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Clinical Sonography & Telecytology
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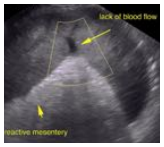
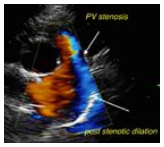
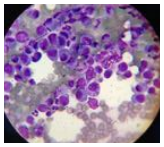
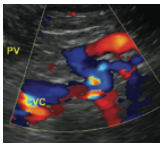

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1-800-838-4268 info@sonopath.com

PATIENT
Dixie Ford

SPECIES
Canine

BREED
Boxer

SEX
Spayed female

AGE
10 years

WEIGHT
61 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Beard

HOSPITAL NAME
West Prince AH

REFERRING VET
Dr. Spivey

INVOICE
40082

DATE
10/13/22

PRESENTING CLINICAL SIGNS

History: PU/PD and weight loss in spite of a good appetite.
Abnormal PE/Chem/CBC/UA Results: Pendulous abdomen, thin skin, sparsely haired. CBC WNL. Chemistry inc ALT and SAP. UA dilute urine consistently 1.010 to 1.014. Low dose dexamethasone test resting cortisol 3.68, 4 hr post LDD 4.0, 8 hr post LDD 2.0.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented apical wall thickening with micropolypoid changes, suspended and dependent debris, sand and small calculi. A grouping of which measured 0.5 cm.

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. The capsules were acceptably uniform without significant irregularities. Pelvic calculus was noted in the left kidney with minor pyelectasia. The kidneys both measured 6.0 cm.

Adrenal Glands

The left **adrenal gland** was 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 0.6 cm. The region of the right adrenal gland was unremarkable, yet not overtly visualized. Sedation would likely be necessary in order to visualize the right adrenal gland.

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** 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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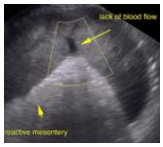
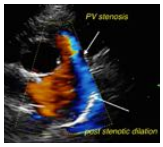
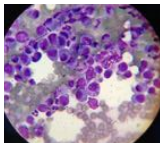
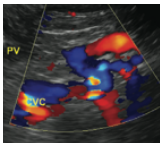

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Gastrointestinal

The **stomach** revealed some partially shadowing material. This is consistent with post prandial presentation. Soft foreign matter cannot be completely ruled out depending on when the patient ate prior to the sonogram. The small intestines and colon were unremarkable.

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

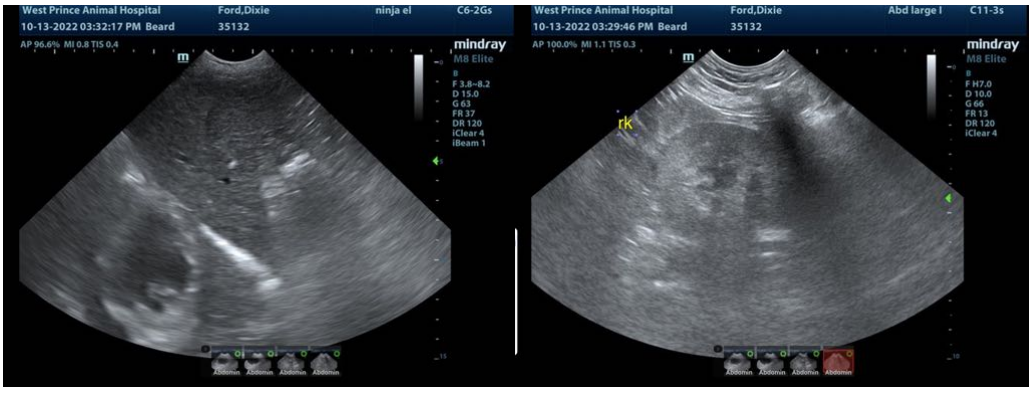
Cystitis pattern with small stones and debris.

Partially shadowing material in the stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

PU/PD may be owing to underlying UTI, calculi passage or medullary washout. Cystotomy, stone analysis and culture can be considered; however, sonogram should be performed just prior to surgery to ensure that the bladder calculi have not been liberated.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.



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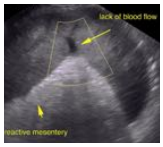
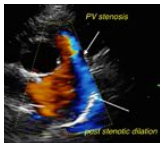
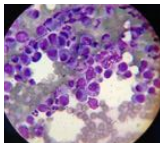
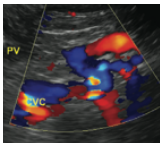

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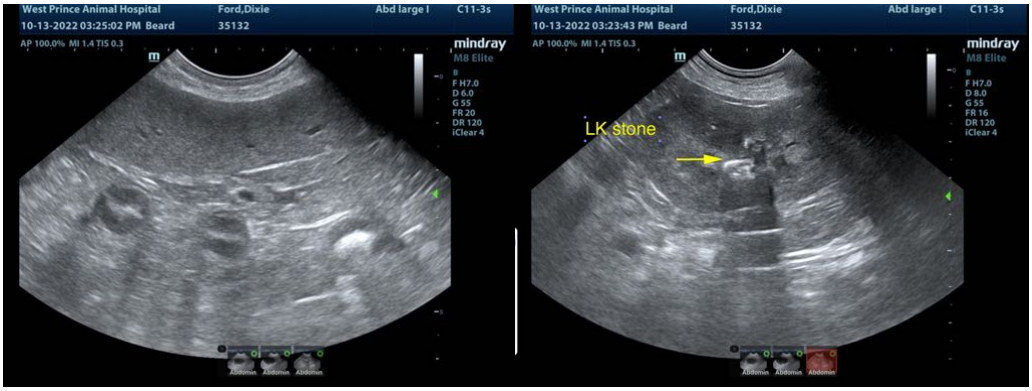

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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