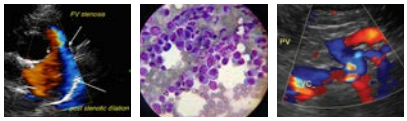
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

10/19/21

PATIENT

Gabby Ingoe

SPECIES

Canine

BREED

Westie

SEX

Spayed Female

AGE

2008

WEIGHT

16.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Festival Vet Clinic

REFERRING VET

Dr. Harvey

INVOICE

26383

PRESENTING CLINICAL SIGNS

13 yo Addisonian, occ vomiting bile, elevated LFT's Hypothyroid, Hemangioma removed on 8/31/2021.

Current Medications: Zycortal 0.73ml Q 30 days, Thyroxine 1 mg PO BID, Prednisone 5mg 1/3 tab po QD.
Lab Results: elevated LFT's, ALT 608, ALP 1520, AST 79, Chol 514, Lipase 855, CPK 371
Date of Previous IntraPet Ultrasound: No previous
Sedation: not needed
Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a minor amount of sand, measuring 5.0 mm as a grouping. The patient is likely passing small granules from the kidneys to bladder periodically. This is not obstructive and should pass without difficulty.

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 present in both kidneys. The right kidney measured 4.26 cm. The largest calculus measured 0.26 cm. The left kidney measured 4.68 cm.

Adrenal Glands

Both **adrenal glands** were flattened and isoechoic, expected for an Addisonian patient. The right adrenal gland measured 1.82 cm x 0.36 cm at the caudal pole and 0.44 cm at the cranial pole. The left adrenal gland measured 1.47 cm x 0.17 cm at the caudal pole and 0.26 cm at the cranial 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.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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

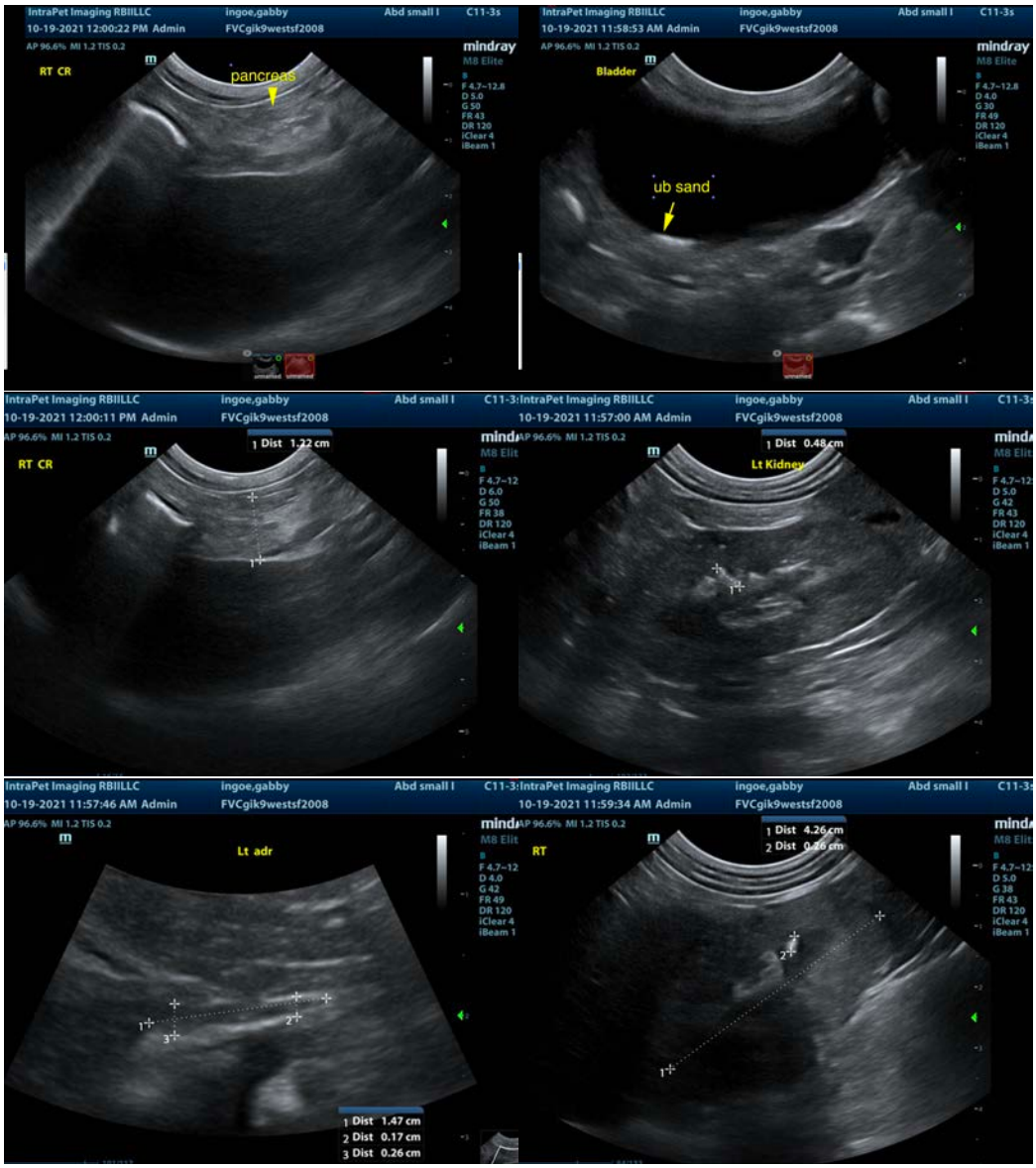
The pancreas was hyperechoic with mixed echogenic changes, consistent with remodeling. Some low-grade level of inflammation is likely.

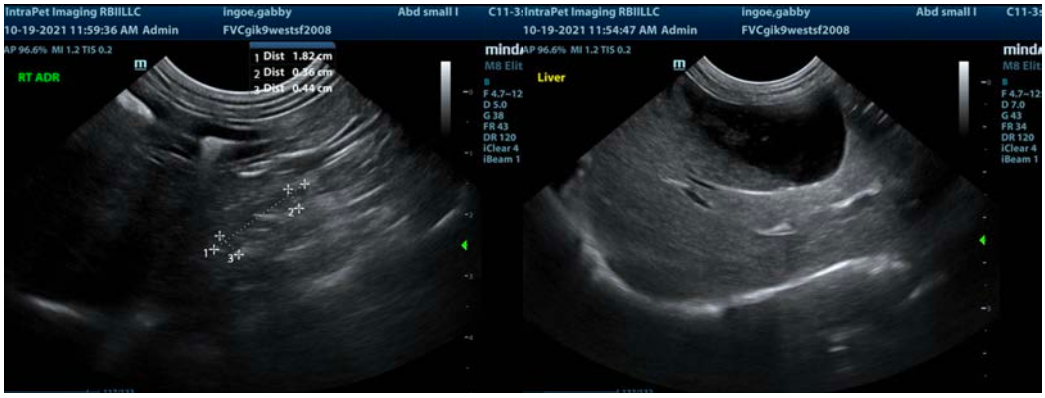
ULTRASONOGRAPHIC FINDINGS

- Geriatric abdomen with pancreatic remodeling and expected flattened adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Reassessment of the Addisonian status recommended to assess if an Addisonian crisis is influencing the clinical signs and if further Prednisone supplementation may be necessary. Otherwise, treatment for gastritis/pancreatitis indicated.





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.

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