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Clinical Sonography & Telecytology
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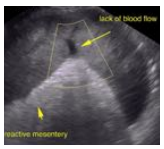
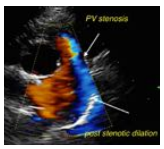
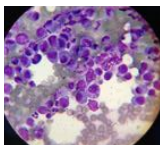
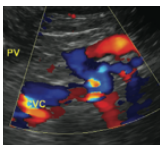

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Milo Billing

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Male

AGE

9 years

WEIGHT

10.2 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sammy Burmeister

HOSPITAL NAME

Faith AC

REFERRING VET

Dr. Faith

INVOICE

42848

DATE

12/5/22

PRESENTING CLINICAL SIGNS

History: Patient has a history of elevated liver enzymes, both ALT and ALP. It has been determined that he is not pu/pd but his liver does look enlarged and rounded on radiographs. He also had visible bladder stones as well. He is chronically on phenobarbital but he is currently on the low end of therapeutic range.
Abnormal PE/Chem/CBC/UA Results: Attached are the most recent bloodwork results as well as the most recent radiograph

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed calculus that measured 1.0 cm and was non-obstructive. The bladder wall itself was unremarkable.

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. Slight pinpoint mineralization was noted. The left kidney measured 3.5 cm with non-obstructive calculi. The patient is likely periodically passing calculi from the kidneys to the bladder.

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 0.6 cm.

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** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. Minor gallbladder polyps were noted. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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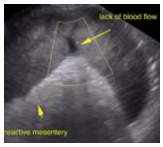
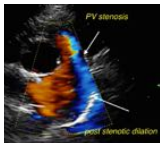
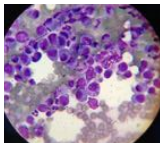
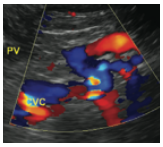

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Gastrointestinal

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 **pancreas** revealed heterogenous parenchymal changes with some remodeling.

ULTRASONOGRAPHIC FINDINGS

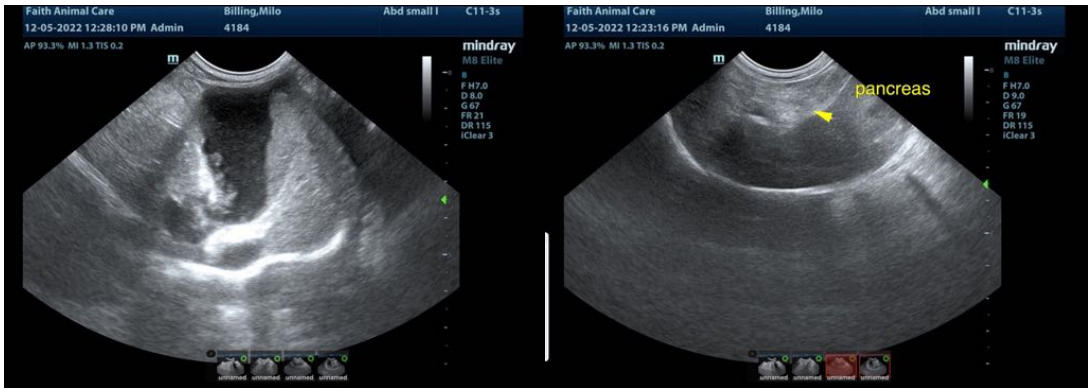
Benign hepatopathy with gallbladder polyps and debris.

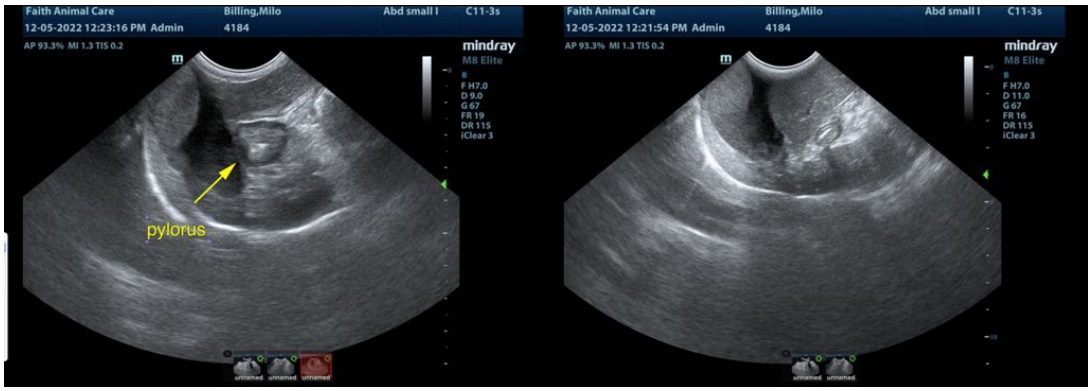
Bladder calculus.

Renal calculi, non-obstructive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystotomy, stone analysis and culture are indicated. The bilirubin should be reassessed as there is no evidence of post hepatic obstruction. If the bilirubin is persistently elevated then FNA and/or liver biopsy would be strongly recommended at the time of cystotomy.





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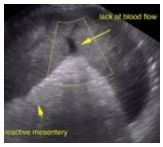
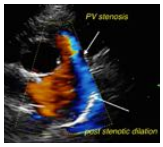
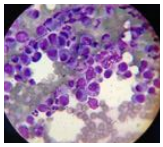
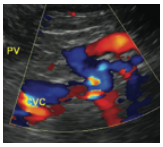

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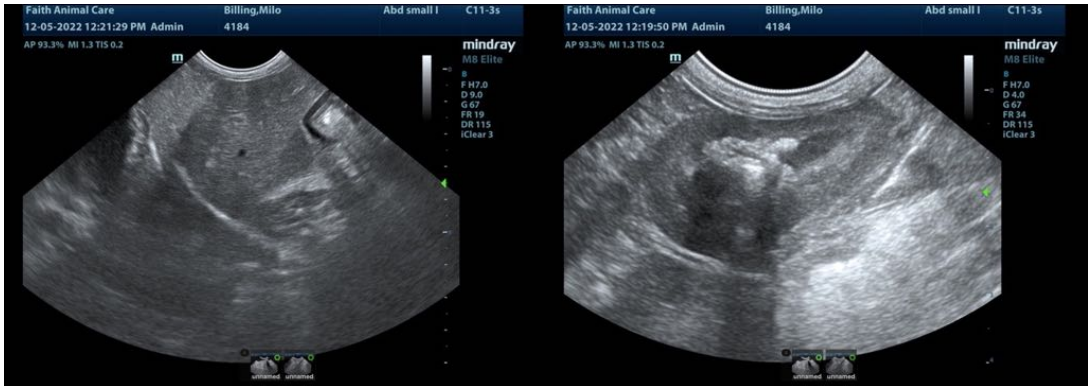

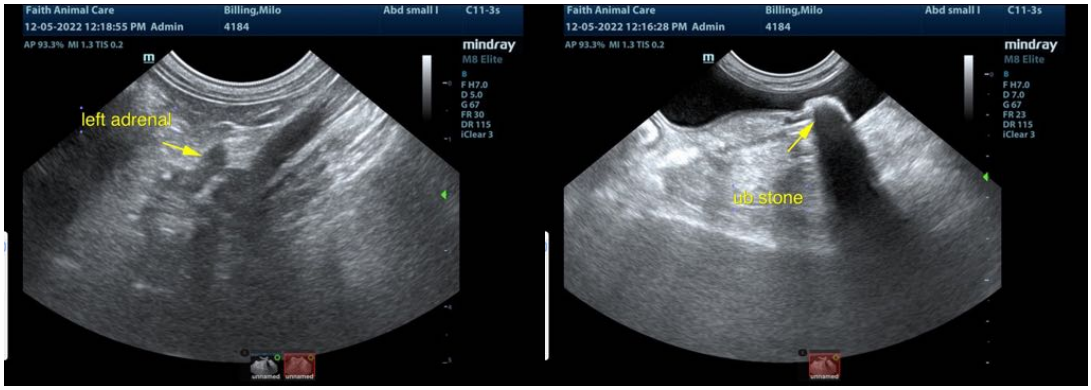

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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