



PATIENT PRESENTING CLINICAL SIGNS

Ginger Keele weight loss, blood work normal. Drinking and urinating more than normal too

SPECIES Abnormal PE/Chem/CBC/UA Results: recent low dose Dex test (pre = 2.4, 4 hr post = 1.9, 8 hr post = 1.3) Chem = ALT = 166, Alk PHos = 1275, GGT = 17, T. Bili = 0.4, Urine Specific Gravity = 1.012 no other significant findings

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Terrier X

Urinary System

SEX

Spayed Female

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

16 Years

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 left kidney measured 4.03 cm. The right kidney measured 4.54 cm. Minor microcystic changes noted in the kidneys.

WEIGHT

10 Pounds

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 2.11 cm x 0.54 cm at the cranial pole and 0.69 cm at the caudal pole. The right adrenal gland measured 1.82 cm x 1.04 cm at the cranial pole and 0.82 cm at the caudal pole.

IMAGING PERFORMED BY

Jenna Walsh, CVT

Spleen

HOSPITAL NAME

Q Street AH

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies. The spleen was folded upon itself cranially.

REFERRING VET

Dr. Bretschneider

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. Minor gallbladder sand noted, non-obstructive at the time of the sonogram. No significant overdistention of the gallbladder. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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Gastrointestinal

The **stomach** was unremarkable. Areas of mucosal fogging noted in the small intestine.



PATIENT *Pancreas*

Ginger Keele 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.

SPECIES 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.

Canine

BREED **ULTRASONOGRAPHIC FINDINGS**

Terrier X

SEX

Spayed Female

AGE

16 Years

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

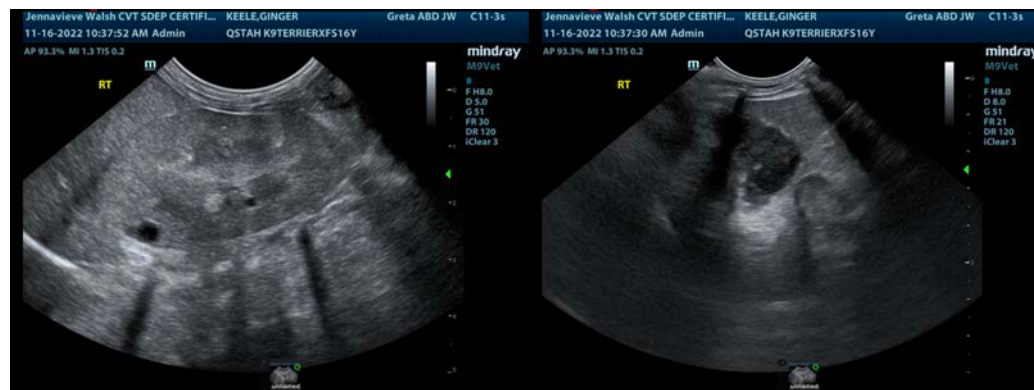
- Bilateral adrenal hypertrophy – suggestive for pituitary dependent hyperadrenocorticism.
- Splenic mineralization
- Vacuolar hepatopathy liver pattern
- Age related renal changes
- Mucosal fogging in the small intestine
- Pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of weight loss is unclear. Malassimilation of nutrients may be an issue, given the mucosal fogging in the small intestine and the pancreatic remodeling. No overt evidence of neoplasia. Maldigestion panel and three view chest radiographs recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered. Full CNS examination warranted to assess the potential for expansive pituitary tumor. Brain CT would be necessary to assess this potential more thoroughly.

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





PATIENT

Ginger Keele

SPECIES

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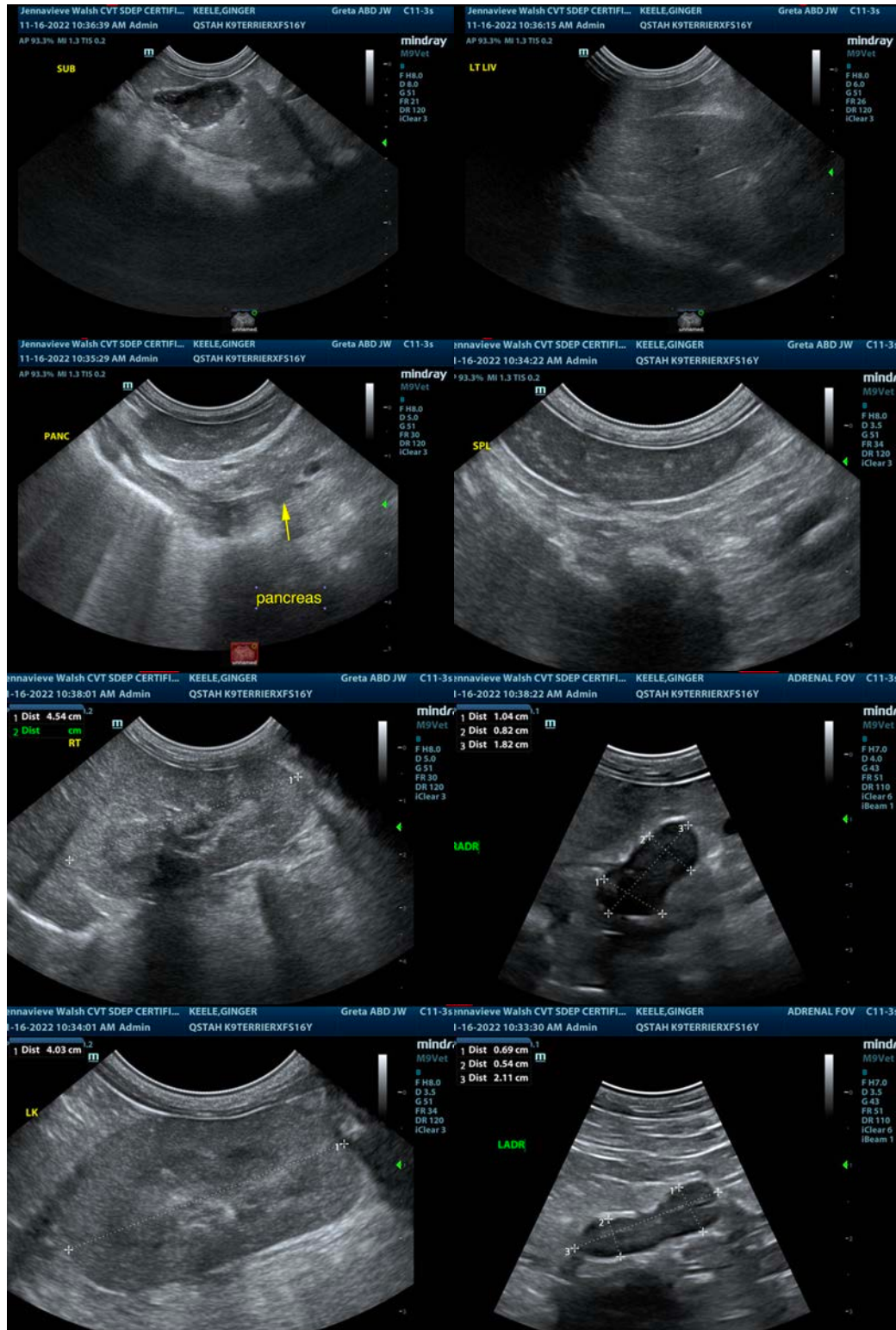
Dr. Bretschneider

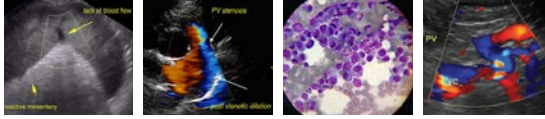
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PATIENT

Ginger Keele

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.

SPECIES

Canine

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.

BREED

Terrier X

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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SEX

Spayed Female

AGE

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