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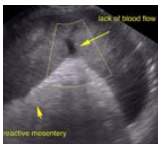
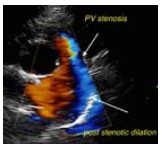
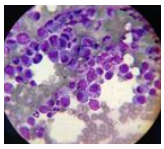
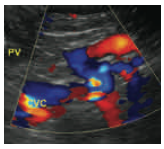

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1-800-838-4268 info@sonopath.com

PATIENT
Sophie Ramsey

SPECIES
Canine

BREED
Shih Tzu

SEX
Spayed Female

AGE
13 years

WEIGHT
13 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Harris

HOSPITAL NAME
TotalBond VH

REFERRING VET
Dr. Epstein

INVOICE
96289

DATE
2/23/22

PRESENTING CLINICAL SIGNS

Reason for Referral: Pt. w/ h/o elevated liver enzymes, gall bladder sludge (AFAST 2018, 21), ALT has self-corrected but ALP continues to increase; however pt. has recently been on low dose/frequency pred 1.25mg EOD to control coughing attributed to chronic bronchitis, collapsing trachea (also gets hydrocodone prn). Progressive azotemia Cr. 1.2 2021 à 1.7 now; however also polycythemia (64% 2021, 66% now) r/o functional renal mass? Lastly borderline hypoglycemia 57%, r/o artifact but in 2021 was 67%; r/o emerging pancreatic insulinoma? HyperTGemia 1047, check adrenals. Pt. previously diagnosed hypothyroid but T4 3.5 on Thyrotab 0.1mg 1.5 tab PO BID

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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Corticomedullary mineralization was noted. The right kidney measured 4.28 cm. The left kidney was similar to the right and measured 4.04 cm.

Adrenal Glands

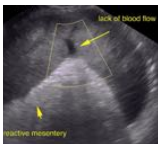
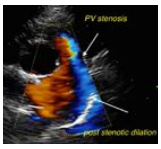
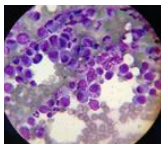
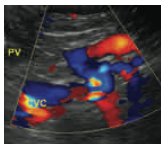
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.45 cm. The right 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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic

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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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. Intestinal wall thickness measured up to 0.4 cm. 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.

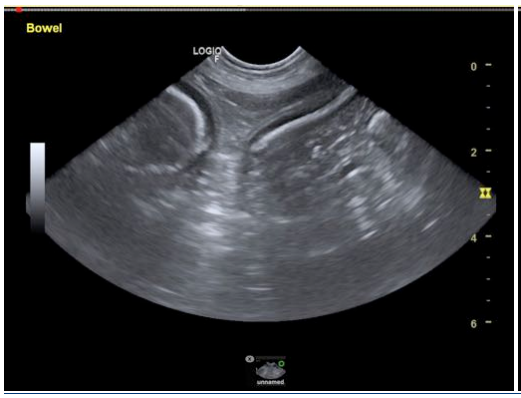
ULTRASONOGRAPHIC FINDINGS

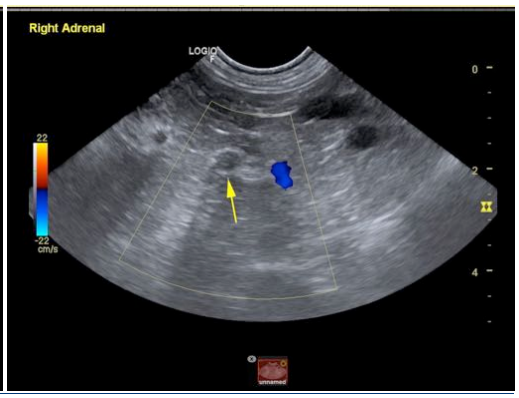
Mild to moderate non-specific, degenerative renal disease.

Minor excessive GI gas, yet structurally the GI tract was unremarkable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of significant visceral disease. There was no evidence of foreign bodies or neoplasia. Acute systemic insult is suspected. There was no structural evidence of insulinoma, yet I cannot completely rule this out. Viscerally the abdominal changes are largely expected for this age and breed.





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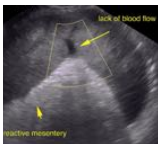
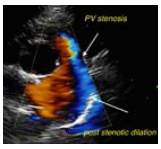
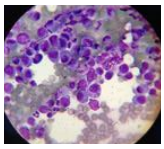
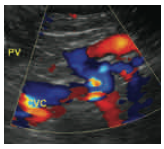

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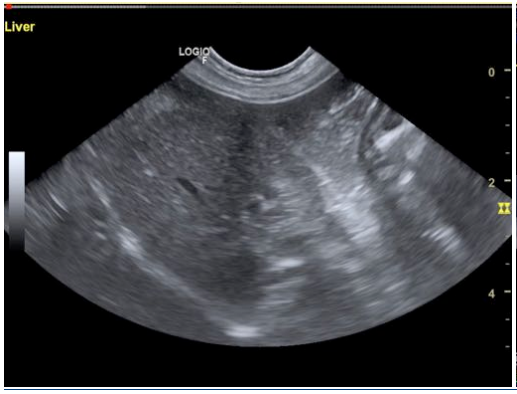

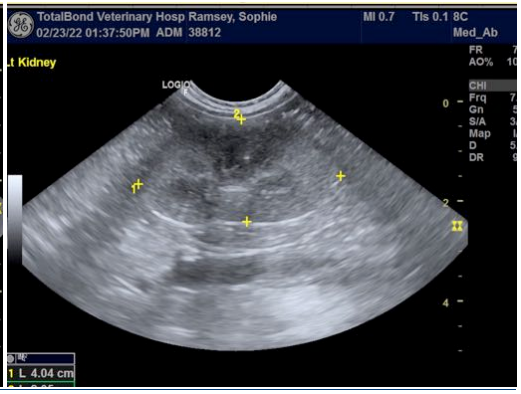

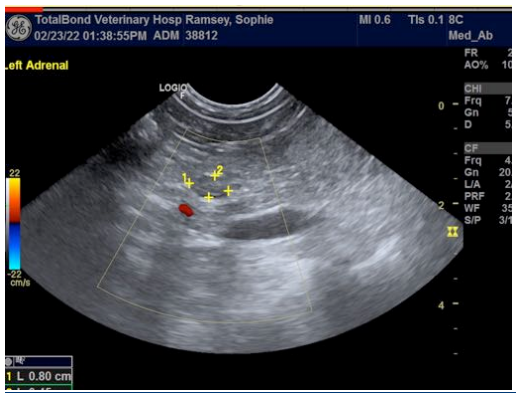

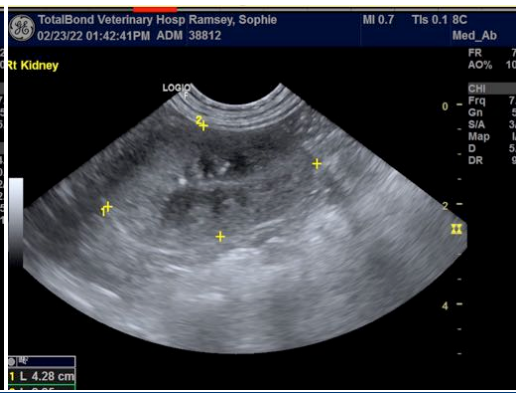

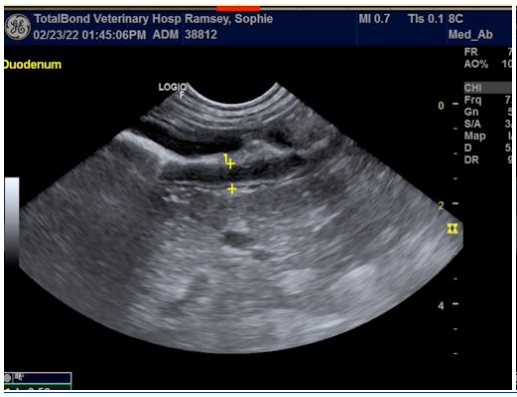

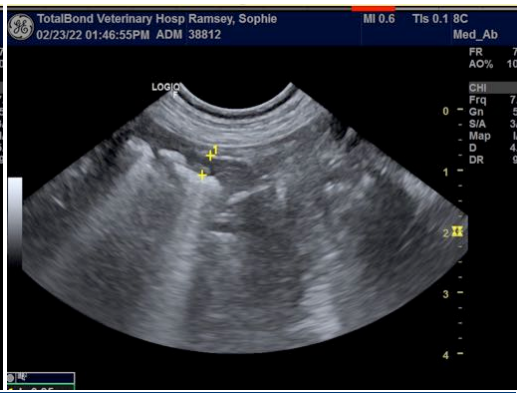

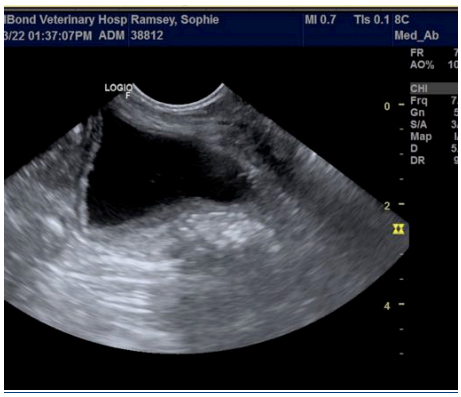

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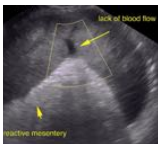

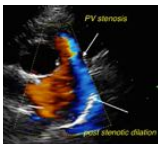

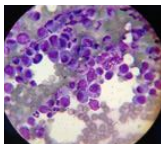
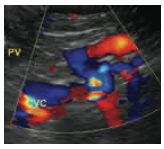

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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