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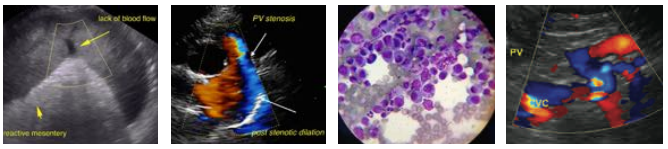

PATIENT

Kitty Falabella

SPECIES

Canine

BREED

West Highland White Terrier

SEX

Spayed Female

AGE

13 years

WEIGHT

24.2 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Surdam

HOSPITAL NAME

Companion AH Chichester

REFERRING VET

Dr. Surdam

INVOICE

94308

DATE

12/6/21

PRESENTING CLINICAL SIGNS

History: Chronic history of elev. AP that fluctuates between 200-500+ mg/dl, recently elevated over 600 mg/dl. Has a great appetite, PUPD, chronic soft stool, eats cooked chicken only, and a history of allergies (long-term apoquel use), and arthritis (long term Galliprant use). Had a suspected pancreatic episode in 2019 where the AP exceeded 1000 mg/dl. USG 1.031 with 1+ protein.
Abnormal PE/Chem/CBC/UA Results: Lenticular sclerosis ou Heavy dental calculus Overweight with rounded abdomen Scaling skin and thin coat over dorsum

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.25 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 right adrenal gland measured 1.99 x 0.43 cm at the cranial pole and 0.33 cm at the caudal pole. The left adrenal gland measured 1.96 x 0.42 cm at the cranial pole and 0.26 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 was noted.

Liver

The **liver** was uniformly swollen. 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. Gallbladder polyps were noted along with a minor amount of debris.

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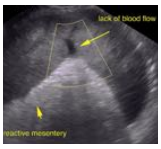
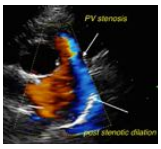
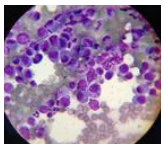
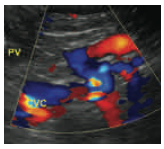

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Gastrointestinal

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 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.

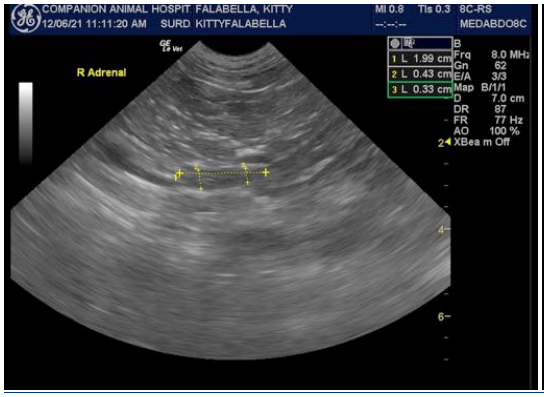
ULTRASONOGRAPHIC FINDINGS

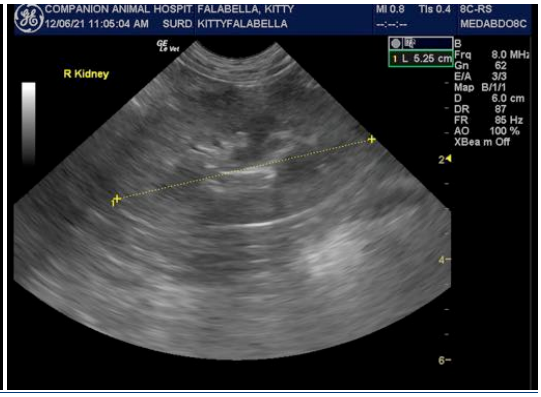
Subjectively benign geriatric abdomen.

Vacuolar hepatopathy liver pattern. Gallbladder polyps and debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver could be considered for further definition. The cause of PU/PD is unclear. Given that the urine is well concentrated then dysuria and pollakuria should be considered. There is a potential for occult urinary tract infection. However, structurally the abdomen is unremarkable and largely expected for this age patient with subjectively benign hepatopathy and remodeling.





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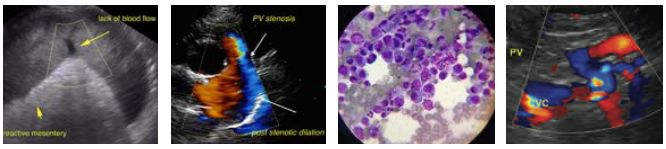

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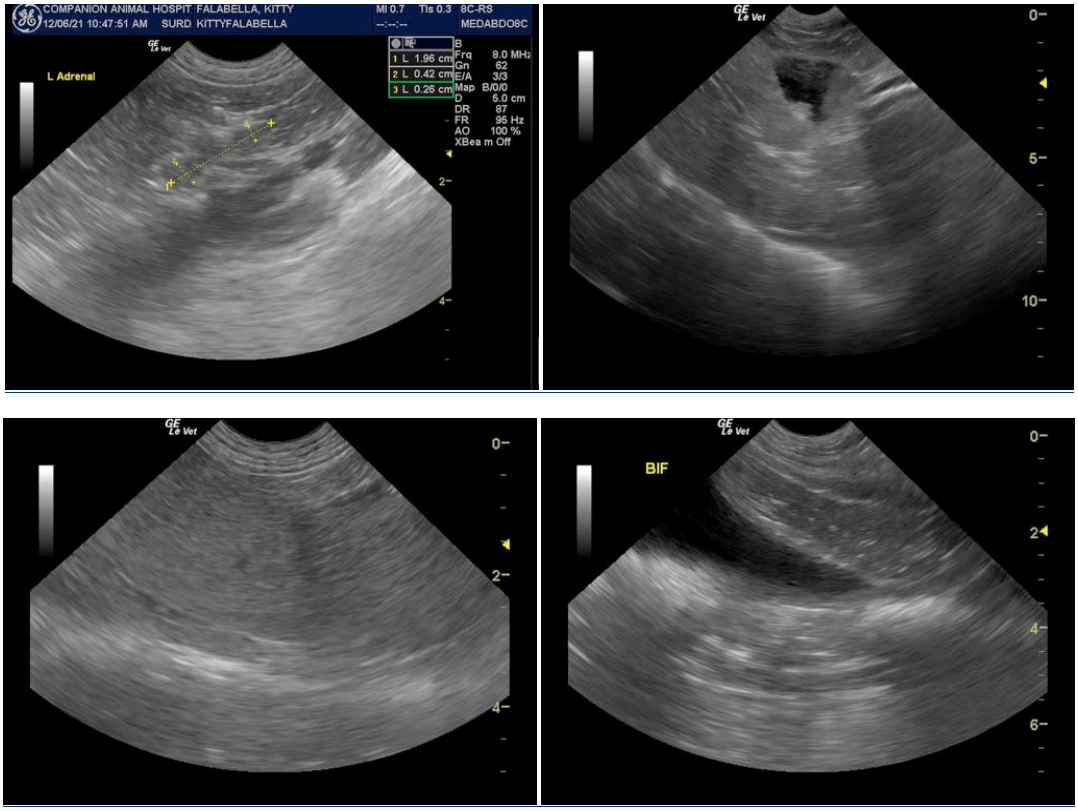

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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