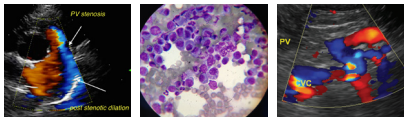
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

12/27/22

PATIENT

Ellie Jeffries

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

5/7/10

WEIGHT

8 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Pleasantville AH of Fallston

REFERRING VET

Dr. Gounaris

INVOICE

42382

PRESENTING CLINICAL SIGNS

Not doing well for several days and poor appetite, no vomiting nor diarrhea but may vomit if drinks too much.
Current Medications: Denamarin Advanced.
Lab Results: BUN 85, Creatinine 1.9, ALP 824, ALT 1364.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 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. Slight mineralization was noted. The right kidney measured 3.21 cm. The left kidney measured 3.25 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 1.41 x 0.52 cm at the caudal pole and 0.55 cm at the cranial pole. The left adrenal gland measured 1.42 x 0.51 cm at the caudal pole and 0.52 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 was noted.

Liver

The **liver** revealed coarse architecture with multi-focal, hypoechoic nodular changes measuring up to 1.0 cm. Slight mineralization was noted. A right medial, anechoic cyst was noted in the liver and measured 2.9 cm and was adjacent to the gallbladder. The gallbladder and common bile duct were unremarkable.

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

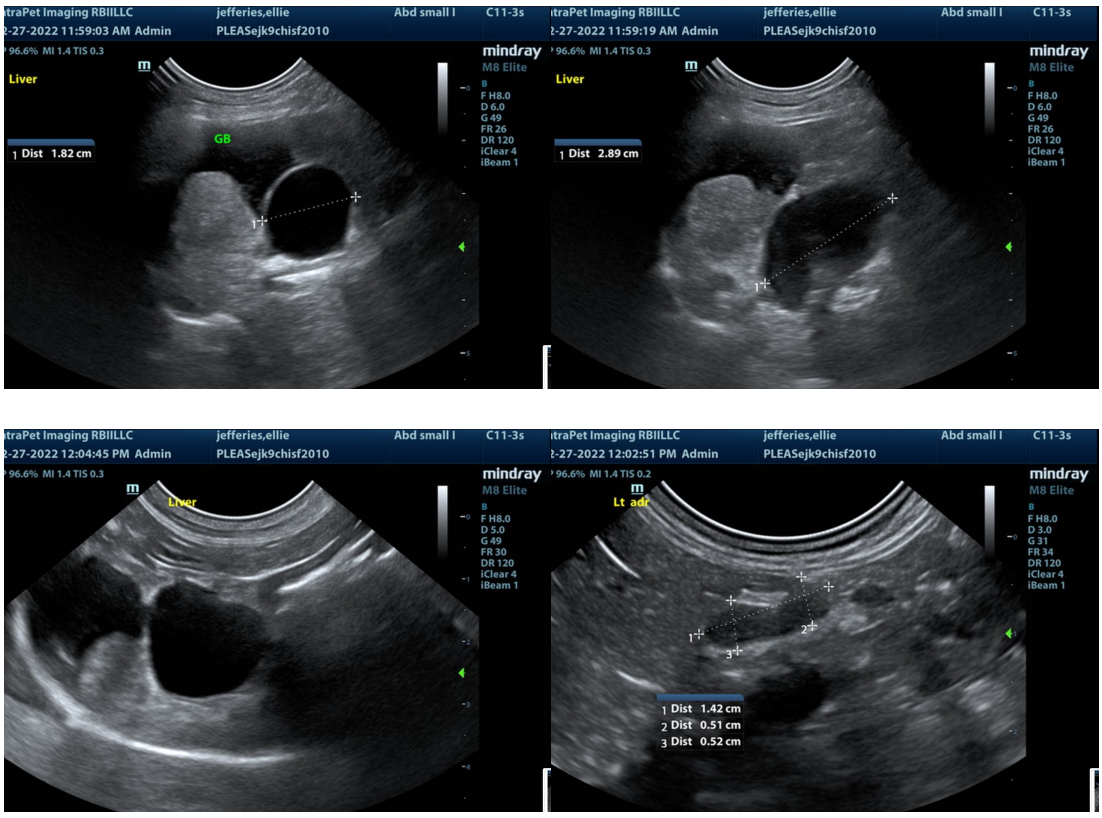
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

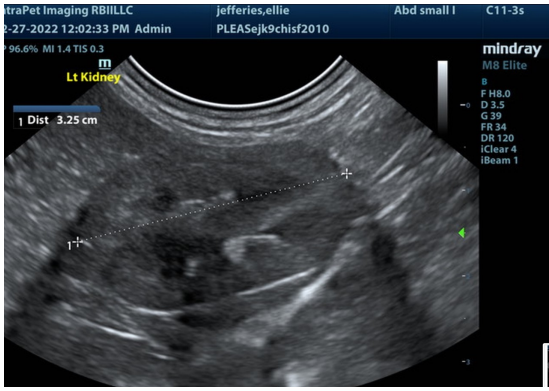
ULTRASONOGRAPHIC FINDINGS

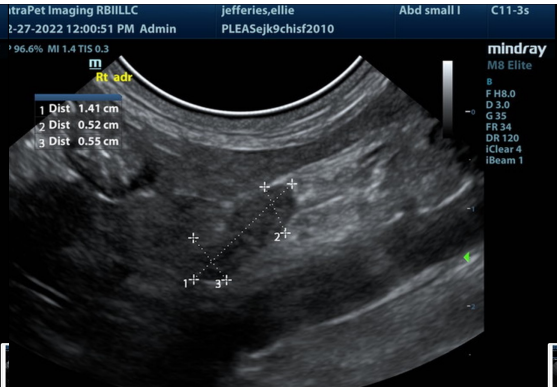
Expansive, irregular nodular hepatic changes.
Chronic inflammatory hepatopathy with benign cysts. Suspect emerging cirrhosis/fibrosis.
Otherwise, age related abdominal changes.

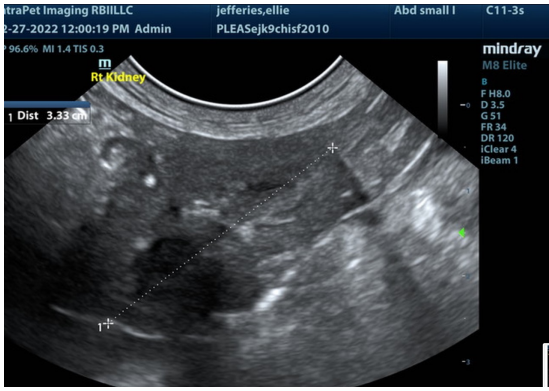
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

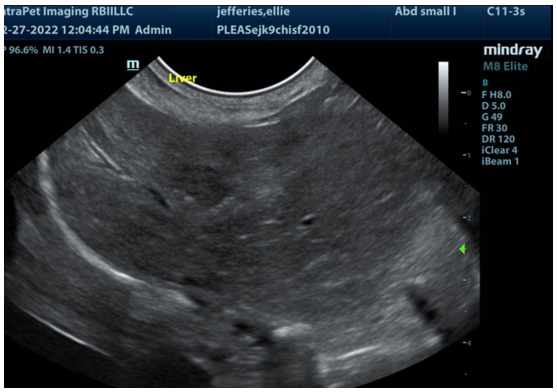
Bile acid profile and core liver biopsy or FNA for cursory evaluation is indicated. If the bile acids are elevated then the liver presentation is likely the cause of the clinical signs. Leptospirosis titers are warranted. Pre-renal effect upon the kidneys is likely playing a role as well as potential UTI, hypertension as the kidneys do not appear end stage. Therefore, the azotemia likely has a prerenal component. IV fluid support and correction of azotemia, sampling of the liver, Leptospirosis titers and hepatic nutraceuticals are all indicated.











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
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