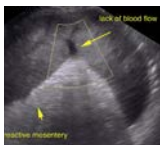
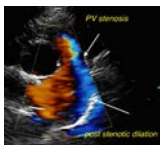
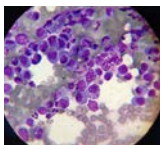
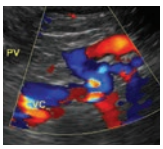
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

**PATIENT**
Belle Gear

**SPECIES**
Canine

**BREED**
Boston Terrier

**SEX**
Spayed Female

**AGE**
10 Years

**WEIGHT**
19.9 Pounds

**INTERPRETED BY**
Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**
Diane McFadden

**HOSPITAL NAME**
Andover AH

**REFERRING VET**
Dr. Hummel

**INVOICE**
43504

**DATE**
12/15/22

## PRESENTING CLINICAL SIGNS

decreased appetite. On amox 100mg bid
Abnormal PE/Chem/CBC/UA Results: ALT 419, HCT 64; UA: protein 3+, bilirubin 1+

## 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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 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 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. Mineralization noted in both kidneys. The right kidney measured 5.03 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 1.83 cm x 0.58 cm at the caudal pole and 0.45 cm at the cranial pole. The right adrenal gland measured 2.01 cm x 0.50 cm at the cauda pole and 1.07 cm at the cranial pole.

### *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 were noted.

### *Liver*

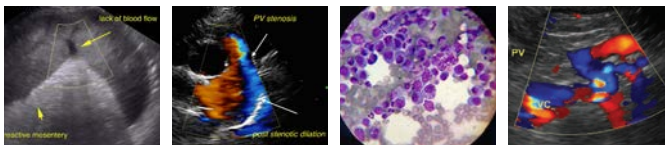
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. Common bile duct measured 3.0 mm. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident. Hepatic veins were not dilated.

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

### *Pancreas*

Minor heterogeneous changes noted in the right **pancreatic** limb.



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### *Other*

Trace amount of free fluid noted.

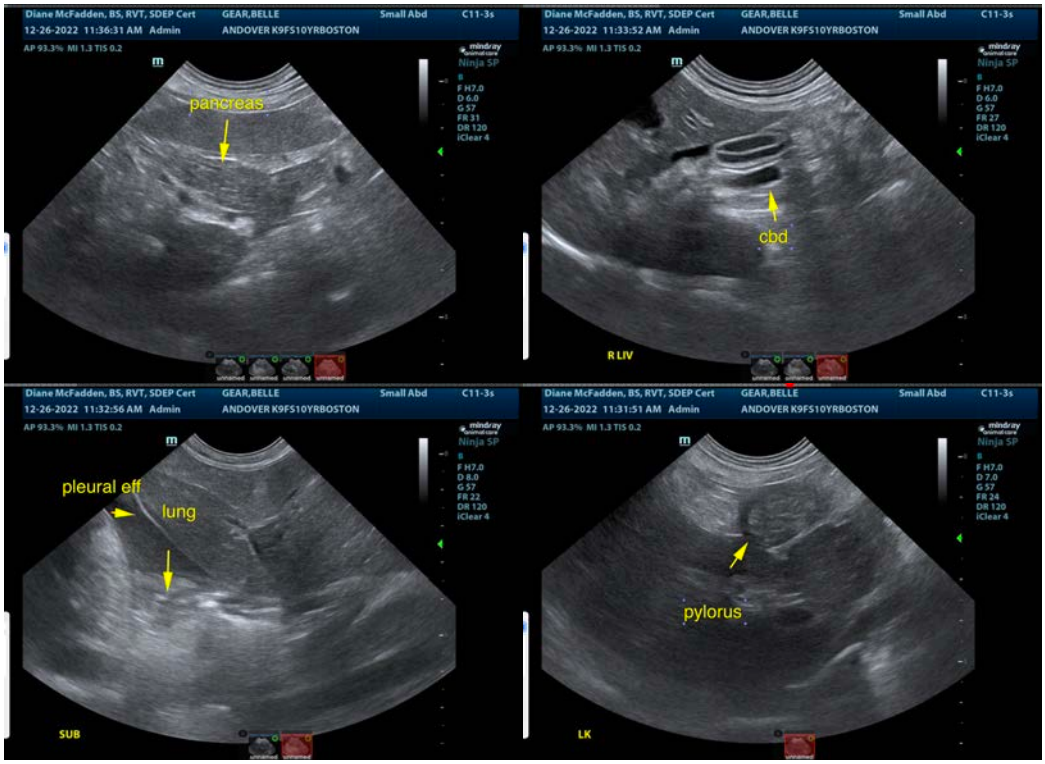
Pleural effusion noted through the diaphragm with variable lung consolidation.

## ULTRASONOGRAPHIC FINDINGS

- Age related renal changes
- Minor heterogeneous pancreatic changes
- Trace free fluid
- Pleural effusion noted through the diaphragm with lung consolidation

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Trace radiographs or chest CT warranted with pleurocentesis and cytospin to assess for underlying neoplasia or other causes of pleural effusion such as lung lobe torsion or less likely pleuritis. ALT elevation is likely owing to hypoxia or low-grade inflammatory hepatopathy yet not a primary issue.



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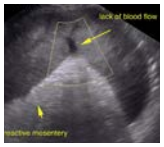
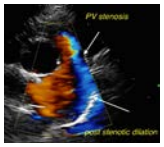
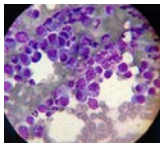
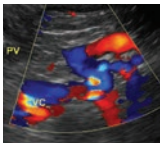

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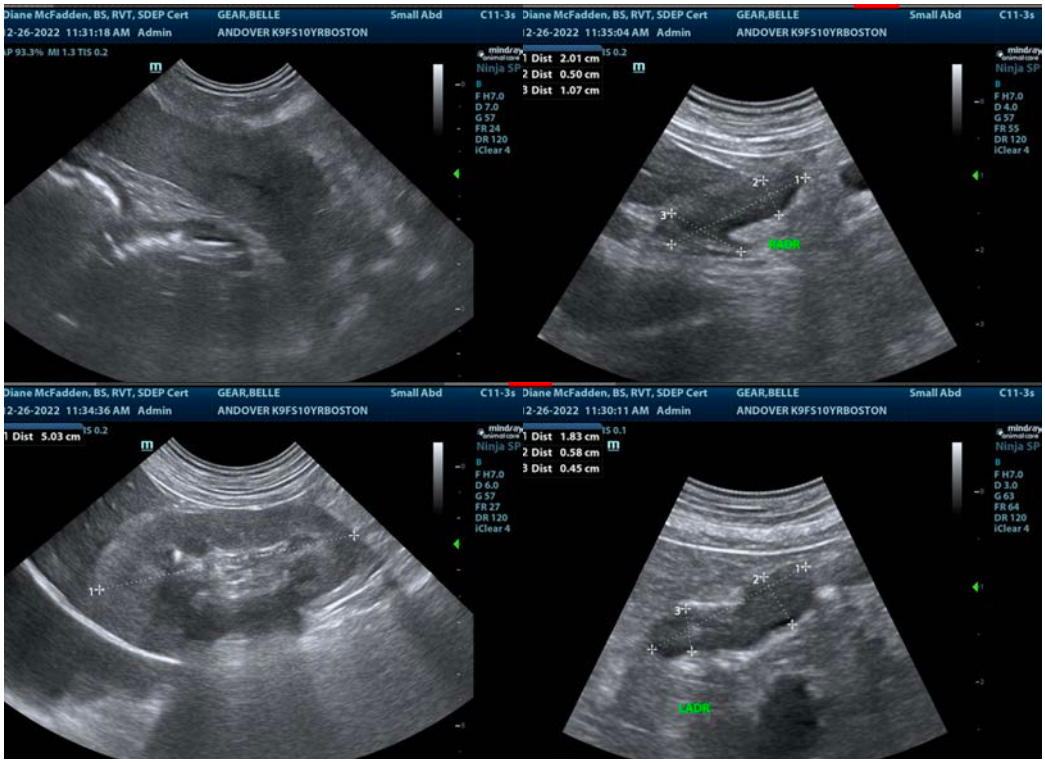


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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