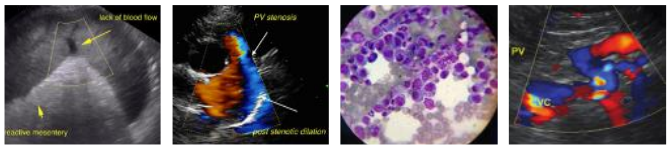
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Max Tidwell

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered male

AGE

12 years

WEIGHT

25.4 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Finch

HOSPITAL NAME

Neighborhood Pet Health Clinic

REFERRING VET

Dr. Finch

INVOICE

12997

DATE

12/10/21

PRESENTING CLINICAL SIGNS

History: P presented on 12-7-21 for routine annual visit. O had noticed some hairloss but otherwise doing well at home.
Abnormal PE/Chem/CBC/UA Results: PE noticed some thinning coat over the dorsal surface of the neck and trunk, but otherwise unremarkable PE. Bloodwork showed and increase on some liver enzymes (ALT 143, AST 28, ALP 960, GGT 41). See attachment for full lab work. O approved abdominal sonogram to be proactive.

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 5.2 cm. The left kidney measured 5.2 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.77 cm at the caudal pole and 0.75 cm at the cranial pole.

The **right adrenal gland** was not visualized.

Spleen

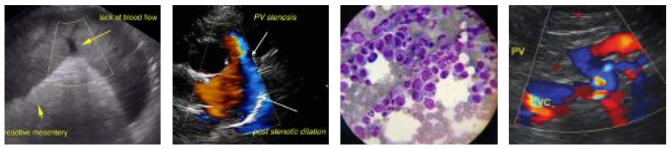
The **spleen** presented relatively normal size and contour with multifocal hyperechoic nodular changes, most consistent with fatty deposits or lipogranulomas. These are not typically pathological. No suspicion of significant. Capsular and parenchymal integrity was normal otherwise.

Liver

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder wall was slightly echogenic yet stable. This is consistent with chronic inflammatory hepatopathy. Occasional hyperechoic nodule was noted up to 0.97 cm.

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

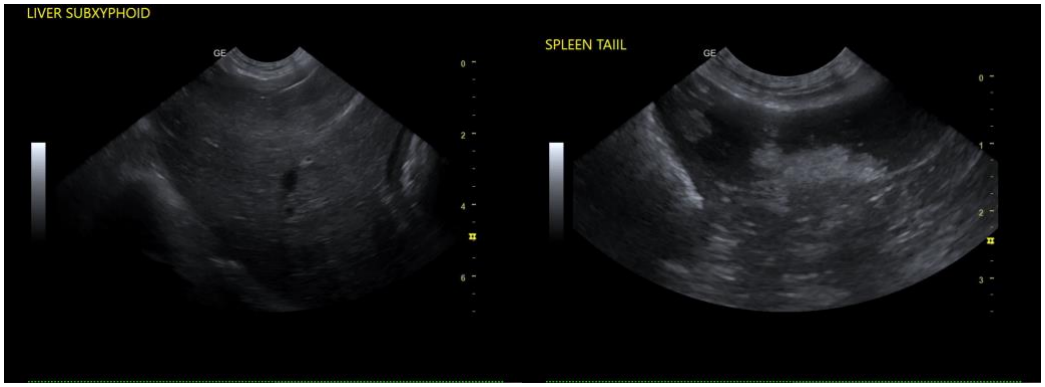
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

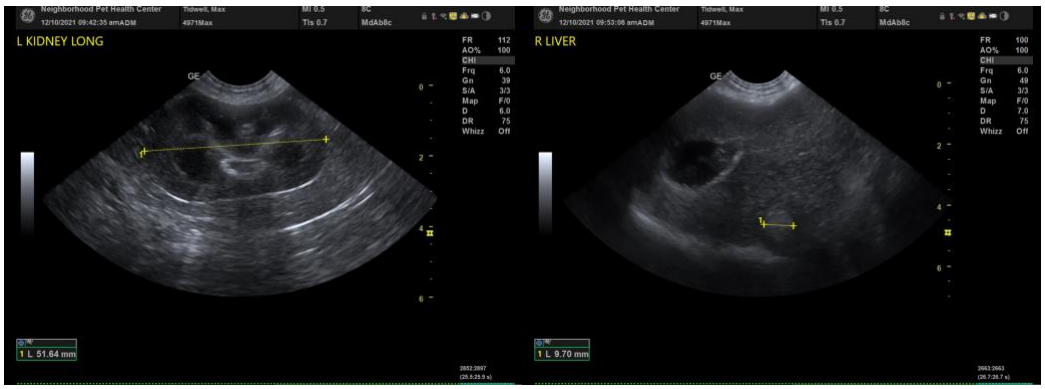
ULTRASONOGRAPHIC FINDINGS

- Subjectively benign vacuolar hepatopathy with some level of inflammatory component and lipogranulomatous nodules.
- Spleen, hyperechoic nodular changes
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If adrenal disease is suspected, further imaging of the right adrenal gland, under sedation, would be appropriate.





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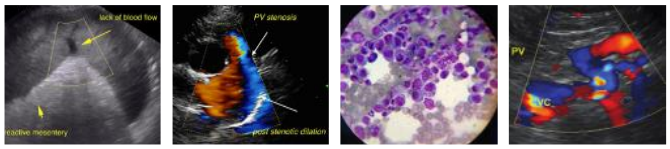

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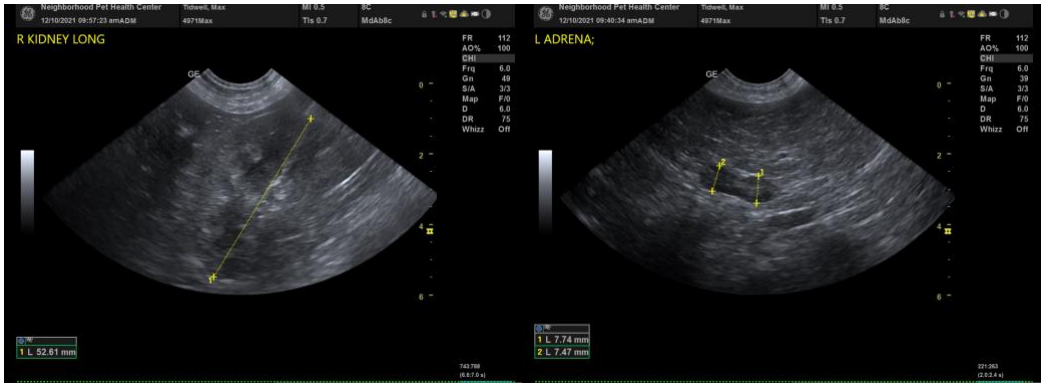

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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