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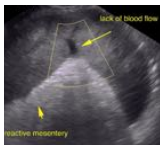
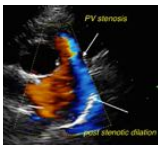
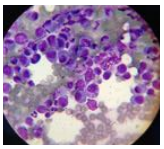
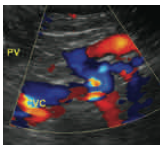

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1-800-838-4268 info@sonopath.com

PATIENT
Gracie Ayers

SPECIES
Canine

BREED
Standard Poodle

SEX
Spayed Female

AGE
13 years

WEIGHT
48 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
American AH

REFERRING VET
Dr. Stockmal

INVOICE
96763

DATE
3/10/22

PRESENTING CLINICAL SIGNS

History: Elevated liver enzymes, had been on NeopolyDex for conjunctivitis. Current meds: Denamarin 425mg sid, Galliprant 20mg 1/2 sid, DES 1mg once a week.
Abnormal PE/Chem/CBC/UA Results: 1/19/22 ALT 149, ALKP 123; 3/2/22 ALT 691; 3/7/99 ALT 529 , Alkp 281. 2/27/22 USG 1.039, PH 5.5, 2-3 WBC

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. 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 iliac trifurcation in this patient revealed an organized thrombus that measured 2.17 cm in length this is partially occlusive. The thrombus entered into the right iliac artery. This is an incidental finding.

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. The right kidney measured 5.33 cm. The left kidney measured 5.67 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 right adrenal gland measured 1.97 x 1.21 cm at the cranial pole and 0.62 cm at the caudal pole. The left adrenal gland measured 2.62 x 0.62 cm at the cranial pole and 0.65 cm at the caudal pole.

Spleen

The **spleen** revealed a focal, isoechoic 5.0 cm parenchymal mass that was deriving from the mid caudal body. Other nodular changes were noted elsewhere.

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

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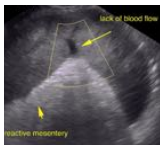
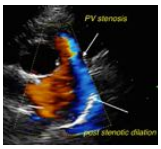
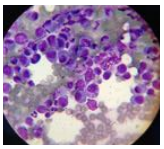
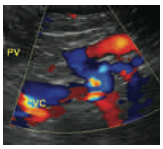

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Gastrointestinal

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.

Heart

Rapid view of the heart revealed no evidence of pathology.

ULTRASONOGRAPHIC FINDINGS

Non-specific inflammatory hepatopathy liver pattern.

Splenic mass.

Iliac and aortic thrombosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Femoral pulse quality should be evaluated if not already performed. The echotexture of the saddle thrombi would suggest that these have developed over time and are well organized. Full coagulation panel including D Dimer and FDP evaluation. Depending on those results FNA of the splenic mass could be considered. Thrombolytic therapy could be considered as well as Plavix over a 1-2 week period and a recheck sonogram. Pulse quality and evaluation for potential respiratory distress that would suggest a thromboembolic shower would also be warranted periodically. The primary cause of the thrombus is unclear. Infectious disease, neoplasia such as that potentially of the spleen may be inducing thrombosis. Round cell neoplasia, benign hyperplasia and hemangiosarcoma are all possibilities. Chest radiographs are warranted to assess for related disease. Blood pressure measurements are also indicated.

For an additional charge an internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services

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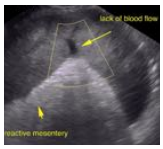
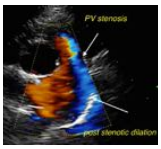
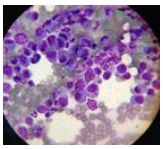
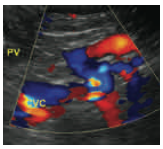

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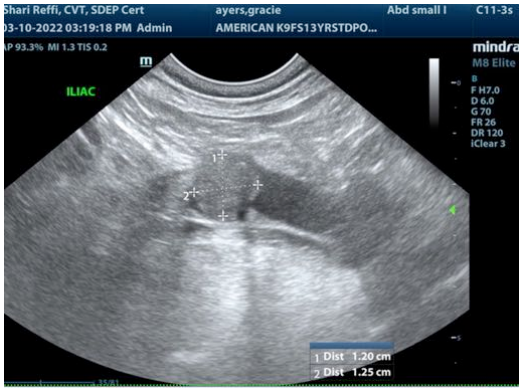

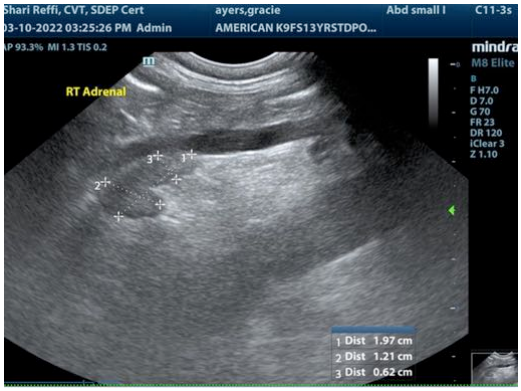

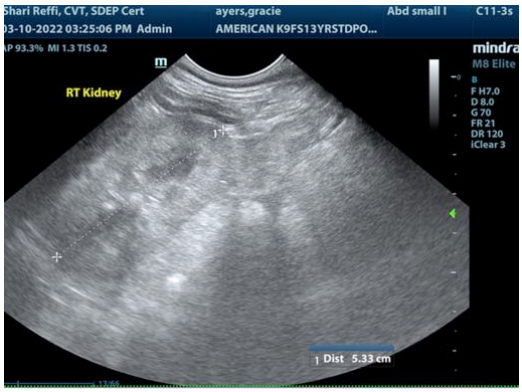

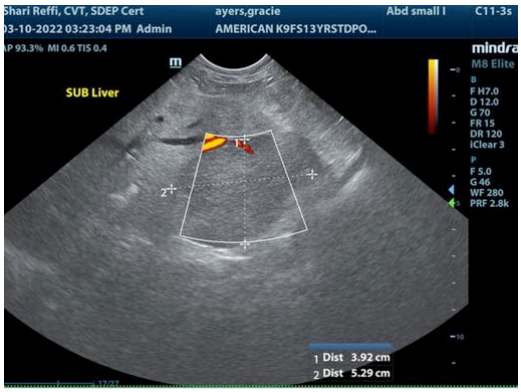

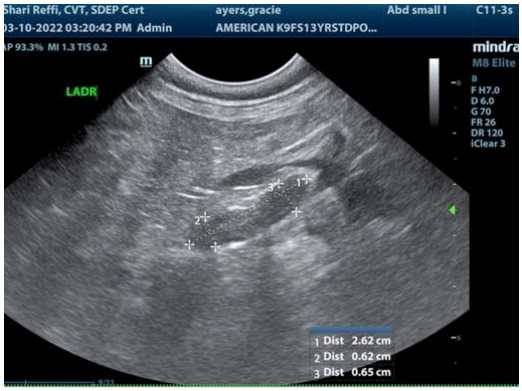

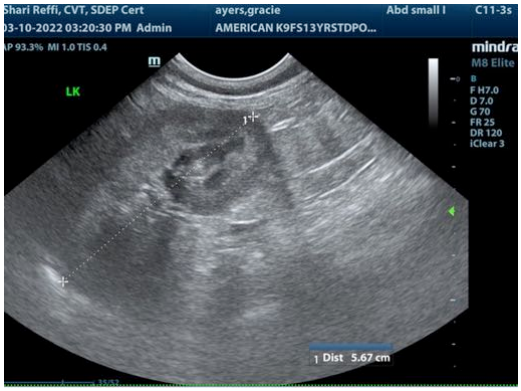

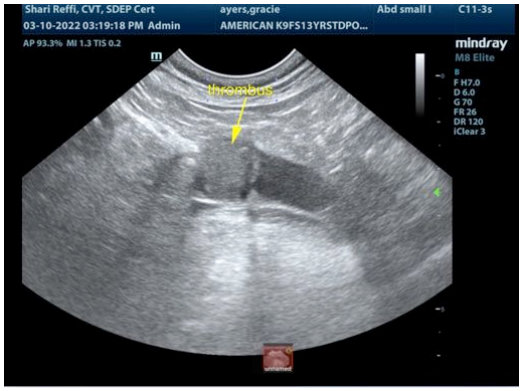

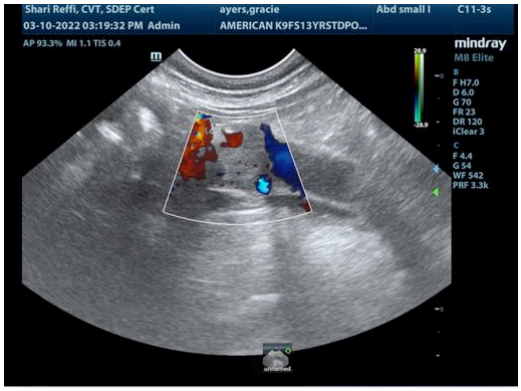

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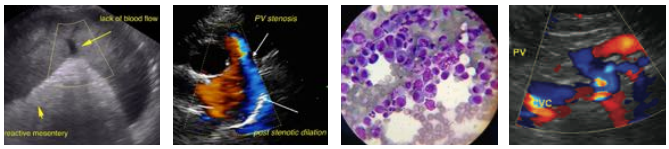

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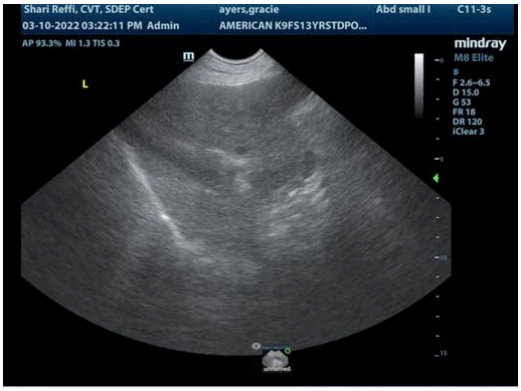

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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