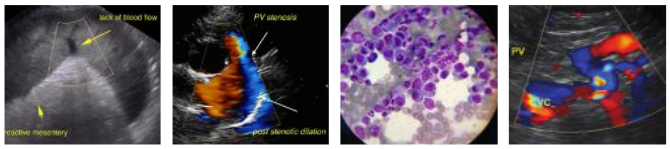
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Henri Boldoc

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

11 Years

WEIGHT

4 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Andrew Holmes

HOSPITAL NAME

Cedarview AH

REFERRING VET

Andrew Holmes

INVOICE

13143

DATE

12/24/21

PRESENTING CLINICAL SIGNS

History: present with severe pain and kyphotic posture. spinal palpation normal and mild cranial abdominal pain on presentation suspected pancreatitis however cPli normal, intermittent periods of pain and vocalization on meloxicam and gaba spinal radiograph revealed multiple focal mineral opacities in the cranial right abdomen.

Abnormal PE/Chem/CBC/UA Results: cPLi normal heamtology normal biochemisrty - normal

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 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. cm. The right kidney measured 3.19 cm. The left kidney measured 3.02 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 0.36 cm at the cranial pole and 0.42 cm at the caudal pole. The right adrenal gland measured 1.0 cm at the cranial pole and 0.5 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. Caudal folding of the spleen was noted.

Liver

The **liver** revealed diffuse hyperechoic parenchyma with lobar swelling of the caudate liver with hypoechoic nodular changes. Minor excessive gallbladder debris noted. Minor areas of biliary mineralization noted yet the extent of the mineralization on the radiographs could not be appreciated. Bile acid profile indicated.

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.

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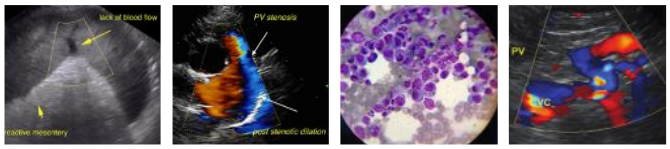

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Pancreas

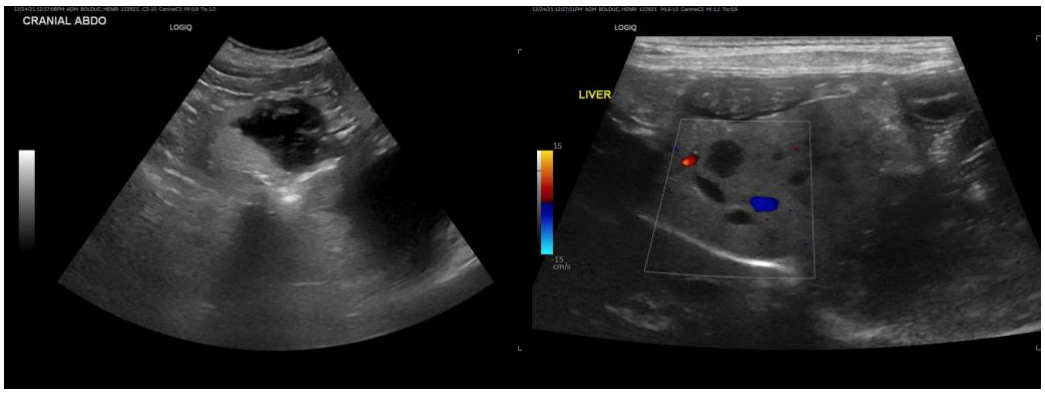
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. 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.

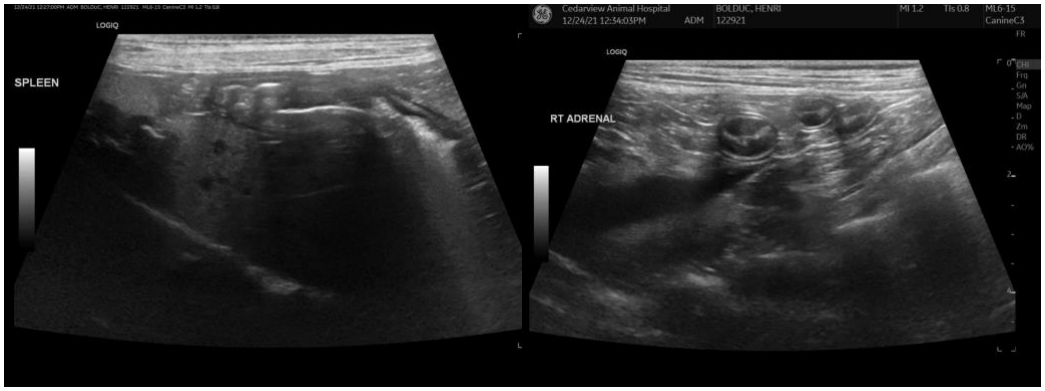
ULTRASONOGRAPHIC FINDINGS

- Lobar hepatic swelling with nodular changes. Pronounced hyperplasia versus round cell neoplasia or other hepatoma likely deriving from the caudate process.
- Minor excessive gallbladder debris
- Splenic fold
- Age-related pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The caudate swelling is at risk for torsion. FNA of the liver and bile acid profile indicated. The cause of the clinical signs does not appear to have an origin in the visceral abdomen. However, there is significant hepatic disease. Low-grade pancreatic inflammation possible yet not evident nor suspected.





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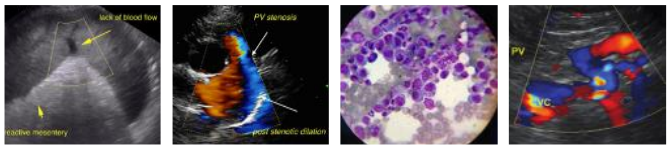

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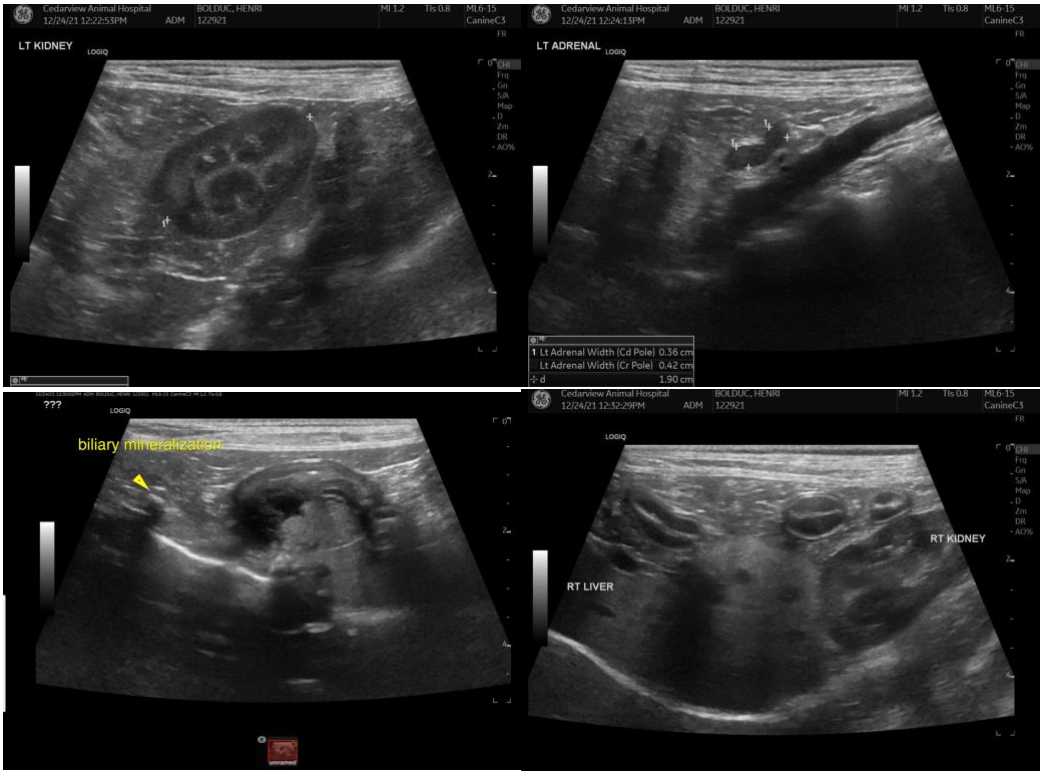

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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