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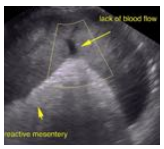
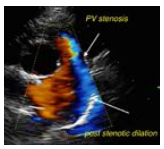
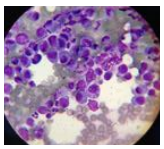
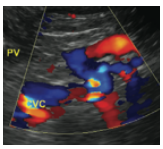

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Winston Salehi

SPECIES
Canine

BREED
Chihuahua

SEX
Neutered male

AGE
15 years

WEIGHT
8.5 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Salas

HOSPITAL NAME
Tenafly VC

REFERRING VET
Dr. Salas

INVOICE
42711

DATE
11/25/22

PRESENTING CLINICAL SIGNS

History: 15 yr old chihuahua, chronic cough, mitral valve disease, on Vetmedin and tussigon. 6 month history of pu/pd and isosthenuric urine- trace protein and 2+ epithelial cells, rest of bloodwork is normal, upcr within normal range. concern regarding left side, near stomach, or part of the stomach- gas filled mass?

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. The left kidney measured 3.01 cm with slight pyelectasia. The right kidney measured 3.54 cm with slight pinpoint mineralization.

Adrenal Glands

The **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 adrenal gland measured 1.34 x 0.39 cm. The right adrenal gland measured 0.53 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 submitted revealed subnormal liver size, yet normal contour and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder waws over distended with debris, yet not to the level of mucocele formation. However, some striating bile was present.

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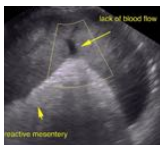
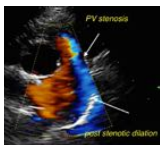
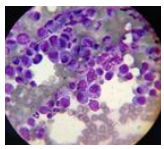
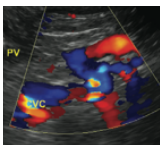

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Gastrointestinal

The **stomach** was mildly thickened. The wall thickness measured up to 1.0 cm. There was no loss of mural detail. At the level of the gastroesophageal inlet a hypoechoic, nodule was noted and measured 0.88 cm. It appears to impinge upon the mucosa. The small intestines and colon appeared normal.

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

Minor renal pyelectasia, minor degenerative renal changes.

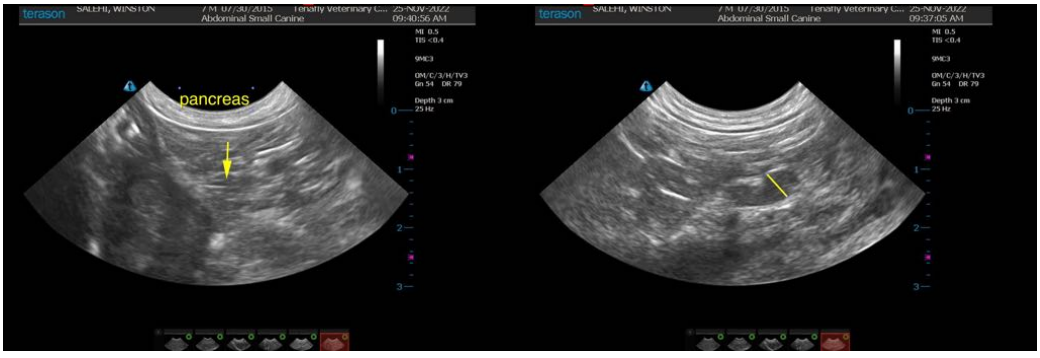
Slight gastric wall thickening. Gastric/gastroesophageal mural nodule.

Minor microhepatica.

Enlarged gallbladder, potential emerging mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Round cell neoplasia versus gastrinoma are potential differentials for the mural nodule. Endoscopy is warranted to obtain nodular biopsies. There is also a potential for carcinoma. However, this appears to be stable. Serum gastrin levels are warranted as well. The cause of PU/PD is not overtly evident, yet the kidneys appear approximately 50-60% compromised.



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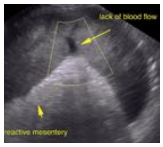

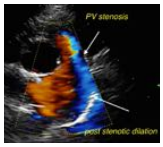

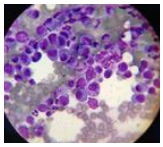
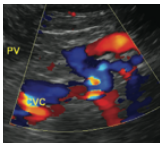

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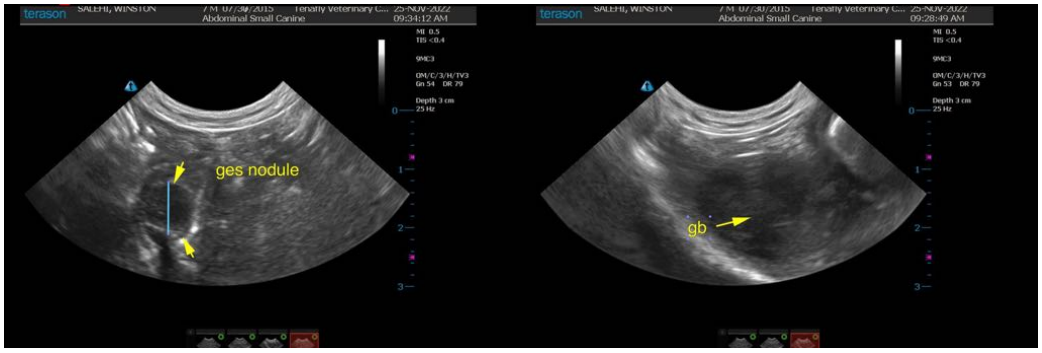

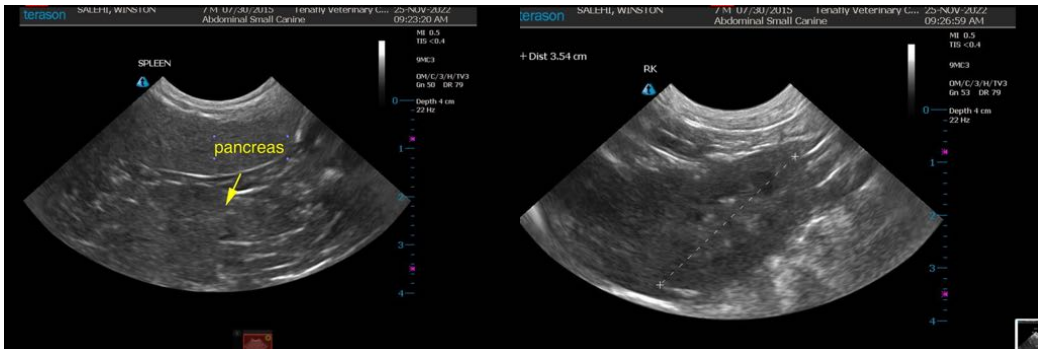

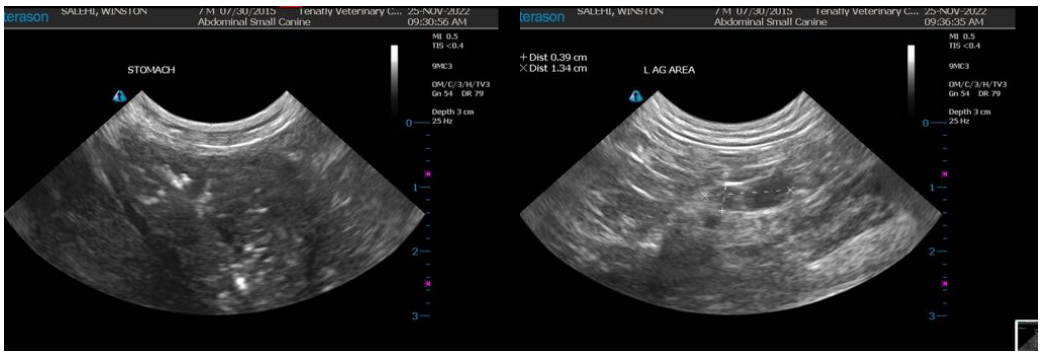

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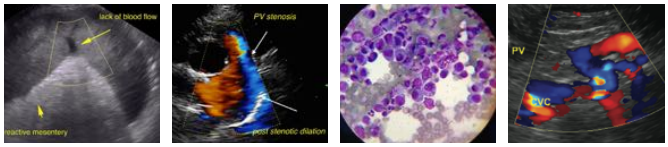

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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