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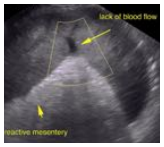
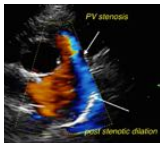
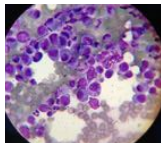
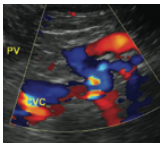
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT
Buddy DeSantis

SPECIES
Canine

BREED
Shih Tzu Cross

SEX
Neutered male

AGE
10 years

WEIGHT
11.2 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Barthelemy

HOSPITAL NAME
Cranston VH

REFERRING VET
Dr. Nielsen

INVOICE
42176

DATE
10/27/22

PRESENTING CLINICAL SIGNS

History: Hx if ALT and ALP elevations for a few years but now values are more moderately elevated. Periodically reduced appetite. No significant clinical signs for Cushing's.
Abnormal PE/Chem/CBC/UA Results: Post prandial BA 49.5. Moderate ALT and ALP elevations.

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. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

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. The right kidney measured 5.0 cm. The left kidney measured 4.57 cm.

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 0.62 cm at the caudal pole and 0.46 cm at the cranial pole. The left adrenal gland measured 0.49 cm at the cranial pole and 0.61 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. Hyperechoic, lipogranulomas were noted in the spleen. 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** was uniformly swollen The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. Occasional, hypoechoic nodules were noted and were non-disruptive measuring up to 1.13 cm. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. Gallbladder debris and sand was noted.

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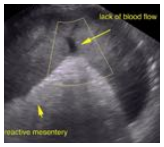
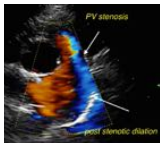
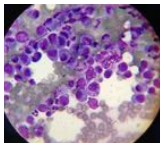
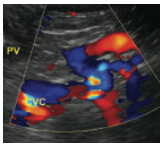

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Gastrointestinal

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 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

Benign abdomen.

Minor vacuolar hepatopathy, nodular hyperplasia liver pattern.

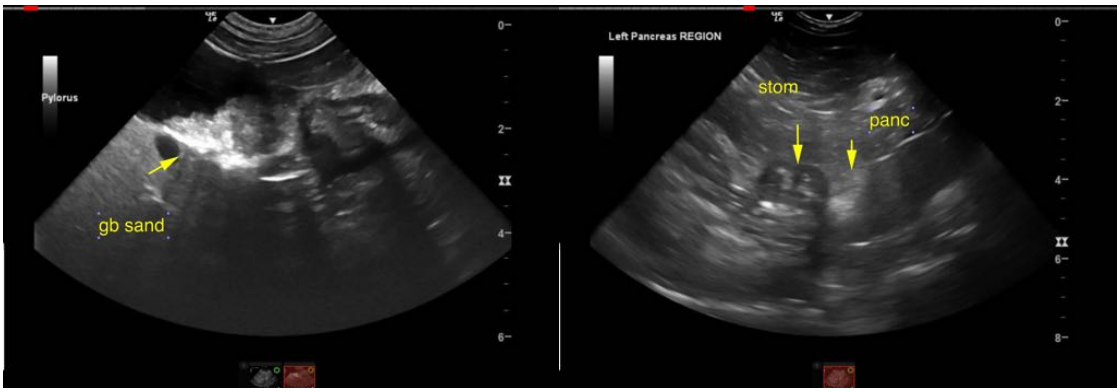
Dependent gallbladder debris and sand.

Age related pancreatic changes.

Otherwise, unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy can be considered as adjunctive therapy over the next 6 weeks to attempt to dissolve the sand accumulation. FNA of the liver would be appropriate for further definition of the general parenchyma and nodular changes. However, subjectively appears benign. Recheck of bile acid profile is recommended after 6 weeks. Ursodiol is indicated. There was no evidence of intrahepatic or extrahepatic shunting.



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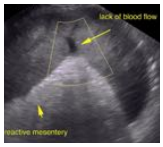
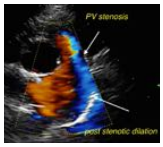
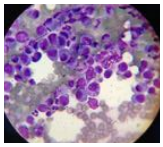
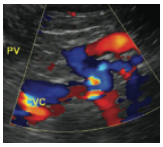

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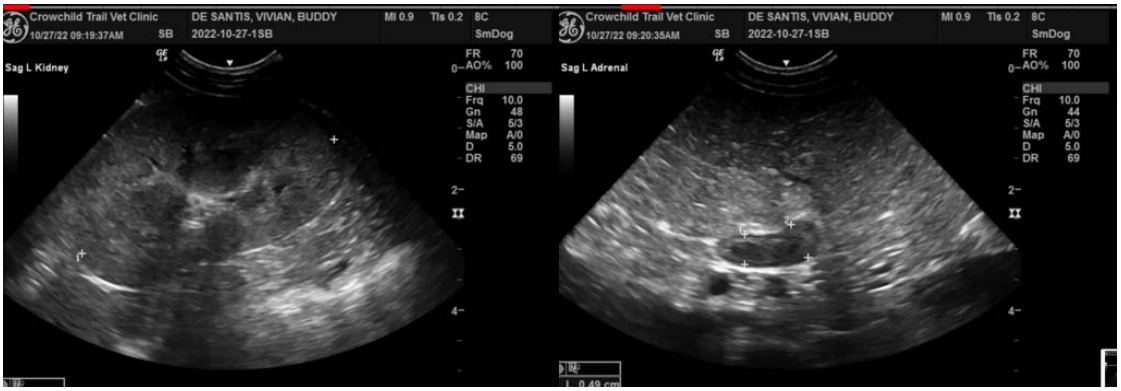

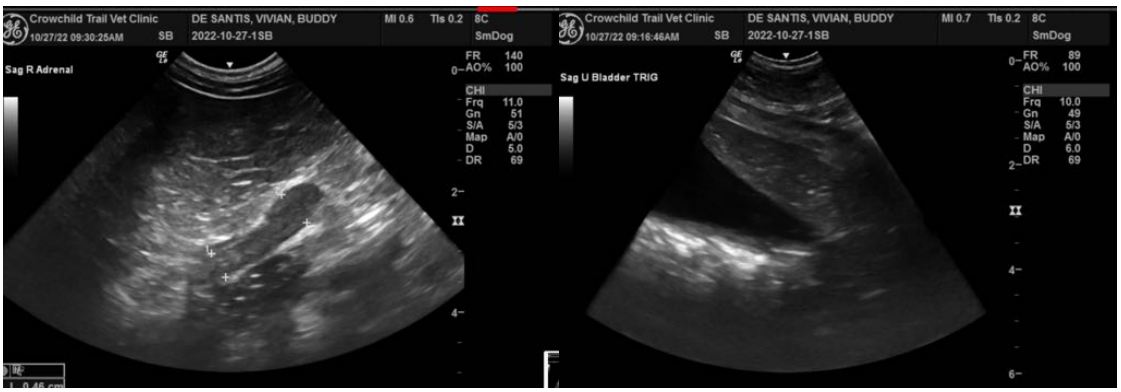

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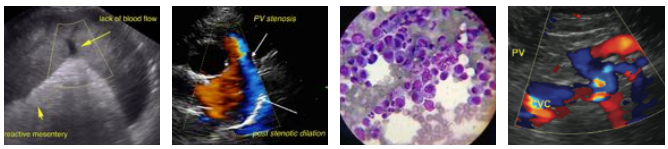

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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