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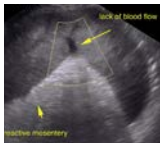
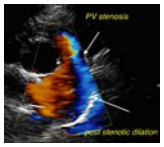
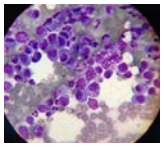
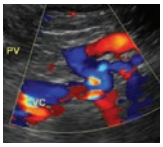

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1-800-838-4268 info@sonopath.com

PATIENT
Luna McLaughlin

SPECIES
Canine

BREED
Yorkshire Terrier X

SEX
Spayed Female

AGE
10 Years 6 Months

WEIGHT
8.9 Pounds

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Ebersole

HOSPITAL NAME
Scanvet

REFERRING VET
Dr. Chadbourne

INVOICE
33678

DATE
12/22/21

PRESENTING CLINICAL SIGNS

Long history of intermittent diarrhea and episodes of inappetence and borborygmi. History of pancreatitis, is on RC GI low fat diet.
Abnormal PE/Chem/CBC/UA Results: PE: mildly distended abdomen, palpable hepatomegaly. ALP 253, Creat. 0.4. Mild neutrophilia (13.5) and monocytosis (1.36) Fecal x 2: NEG RADS: moderate hepatomegaly with rounded borders.

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 **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 4.27 cm with trace pyelectasia noted. An anechoic cyst was noted in the dorsal cortex of the right kidney, not clinically significant.

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 0.45 cm at the caudal pole and 0.43 cm at the cranial pole. The right adrenal gland measured 0.60 cm at the cranial pole and 0.50 cm at the caudal 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

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

Gastrointestinal

The **stomach** itself was unremarkable. Some areas of hyperperistalsis were noted in the small intestine, yet structurally unremarkable.

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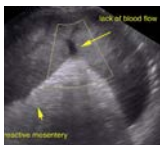
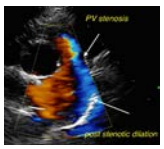
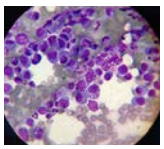
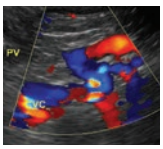

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Pancreas

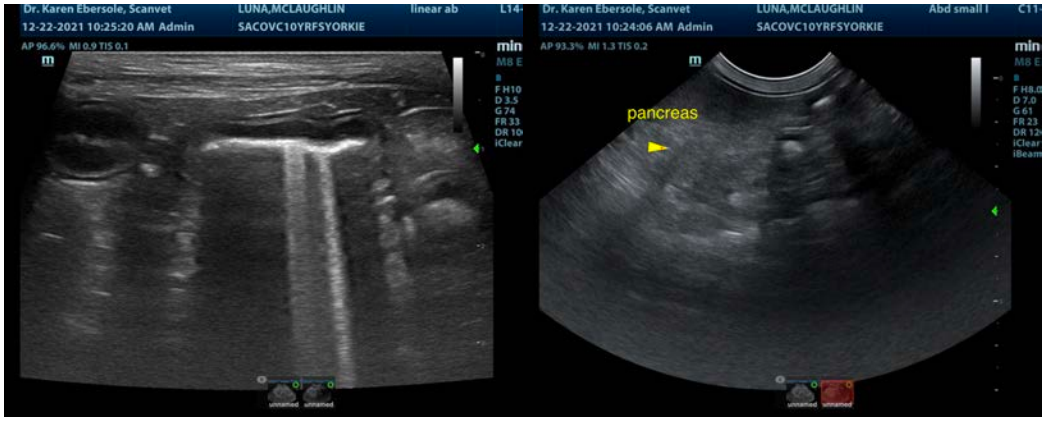
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

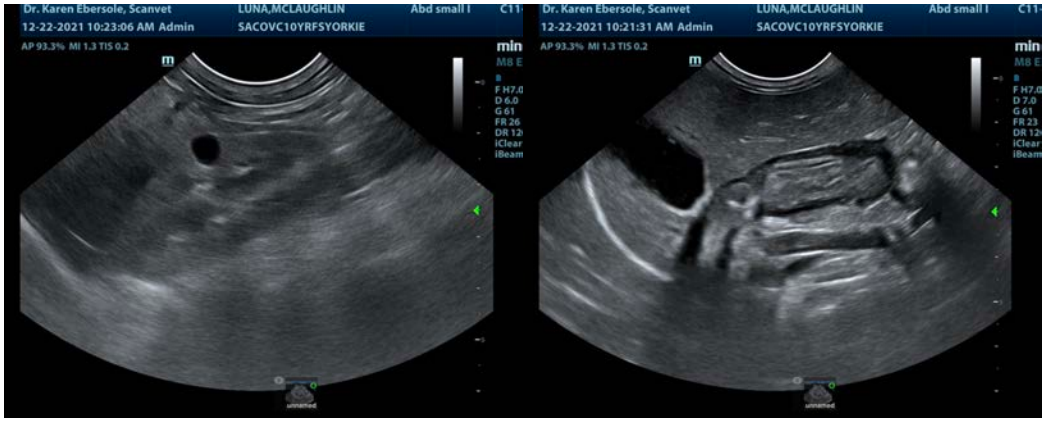
ULTRASONOGRAPHIC FINDINGS

- Age related renal changes
- Benign hepatopathy
- Possible low-grade pancreatic inflammation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Irritable bowel likely. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. History of pancreatitis likely in this patient. There is a minor potential for low-grade inflammation. Inappetence may be a completely separate issue such as orthopedic pain and not related to the GI tract.





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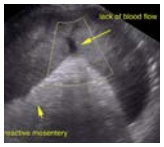
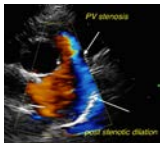
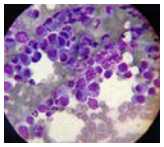
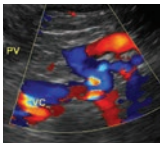

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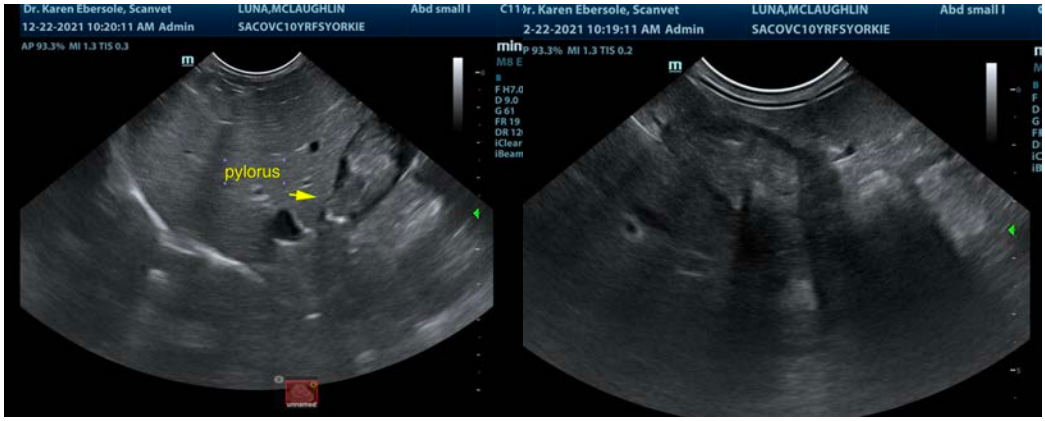

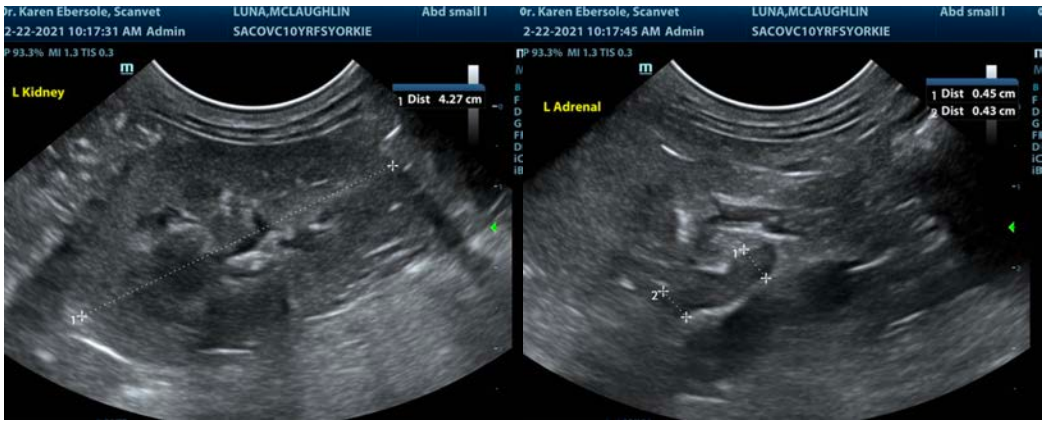

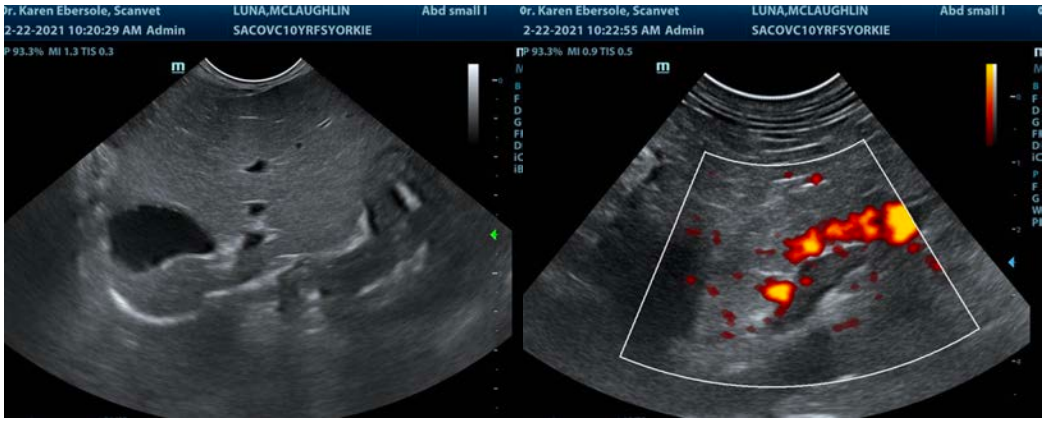

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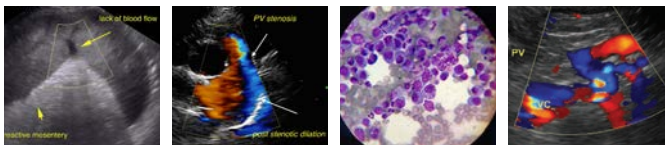

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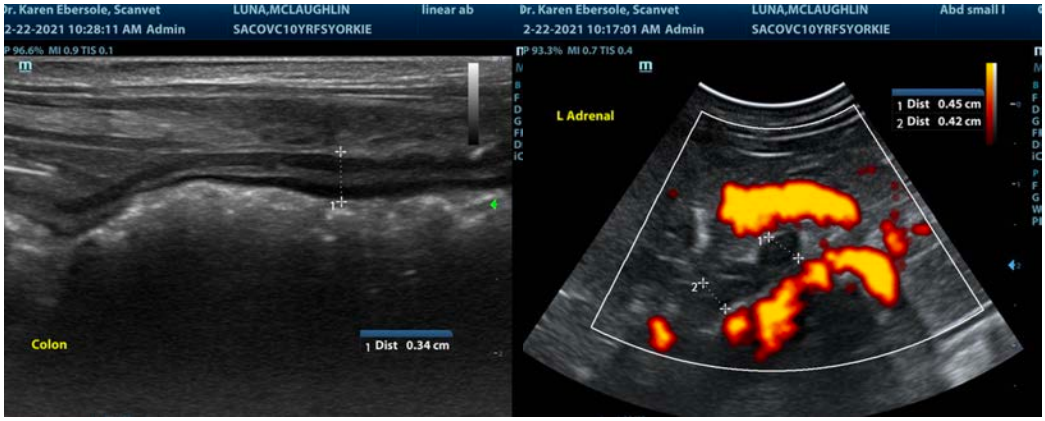

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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