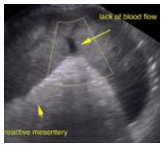
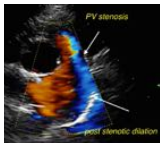
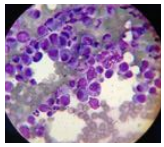
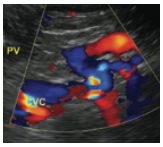
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT
Princess Beller

SPECIES
Canine

BREED
Beagle

SEX
Spayed female

AGE
14 years

WEIGHT
26 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Arch Gordon

HOSPITAL NAME
Coral Ridge AH

REFERRING VET
Dr. Gordon

INVOICE
42871

DATE
2/20/23

PRESENTING CLINICAL SIGNS

History: Vomiting/diarrhea/nausea/weight loss lethargy and seems painful dehydrated weight loss - 28.1 in 8/22- 26 lbs today
Abnormal PE/Chem/CBC/UA Results: SDMA 17- 0-14 ug dl Creat 2.0 - 0.5 -1.5 mg dl ALT 138 - - 18-121 u/l ALK 297 5-160 u/l amylase 2619 -337 -1469 u/l lipase 996 0-250 u/l CK 505 -- 10-200 u/l UA-pending

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 multi-focal cortical cysts with corticomedullary mineralization and moderate degenerative changes. The kidneys are relatively normal in size with slightly irregular contour. The right kidney measured 6.3 cm. The left kidney measured 5.45 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 left adrenal gland measured 1.87 x 0.52 cm at the cranial pole and 0.55 cm at the caudal pole. The right adrenal gland measured 2.34 x 1.27 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

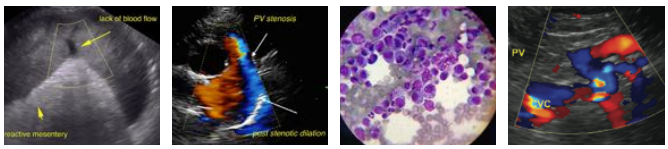
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. 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.

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



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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. 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

Polycystic renal changes with mineralization. Moderate degenerative renal changes. Subjectively appear 50-60% compromised.

Vacuolar hepatopathy liver pattern with remodeling.

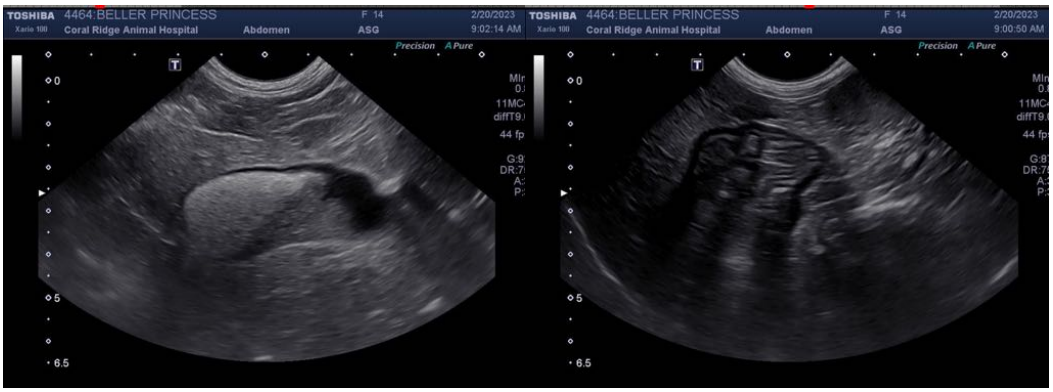
Age related pancreatic changes.

Otherwise, benign abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The renal values should be monitored carefully. From a structural standpoint the kidneys are in question from a structural integrity standpoint. As long as azotemia is contained then the vomiting and diarrhea is likely owing to primary GI disease. Low-grade pancreatic inflammation is possible, yet diminished renal function is likely causing the artificial elevation in amylase.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.



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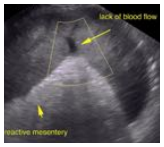
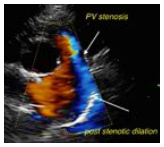
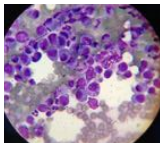
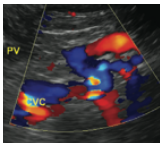

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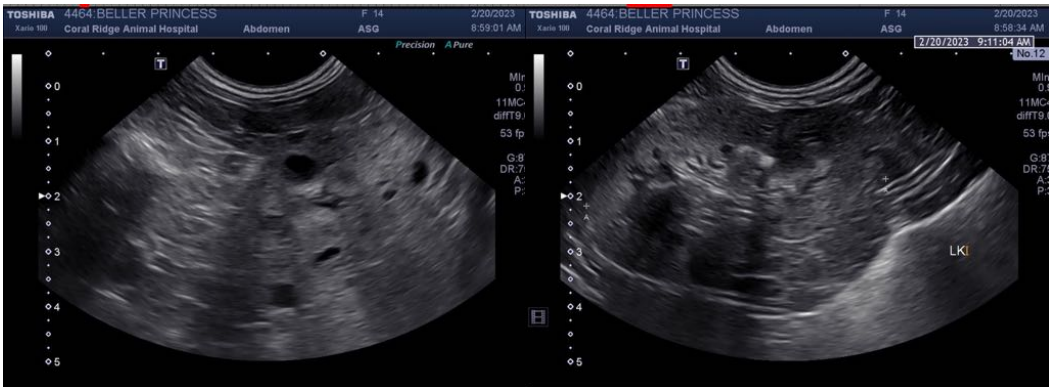

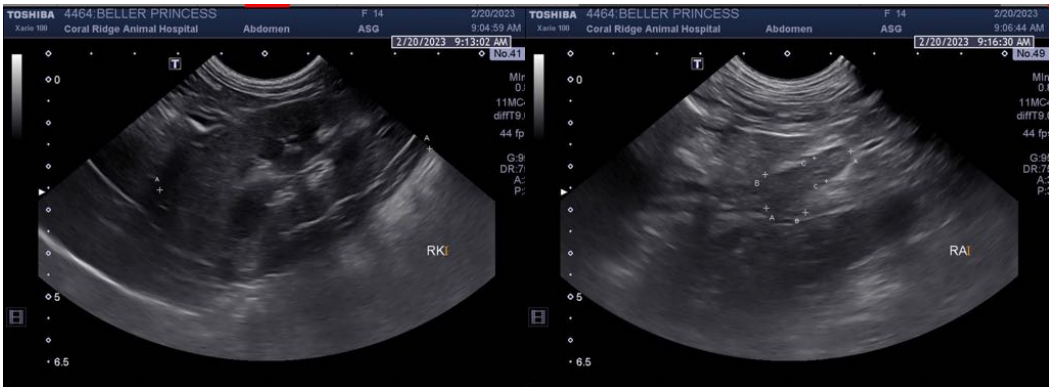

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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