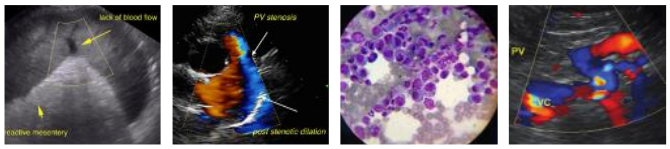
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Mickey Robertson

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

9 Years

WEIGHT

38.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Arun Katugulla

HOSPITAL NAME

434 Animal Hospital

REFERRING VET

Arun Katugulla

INVOICE

21560

DATE

3/10/23

PRESENTING CLINICAL SIGNS

History: pet has had chronic defecation issues for more than 3 months. Pet was presented for blood in stools and straining to defecate. pet was treated symptomatically and did fine for some time and later recurred with same issue- pet was put on prednisone and hydrolyzed protein and pet seems to be doing fine.

Abnormal PE/Chem/CBC/UA Results: unremarkable bloodwork and urinalysis

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 5.5 cm. The right kidney measured 5.9 cm. Slight pyelectasia was noted in the left kidney.

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 0.63 cm at the caudal pole and 0.52 at the cranial pole. The right adrenal gland measured 0.7 cm at the cranial pole and 0.42 cm at the caudal pole.

Spleen

Hyperechoic lipogranulomatous change was noted in the **spleen**, likely benign. The spleen was uniform otherwise.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions. This is a minor change.

The **gallbladder** wall was echogenic. A minor amount of nonobstructive biliary calculi were noted. Gallbladder fibrosis pattern is noted.

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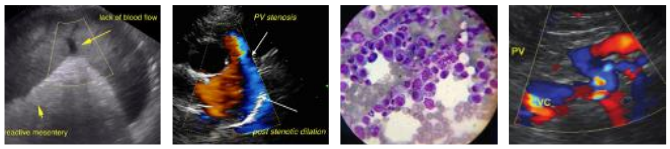

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Gastrointestinal

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 intestine demonstrated normal luminal chyme. Hard stool was noted in the colon yet no evidence of mural changes. 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

A large amount of abdominal **fat** was noted in this patient.

ULTRASONOGRAPHIC FINDINGS

- Lipogranulomatous splenic changes
- Hepatopathy with gallbladder fibrosis pattern
- Hard stool in the colon
- Age-related renal changes with left kidney pyelectasia
- Large amount of abdominal fat
- Benign abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Lumbosacral, orthopedic or pelvic orthopedic disease should be considered in this patient. Given the patient clinical signs, a fecal test and rectal palpation are indicated. The prednisone therapy could be suppressing a more significant presentation, however, subjectively the abdomen appears viscerally unremarkable.

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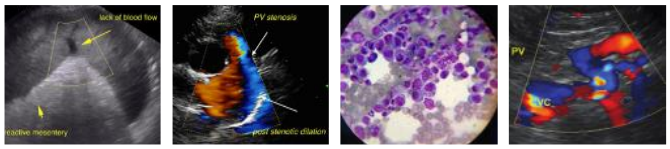

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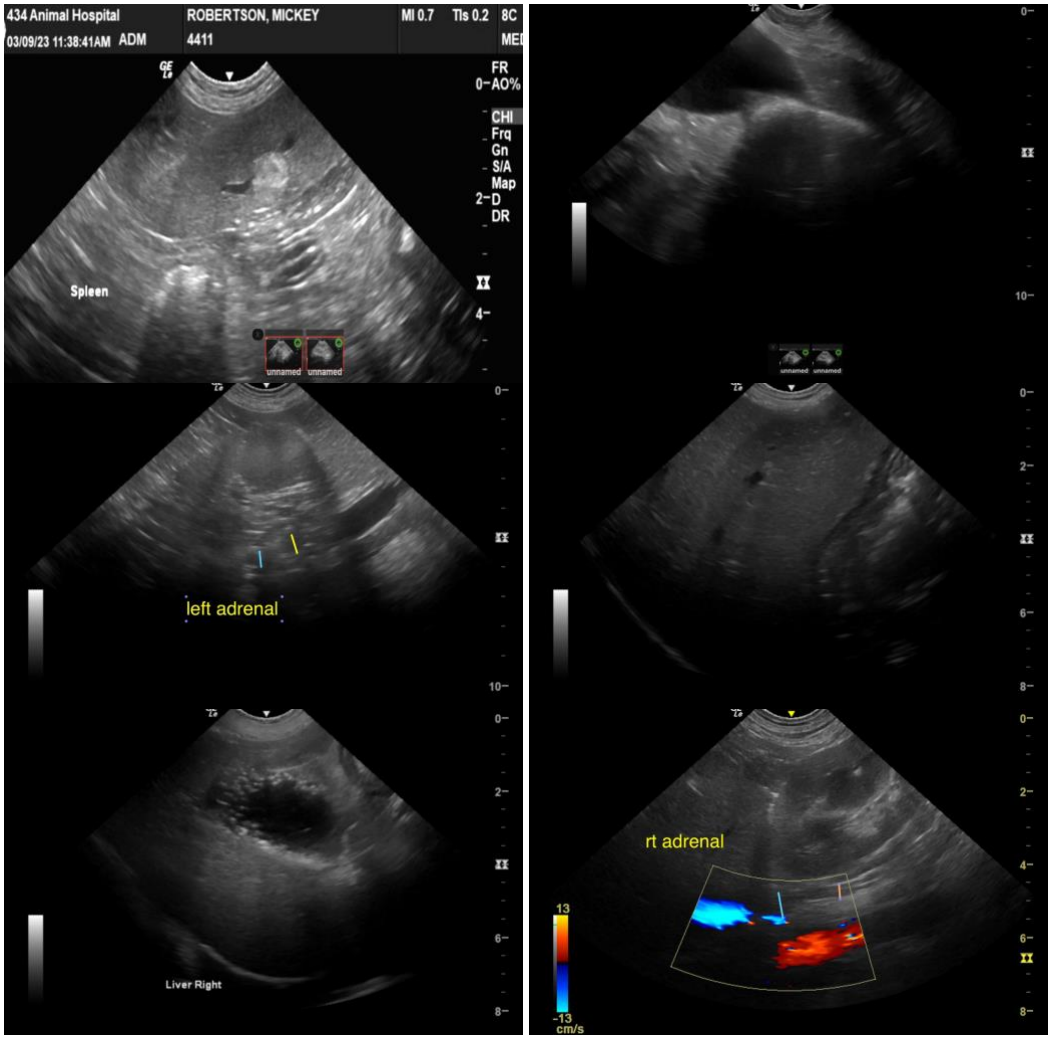

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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