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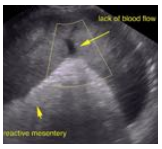
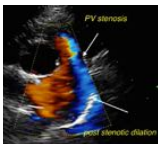
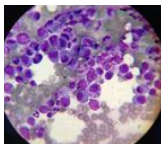
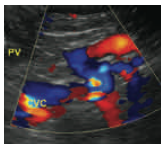

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1-800-838-4268 info@sonopath.com

PATIENT
Bruno Allin

SPECIES
Canine

BREED
Pitbull

SEX
Intact male

AGE
11 years

WEIGHT
65 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Carter

HOSPITAL NAME
Willamette VH

REFERRING VET
Dr. Maggiulli/Jimmerson

INVOICE
92574

DATE
10/22/21

PRESENTING CLINICAL SIGNS

History: Presented today for having trouble standing and walking. O thinks gums are pale. O reported 1 known episode of melena this last week, this was after getting into a cooked chicken carcass. Abnormal PE/Chem/CBC/UA Results: CBC: HCT 20.3% Retic 448.5 Neutrophils 21.11 (2.95-11.64) Mono 2.72 (0.16-1.12) nRBC seen on blood smear Agglutination test negative Chem: TP 3.8, ALB 1.7, Glob 2.1 4dx: Negative Cholesterol 94

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. A minor amount of suspended debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The prostate is enlarged with mild cystic changes. The prostate measured 3.0 cm in width. There was minor deviation of the descending colon.

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. The left kidney measured 7.73 cm. The right kidney measured 8.0 cm with slight pyelectasia.

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 left and right adrenal gland measured 0.4 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.

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.

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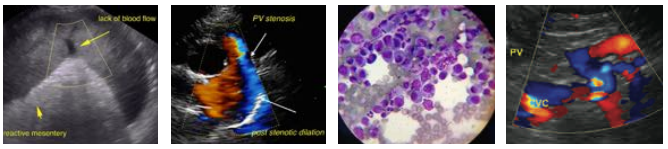

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Gastrointestinal

The **stomach** was filled with progressively shadowing ingesta. Soft foreign matter cannot be completely ruled out. 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. 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

Full stomach.

Mild chronic renal changes with slight pyelectasia and urinary debris.

Age related hepatic changes.

Mild BPH prostate with a cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of hemorrhage in this patient. Assessment for proteinuria/protein losing nephropathy is recommended. Bile acid profile is warranted given the hepatic changes. However, CBC path review and bone marrow aspirate is warranted. If no significant proteinuria is present then protein losing enteropathy is likely. Depending on when the patient ate last some shadowing foreign matter in the pyloric outflow could be related to the ingested carcass history.

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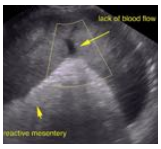

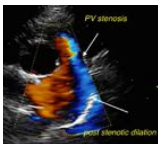

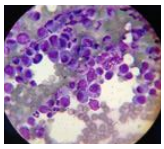
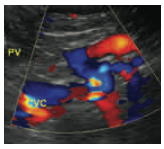

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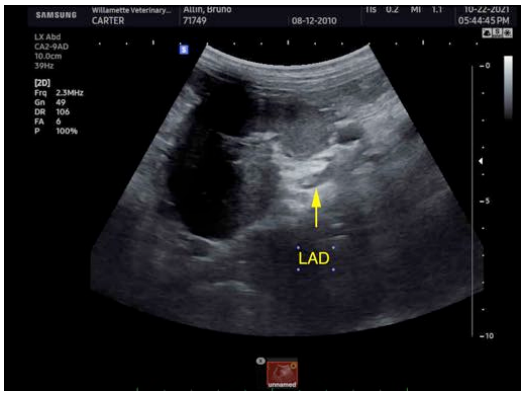





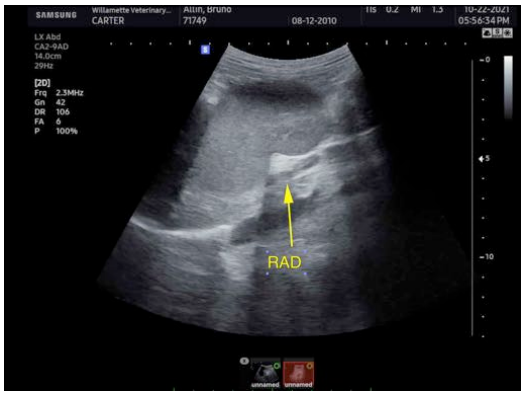

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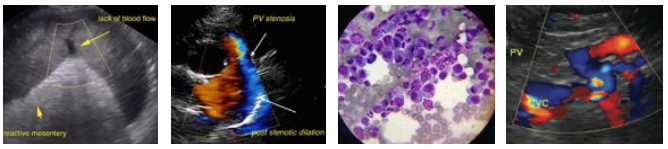

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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