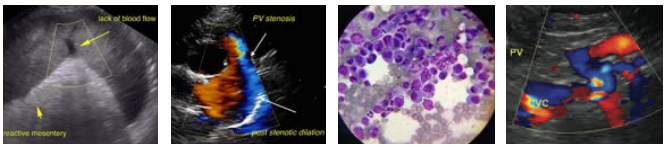
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Bella Unsworth

SPECIES
Canine

BREED
Pug Mix

SEX
Spayed Female

AGE
12 years

WEIGHT
17.6 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Biederbeck

HOSPITAL NAME
Lomsnes VH

REFERRING VET
Dr. Biederbeck

INVOICE
95752

DATE
2/1/22

PRESENTING CLINICAL SIGNS

Ultrasound for neighbouring clinic. Vomiting/diarrhea since Jan 18th. Diarrhea resolved with tylan, vomiting still 4-5 times a day even throughout the night. Diarrhea is improving on tylan. On theophylline for coughing **Before the v/d started owner bought new bag of food that smelled "off" but continued feeding for 2-3 wks, brought this bag of food to clinic and confirmed it smells like mouldy Abnormal PE/Chem/CBC/UA Results: AlkP 652, GGT 421!!! (0-14), Mild elevated MCH/MCHC, remainder of chem incl tbili and alt normal. No fever.

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 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. Both kidneys measured 5.0 cm each.

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 0.5 cm. The right adrenal gland measured 0.5 cm.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed coarse architecture with increased portal markings and coarse architecture. Hyperechoic nodular changes were noted along with a benign gallbladder polyp. Swollen, irregular contour was noted.

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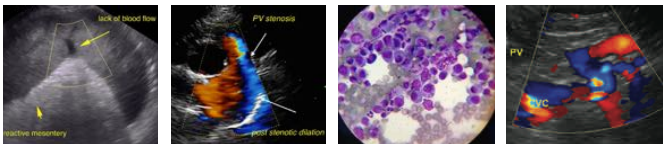

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Gastrointestinal

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. Multi-focal, mesenteric lymph nodes were slightly enlarged and focally mineralizing. The lymph nodes measured 0.5 cm. This is not likely a clinical issue.

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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

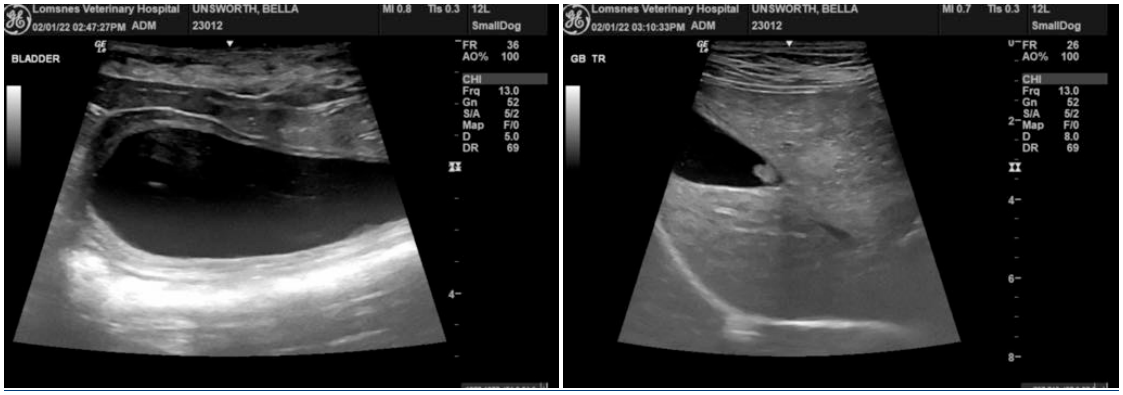
ULTRASONOGRAPHIC FINDINGS

Non-specific, chronic inflammatory hepatopathy.

Otherwise, geriatric abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Core liver biopsy is ideal. Leptospirosis titers are warranted. FNA could allow for inflammatory cell type identification and long term management. There is a minor potential for emerging hepatic neoplasia.



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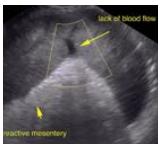

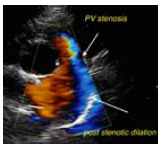

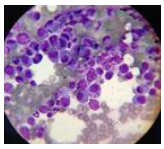
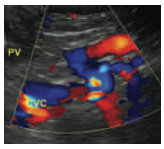

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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