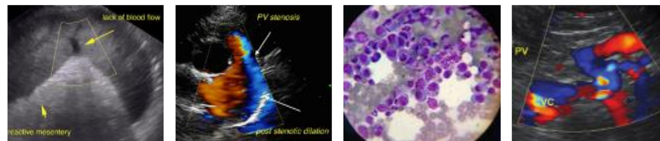

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1-800-838-4268 info@sonopath.com

PATIENT

Ella Morgan

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

12 Years 8 Months

WEIGHT

61.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Leal

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Leal

INVOICE

13862

DATE

10/18/21

PRESENTING CLINICAL SIGNS

History: Dog presented for general wellness exam. Clinically dog is acting normal at this time. Bloodwork shows CBC WNL, Chem shows SDMA (31), Albumin (206), ALT (264), GGT (26), Lipase (>1800). Rest WNL. Ultrasound done for further evaluation

Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of minor chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

The **left kidney** presented relatively normal size, minor irregular contour, slight pyelectasia and mild degenerative changes.

The **right kidney** was significantly dystrophic and subnormal in size (4.4 cm) with pelvic and corticomedullary calculi. This is likely secondary to chronic obstructive disease.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease, then ACTH testing would be indicated. The left adrenal gland measured 0.7 cm in width. The right adrenal gland measured 1.0 cm at the cranial pole and 0.8 cm at the caudal pole.

Spleen

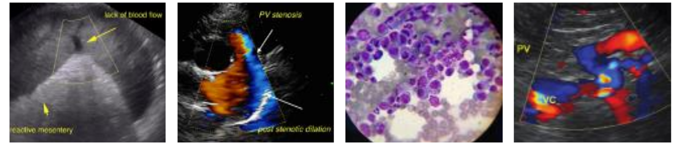
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted. Caudal folding of the spleen 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.

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

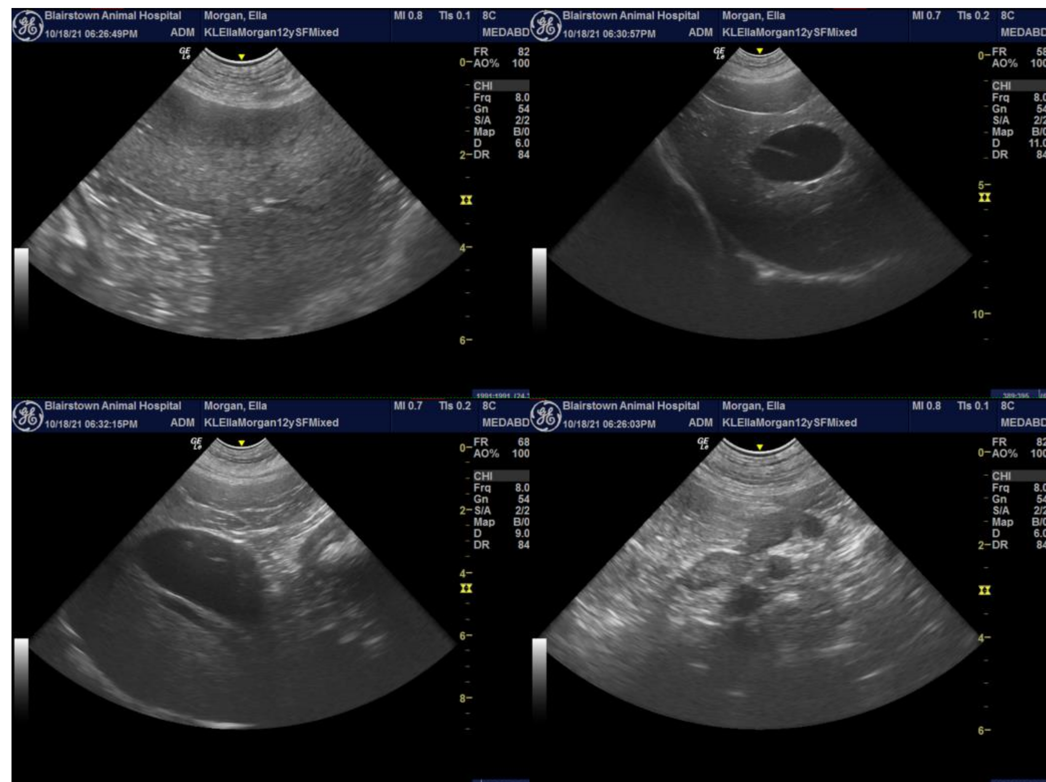
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes.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

ULTRASONOGRAPHIC FINDINGS

- Minor bilateral adrenal hypertrophy
- Moderate degenerative renal changes, dystrophy moderate to severe and subnormal size on the right kidney and mild to moderate on the left kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient is clinical for potential Cushing's disease, then PDH is a potential. No evidence of significant pancreatic disease noted. Underlying food intolerance may be an issue. FNA of the liver could be considered for further definition yet likely reactive hepatopathy and is unremarkable. If urine specific gravity is <1.020 and the patient appears Cushingoid, then work up for PDH would be appropriate.



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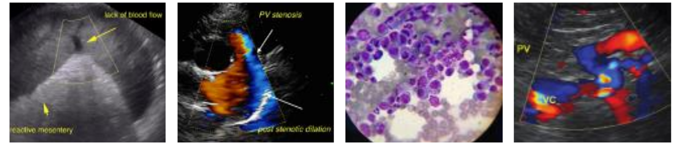

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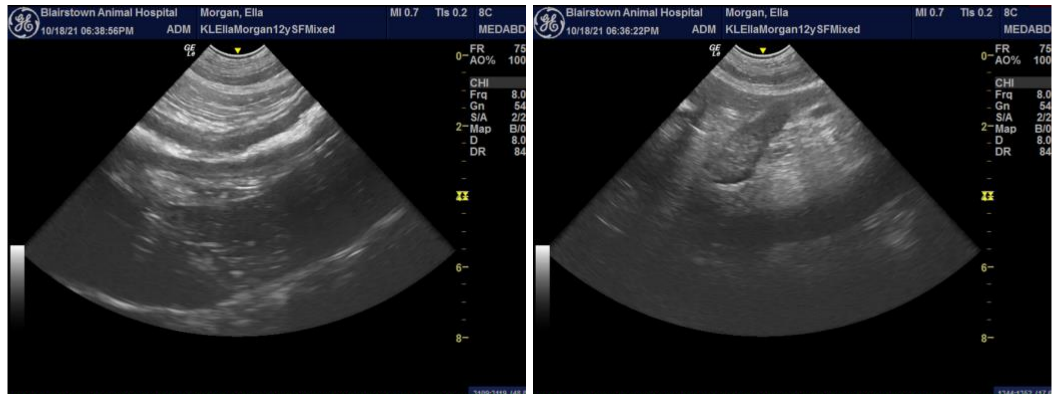

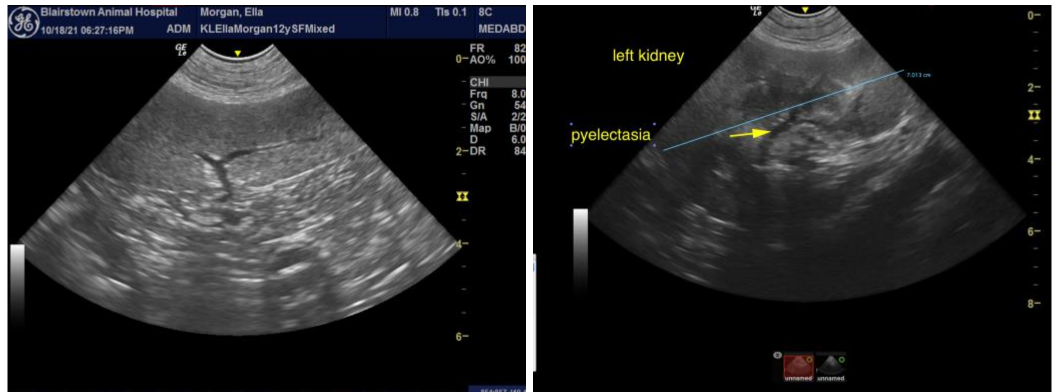

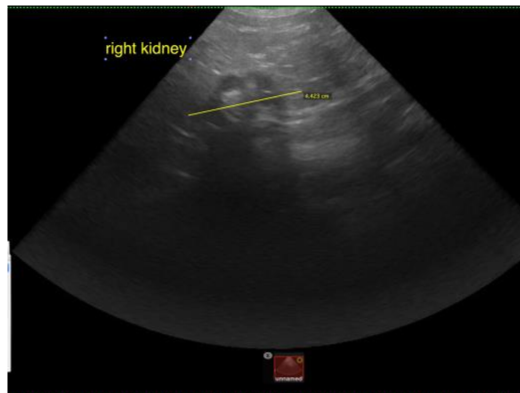

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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