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Clinical Sonography & Telecytology
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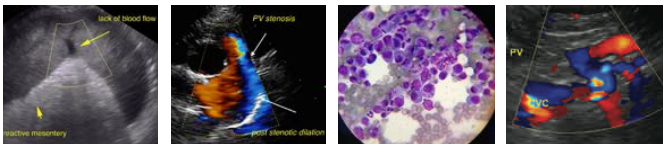


PATIENT

Romeo Stephenson

SPECIES

Canine

BREED

Yorkie Mix

SEX

Neutered male

AGE

11 years

WEIGHT

11.2 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Myers

INVOICE

96491

DATE

3/1/22

PRESENTING CLINICAL SIGNS

History: decreased appetite (chronic- for about 1 month)- still eating but won't finish meals. Weight loss of 5 pounds. Soft stool for 2-3 weeks. Owner noted that pet's penis is randomly sticking out, no stranguria or urine changes noted at home. Ucath passed at exam last week- no resistance felt. Large bladder during today's ultrasound- walked pet outside- did not attempt to urinate despite large bladder. pet does have chronic grade 4/5 heart murmur- not clinical at this time
Abnormal PE/Chem/CBC/UA Results: u/a: unremarkable other than dilute (usg: 1.005) cbc/chem/lytes: normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was unremarkable for the level of repletion presented. The urethra was mildly thickened. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 left kidney measured 4.0 cm. The right kidney measured 3.8 cm.

Adrenal Glands

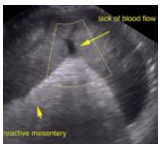
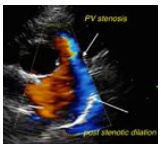
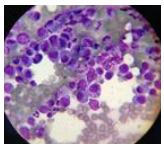
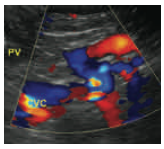
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.8 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** 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. The gallbladder presented some dependent debris with essentially normal

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contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable. Reactive mesentery was noted associated with the small intestine.

Pancreas

The **pancreas** was obscured by hyperechoic remodeled and reactive mesentery. Some level of pancreatitis is likely, but this is not the primary issue.

ULTRASONOGRAPHIC FINDINGS

Hyperperistaltic gastrointestinal tract with reactive mesentery.

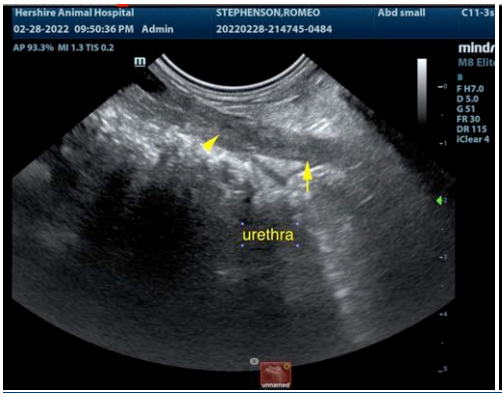
Bladder debris and minor urethral thickening.

Some level of pancreatitis, yet not the primary issue.

Otherwise, geriatric abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Albumin levels should be monitored carefully in this patient given the breed predisposition to protein losing enteropathy/lymphangectasia. There is no evidence of neoplasia. 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. GI protectant protocol, Purina HA or Royal Canin HP diet, Amoxicillin, Metronidazole and broad spectrum anti-parasitic protocol would all be valid empirical measures in this patient.



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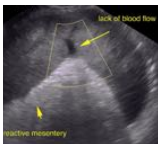
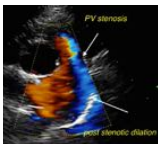
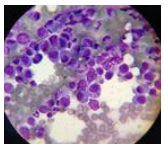
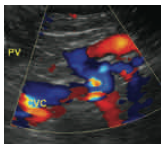

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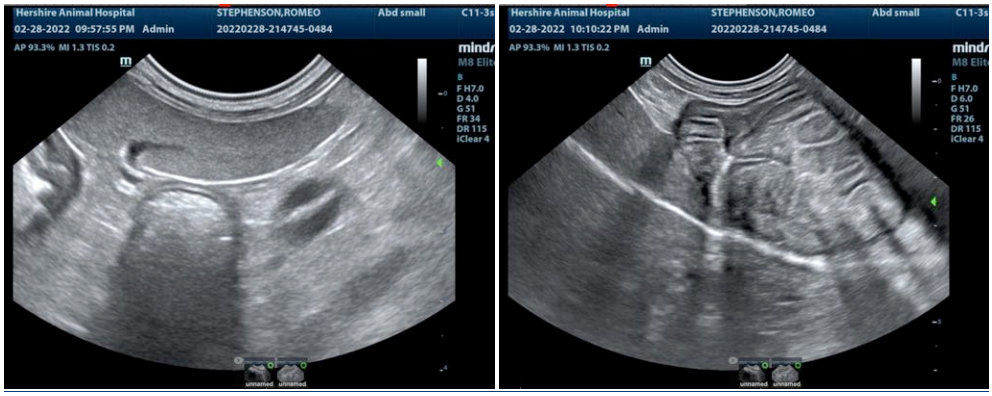

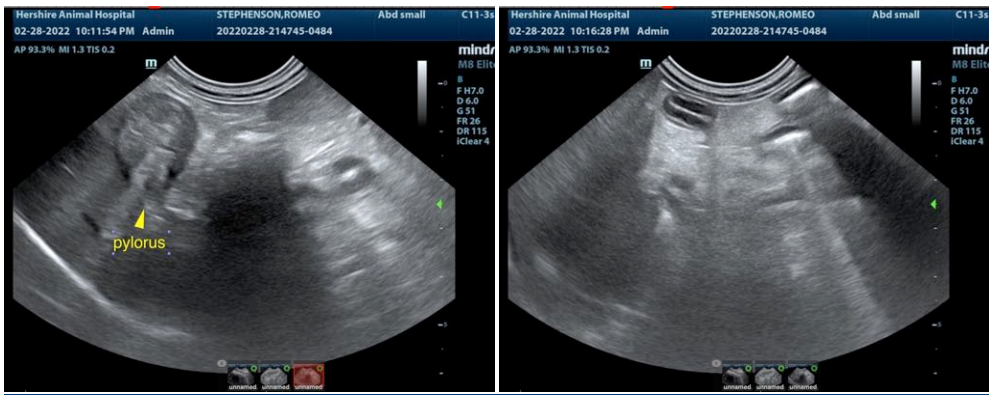

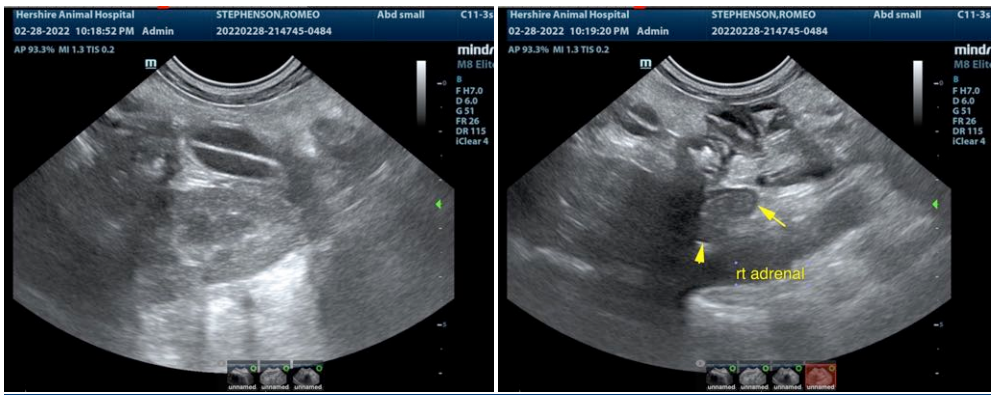

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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