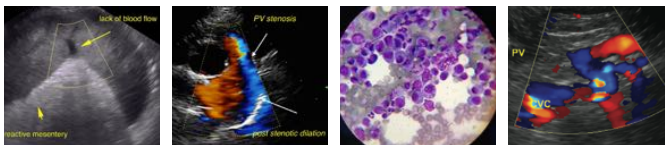
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Max Ward

SPECIES
Canine

BREED
Maltese

SEX
Neutered male

AGE
11 years

WEIGHT
9.9 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Bartus

HOSPITAL NAME
Valley VS

REFERRING VET
Dr. Bartus

INVOICE
43461

DATE
3/22/23

PRESENTING CLINICAL SIGNS

History: Diagnosed with ITP in 2014. Has been on Azathioprine 12.5 mg QOD and has been under control. Twice, we tried to wean him off of meds, and his thrombocytopenia returned. Treat for IVDD in 2021; Squamous Cell Carcinoma removed from skin Feb. 2023. Chronically elevated ALKP and intermittent elevations of ALT. He frequently vomits and gets bouts of diarrhea several times a year. Takes Maropitant 12 mg daily for nausea and Denamarin Advanced daily. Recently, stools have been dark and loose, tarry and positive for blood. He has frequent BM's and sometimes strains to go. His soft BM's are getting stuck in his white fur, and it is very frequent.
Abnormal PE/Chem/CBC/UA Results: ALKP 1393 (23-212) Note: Has been as high as 1683 7/2022; Glob 5.1 (2.5-4.5); rest is WNL, including Bile Acids and CBC.

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 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.21 cm with slight pinpoint mineralization.

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 0.4 cm at the cranial pole and 0.45 cm at the caudal pole. The right adrenal gland measured 0.38 c at the cranial pole and 0.3 cm at the caudal pole.

Spleen

The **spleen** revealed subtle, heterogenous parenchymal changes. This is consistent with hyperplasia given the patient's history.

Liver

The **liver** was diffusely hyperechoic to the falciform fat with multi-focal, hypoechoic nodular changes with minor disruption of architecture. The largest liver nodule measured 1.64 x 1.24 cm and was medial to the gallbladder. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

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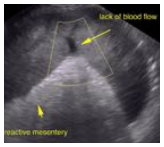
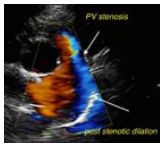
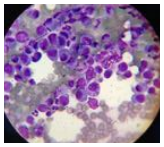
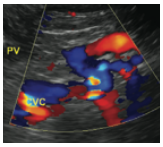

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Gastrointestinal

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. 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

Nodular hyperplasia.

Hepatic and splenic changes, likely benign.

Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of primary disease in the abdomen related to the clinical history. Assessment of the cytology performed upon the liver is warranted, yet this is likely hyperplasia.

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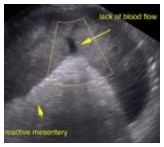
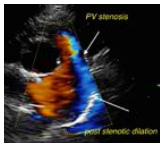
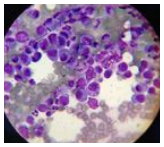
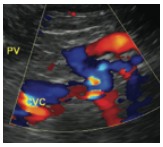

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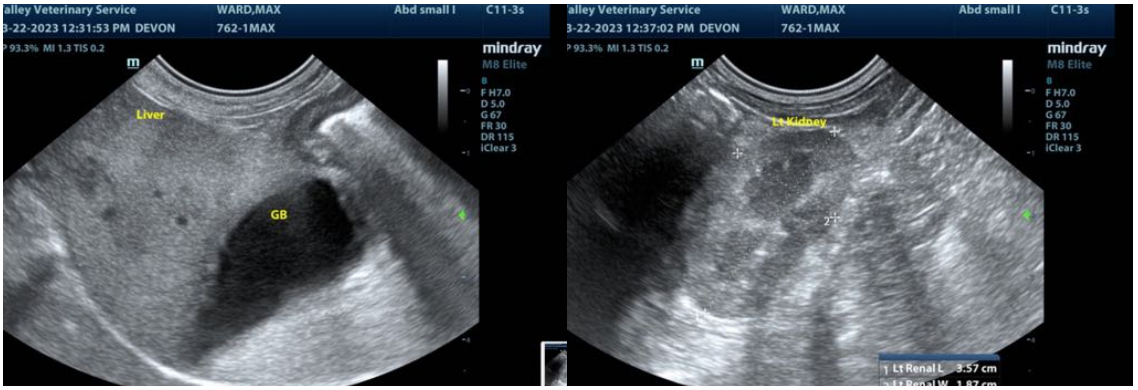

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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