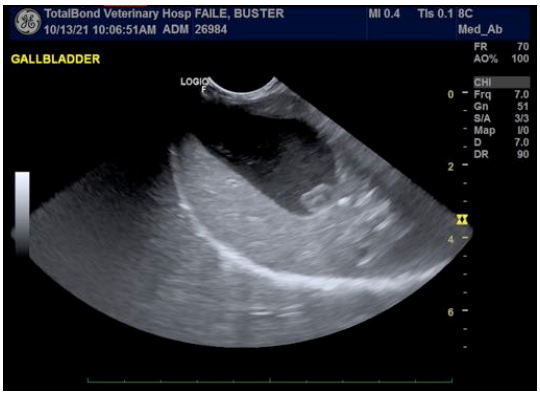

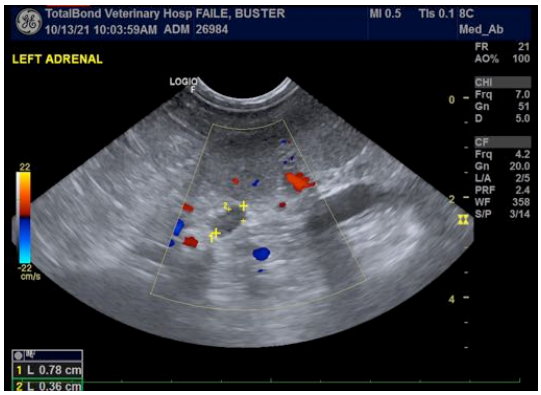

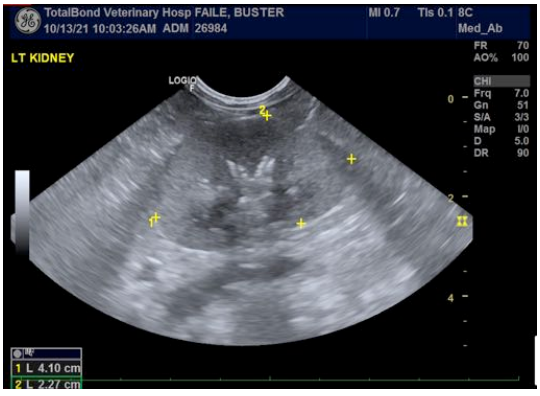

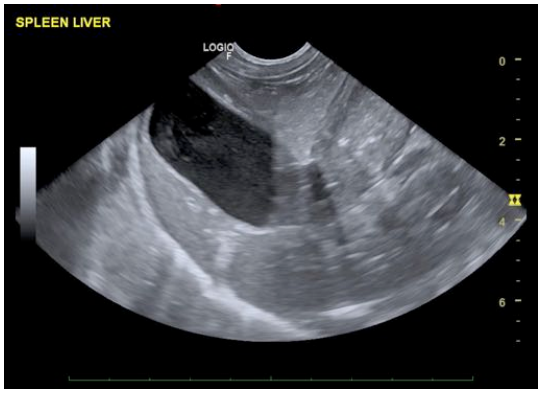

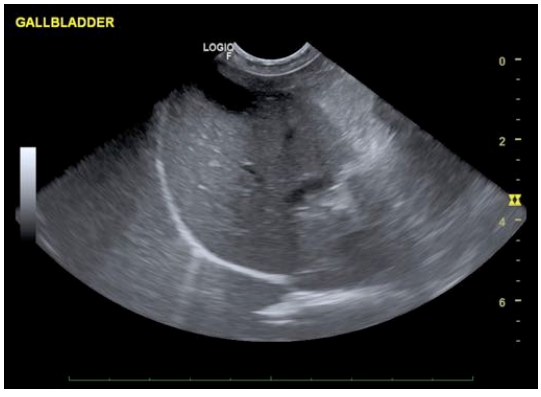

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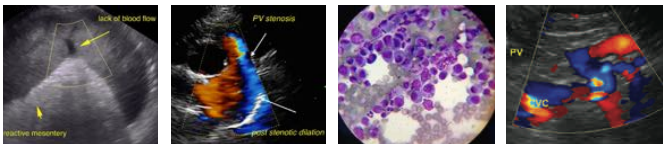

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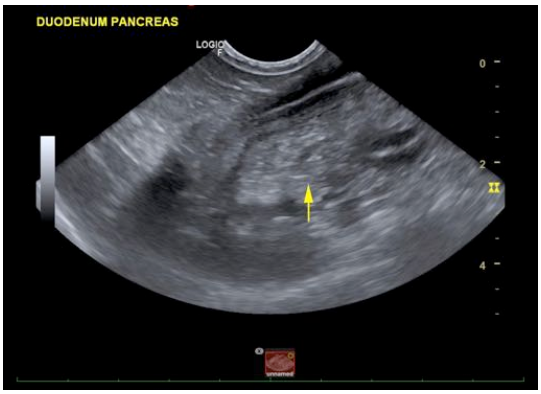

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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