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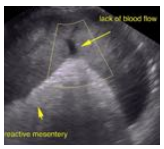
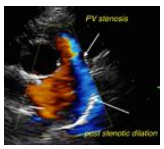
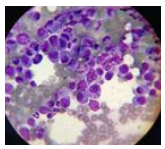
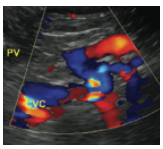
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Colman Hogg

SPECIES

Canine

BREED

Bichon Mix

SEX

Neutered male

AGE

12 years

WEIGHT

20.1 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Stevens

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Stevens

INVOICE

42401

DATE

11/8/22

PRESENTING CLINICAL SIGNS

History: Pet presented for recheck of radiographs and bloodwork on11/3/22. Pet has also noted to be trembling at home within the last 7 days, unknown cause, possible secondary to Theophylline. No vomiting, normal appetite. Pet did have some diarrhea this morning. Pet is on I/d low fat diet d/t history of chronic pancreatitis (always has abnormal CPL). Pet does get some turkey bacon occasional from neighbor. History of goose-honk when worked up for last 2-3 yr, not managed and no change with Furosemide or Theophylline. Current medications: Famotidine 10mg BID, Vetmedin 2.5mg BID, Gabapentin 100mg 1 cap AM & 2 cap PM, Galliprant 20mg SID, Solliquin chews 2 chews PO SID, Theophylline 150mg- 2/3 tab BID (recommended owner discontinue but she did not).
Abnormal PE/Chem/CBC/UA Results: 11/3/22- PE: Grade III-IV/VI heart murmur, OA bilateral carpi and elbows, right hip dysplasia, PDG II/V, varus deformity left carpus, several SQ masses (lipomas) Rads: THX- VHS 9.79 and 10.59 left and right lateral views. No edema noted. ABD- Liver enlargement noted. MS- Degenerative joint changes bilateral elbows and carpi. BW: -CBC: RETIC-HGB 21.1 -Chem 17: AMYL 1605, LIPA 5252 -TT4: 3.1 ug/dl (wnl) -CPL: Abnormal

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.0 cm. The right kidney measured 4.5 cm.

Adrenal Glands

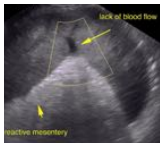
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.6 cm at the cranial pole and 0.4 cm at the caudal pole.

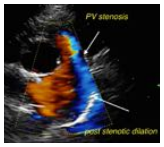
Spleen

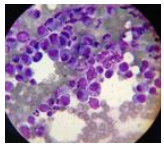
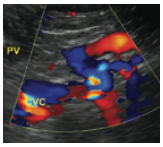
The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive





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sludge was present. 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.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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. 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.

Free Abdomen

The iliac trifurcation was unremarkable.

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If weight loss is an issue then FNA is indicated. There is no evidence of pathology directly related to the clinical signs. I cannot rule out low grade pancreatitis, yet structurally the sonogram did not reveal any overt pathology. However, low-grade pancreatitis is possible. Subxiphoid palpation is recommended to assess for pain. Empirical treatment for pancreatitis can be considered given the enzymatic profile and especially if subxiphoid palpation reveals any discomfort specifically related to visceral pain.

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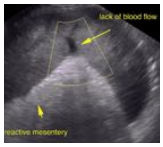
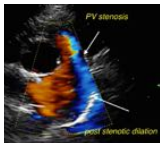
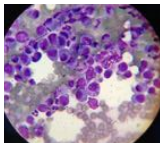
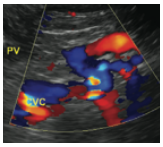

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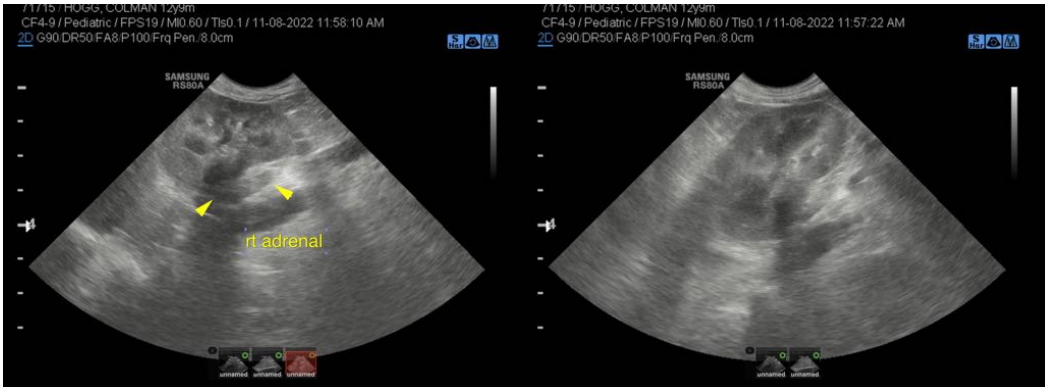

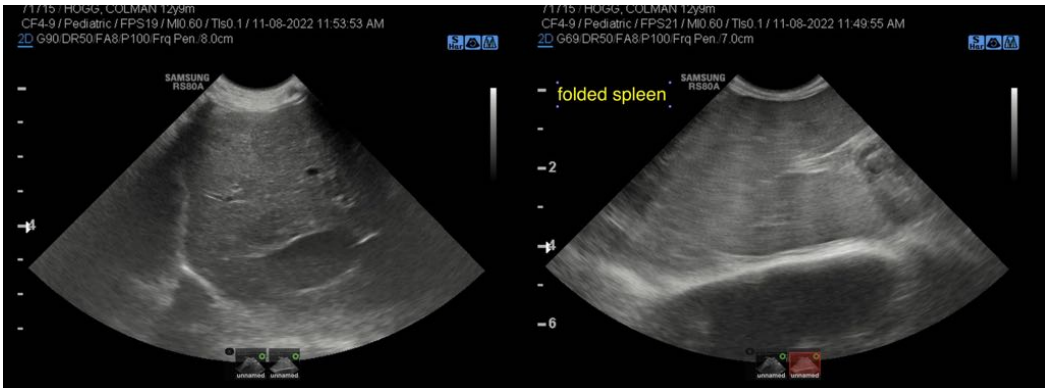

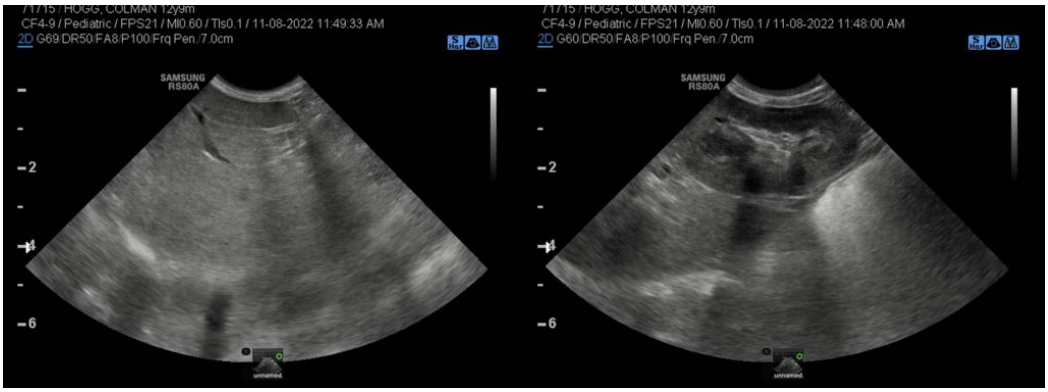

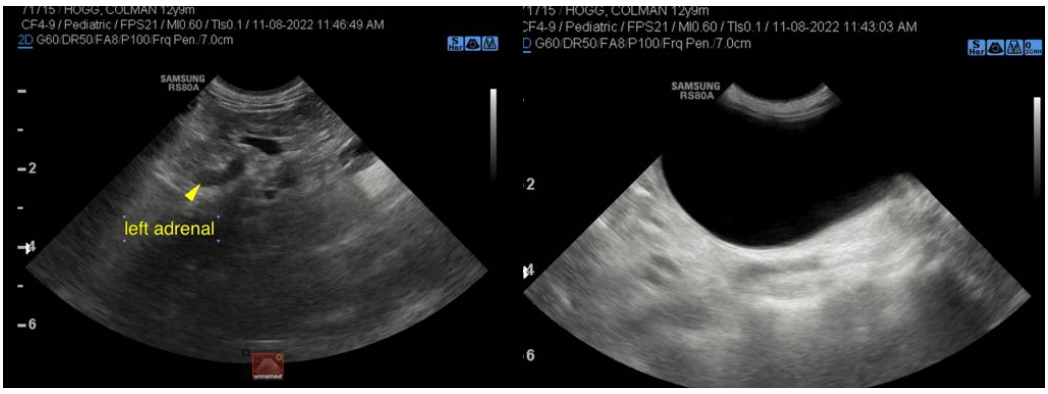

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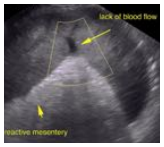

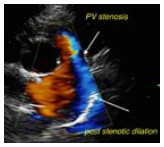

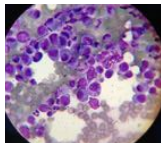
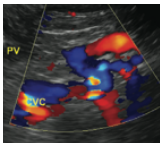

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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