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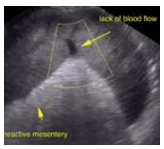
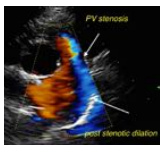
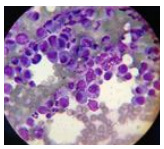
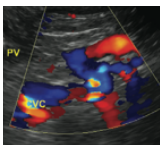

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1-800-838-4268 info@sonopath.com

PATIENT
Poppy Sherrard

SPECIES
Canine

BREED
Maltese

SEX
Neutered male

AGE
13 years

WEIGHT
9.06 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Logas

HOSPITAL NAME
Bradenton VH

REFERRING VET
Dr. Logas

INVOICE
42507

DATE
2/1/23

PRESENTING CLINICAL SIGNS

History: Presurgery blood work for a dental revealed hypoalbuminemia. Owner reports intermittent soft stool. Feeding Hill Prescription diet ID for 2 years. Pet had trouble in the past with bloody diarrhea after a course of meloxicam for back pain. He eats well and has maintained his wt.
Abnormal PE/Chem/CBC/UA Results: Grade 4 dental disease with missing teeth. Alb 1.6 Ca 8.3, P 2.8, TP 3.8 EENHt&L-N

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. A trace amount of sand was noted. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out with=out histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

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. The left kidney measured 3.0 cm with pyelectasia.

Adrenal Glands

The left **adrenal gland** measured 0.3 cm and was subnormal in size. The right adrenal gland was mildly heterogenous and normal in size. The right adrenal gland measured 0.82 cm at the cranial pole and 0.53 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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. A minor amount of dependent gallbladder debris was noted along with minor polypoid changes. Hyperechoic and isoechoic nodular changes were noted without

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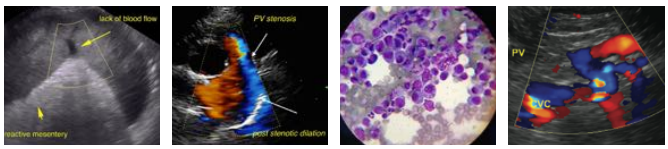

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Gastrointestinal

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.

Free Abdomen

The iliac trifurcation was unremarkable.

ULTRASONOGRAPHIC FINDINGS

Unremarkable geriatric abdomen.

Moderate degenerative renal changes.

Slightly subnormal left adrenal size.

Hepatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of significant disease. However, given the low albumin, if no significant proteinuria is present and the patient is not Addisonian with ACTH stimulation then protein losing enteropathy is likely. Baseline cortisol or ACTH stimulation is warranted to rule out Addison's. Empirical treatment for protein losing enteropathy is indicated unless significant proteinuria is present. Given the GI signs I would be concerned for protein losing enteropathy even though no overt mucosal striations or mucosal fogging is present. High resolution imaging of the intestinal tract would be necessary to see this. There is no overt contraindication to anesthetic procedure as long as Addison's is ruled out. Depending on the type of procedure present anti-thrombin 3 may be lost with protein losing disease. Therefore, some coagulopathy could be an issue. If bleeding is a potential issue in the procedure then coagulation panel is indicated.

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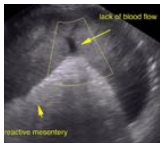

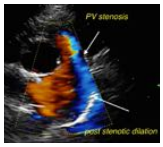

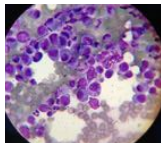
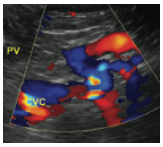

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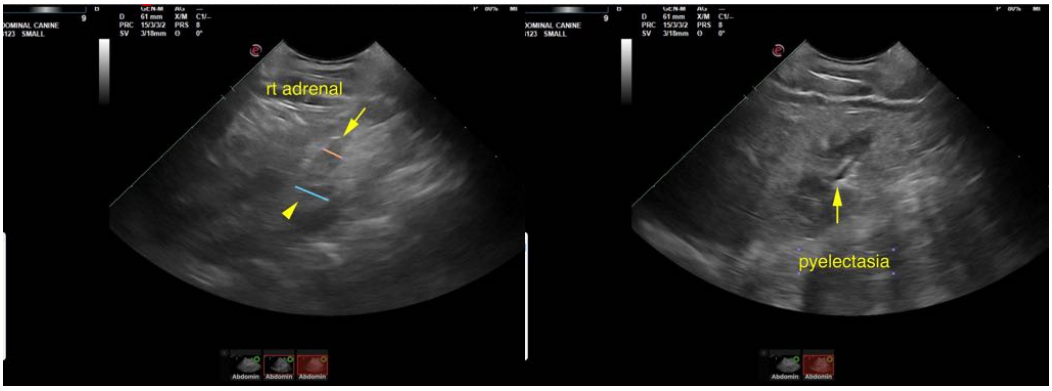

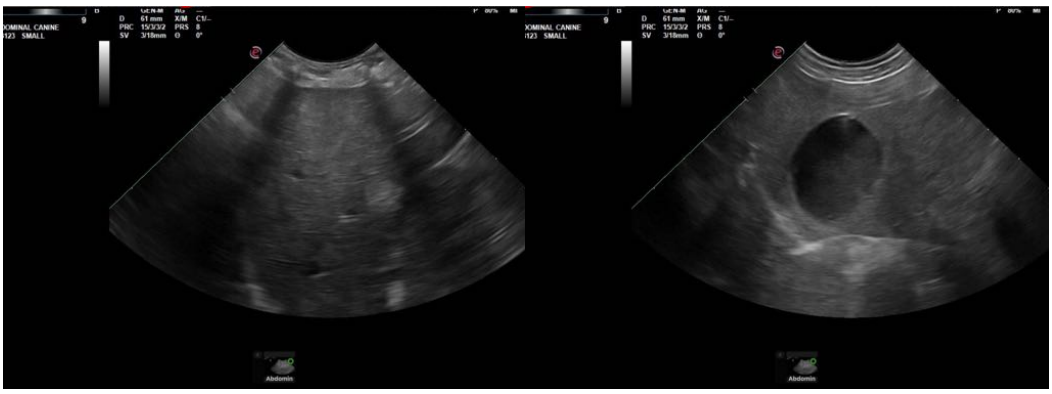

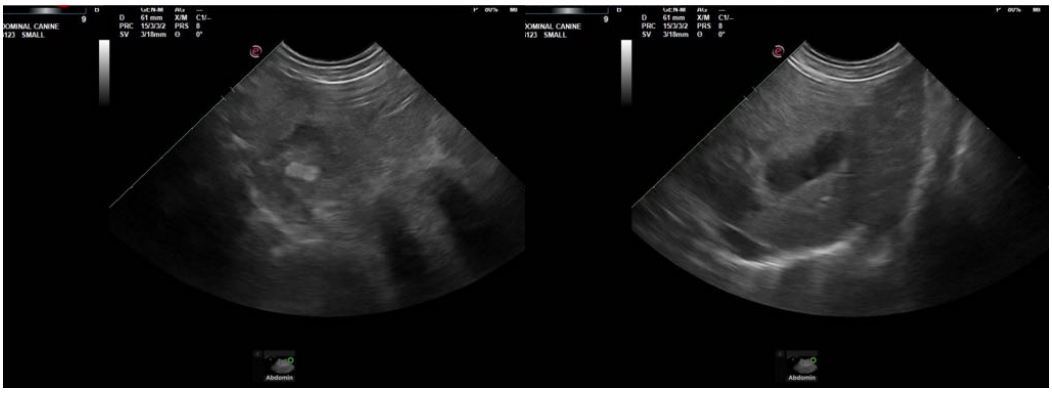

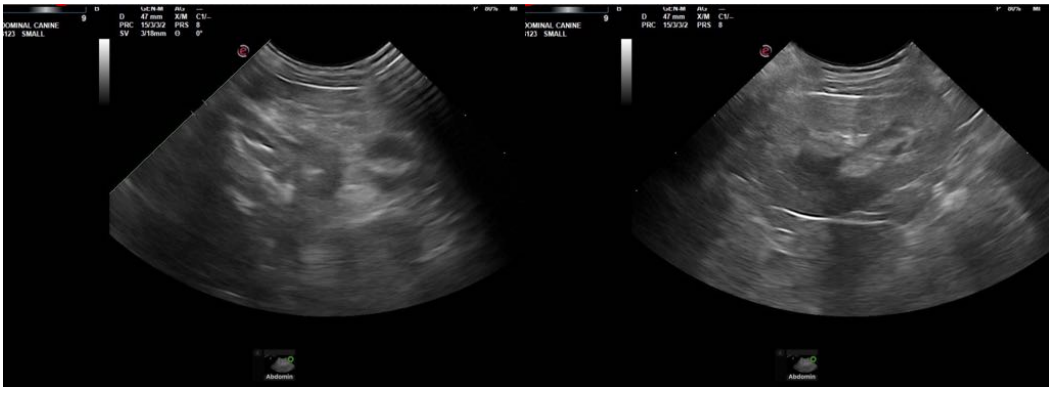

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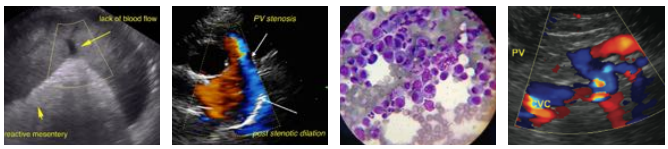

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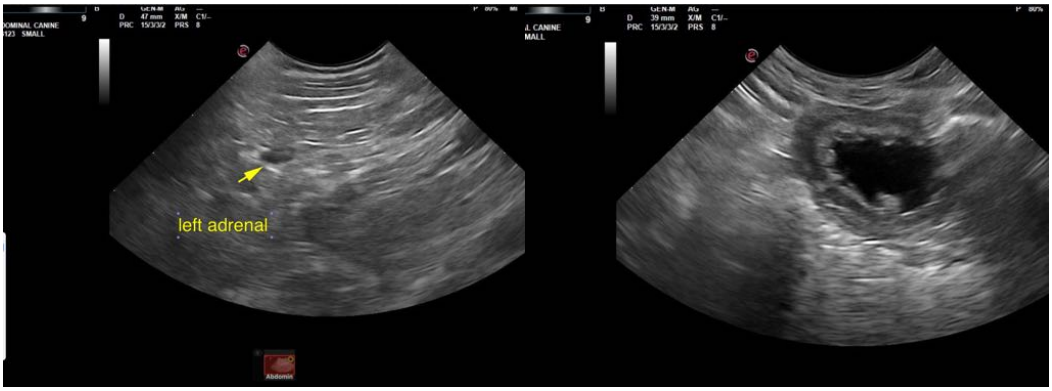

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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