



PATIENT PRESENTING CLINICAL SIGNS

Levi Miller
Soft tissue opacity noted on thoracic radiographs taken 10/27/2022, unable to localize definitively - rule out cranial liver/GB vs caudal lung. Patient also diagnosed with Grade V/VI systolic murmur in 2021. Thoracic radiographs taken in preparation for general anesthesia to perform COHAT and remove multiple sebaceous adenomas/warts. Patient systemically well/asymptomatic according to history.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: 10/27/2022: CBC/Chem - nsf. SDMA/TT4 - WRI. Thoracic rads - moderately enlarged LA with mildly increased unstructured interstitial pattern of the perihilar region. ~7mm round ST/mineral? opacity overlying the cranioventral liver on right lateral image (between ribs 9 + 10).

BREED

Coton de Tulear

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Neutered Male

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

AGE

13 Years

The iliac trifurcation was unremarkable.

WEIGHT

10.5 Pounds

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Hyperechoic medullary rim sign noted in both kidneys. The right kidney measured 3.28 cm. The left kidney measured 3.85 cm. Blood flow to the kidneys appeared to be adequate.

INTERPRETED BY

Eric Lindquist, DMV

Adrenal Glands

DABVP, Cert. IVUSS

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 1.52 cm x 0.53 cm at the cranial pole and 0.41 cm at the caudal pole. The left adrenal gland measured 1.1 cm x 0.50 cm at the cranial pole and 0.38 cm at the caudal pole.

IMAGING PERFORMED BY

Dr. Bethany Coe

HOSPITAL NAME

Spleen

Riverside AC

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.

REFERRING VET

Dr. Bethany Coe

Liver

INVOICE

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,

42419

DATE

10/31/22



PATIENT

Levi Miller

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

SPECIES

Canine

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.

BREED

Coton de Tulear

Pancreas

SEX

Neutered Male

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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

AGE

13 Years

- Moderate degenerative renal changes with idiopathic medullary rim sign
- Pancreatic remodeling
- Age related hepatic changes

WEIGHT

10.5 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for proteinuria and/or inflammatory sediment warranted if not already performed. No evidence of significant abdominal disease, largely age related changes.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Bethany Coe

HOSPITAL NAME

Riverside AC

REFERRING VET

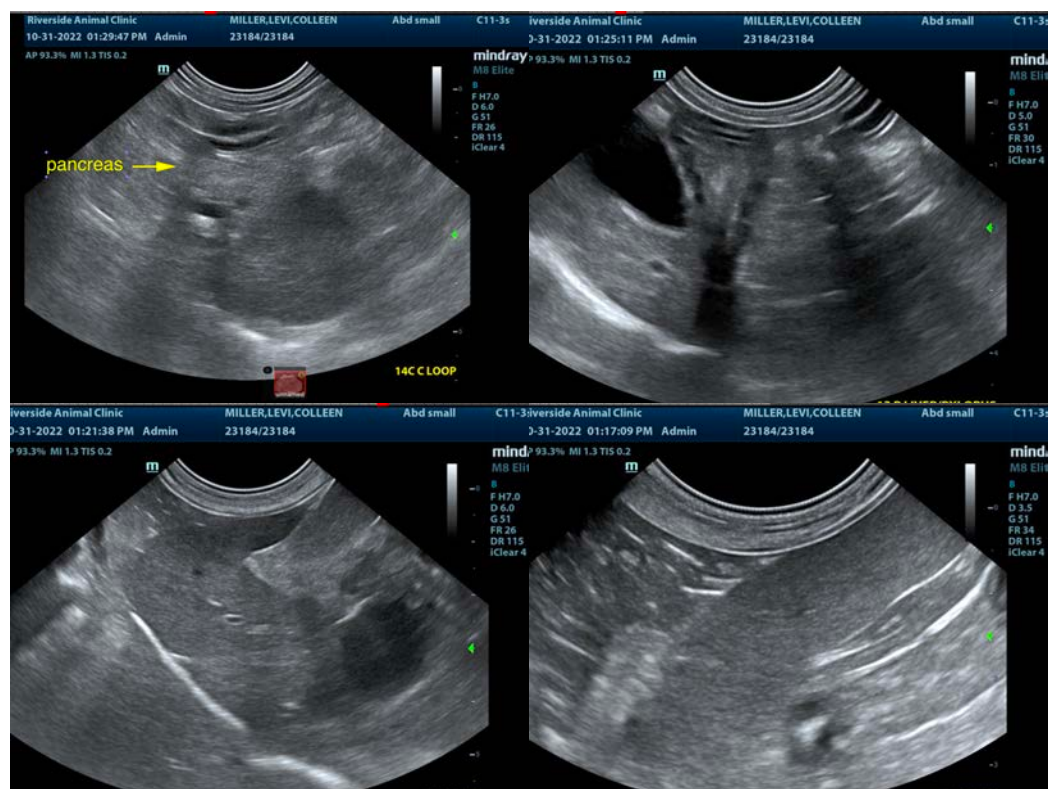
Dr. Bethany Coe

INVOICE

42419

DATE

10/31/22





PATIENT

Levi Miller

SPECIES

Canine

BREED

Coton de Tulear

SEX

Neutered Male

AGE

13 Years

WEIGHT

10.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Bethany Coe

HOSPITAL NAME

Riverside AC

REFERRING VET

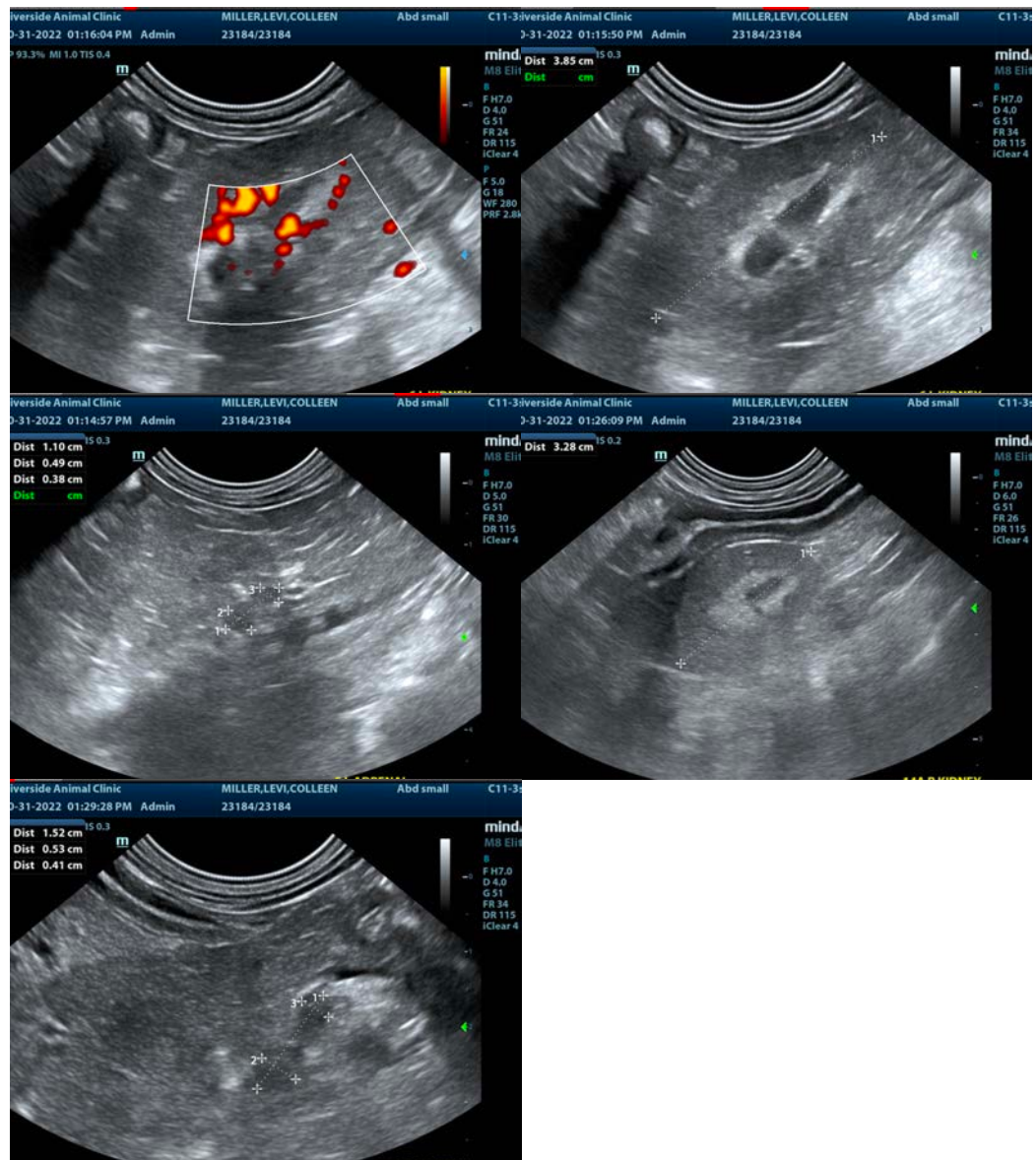
Dr. Bethany Coe

INVOICE

42419

DATE

10/31/22



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