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Clinical Sonography & Telecytology
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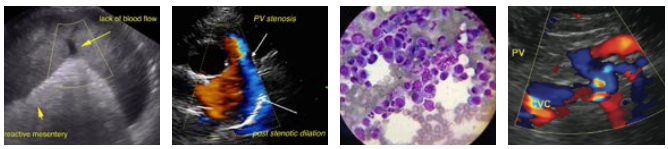

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Chase Arends

SPECIES
Canine

BREED
Mix

SEX
Male

AGE
13 years

WEIGHT
20.6 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Mack

HOSPITAL NAME
Northside VC

REFERRING VET
Mack

INVOICE
43196

DATE
3/8/23

PRESENTING CLINICAL SIGNS

History: Recheck/follow up after previous ultrasound on 2/8/23 Patient has been on enrofloxacin, denamarin and ursodiol and is still not wanting to eat regular dog kibble, only chicken and rice

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 2.0 cm beyond the cystourethral junction and appeared normal. 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 residual prostate was mildly heterogenous and uniform measuring 0.9 cm.

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 left kidney measured 4.4 cm. The right kidney measured 4.5 cm.

Adrenal Glands

The left **adrenal gland** nodule was similar to the prior sonogram. The caudal nodule measured 0.95 cm at the cranial pole and the cranial nodule measured 0.6 cm. Uniform swelling was present. Uniform swelling was present. The right adrenal gland was heterogenous and nodular. The nodule measured 1.2 cm similar to the prior sonogram.

Spleen

The **spleen** revealed an occasional, hyperechoic, lipogranulomatous change.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Increased portal markings were noted in the liver with occasional cyst and uniform cyst. This is consistent with benign hepatopathy with a history of inflammatory component. The gallbladder was significantly improved and is nearly normalized with minor debris, polypoid changes and echogenic wall.

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.

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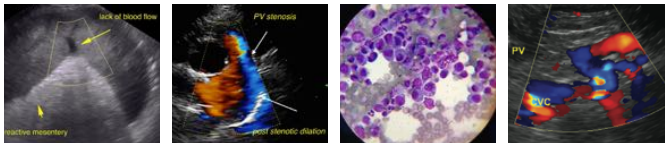

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Pancreas

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 adrenal glands, likely hyperplasia or adenoma.

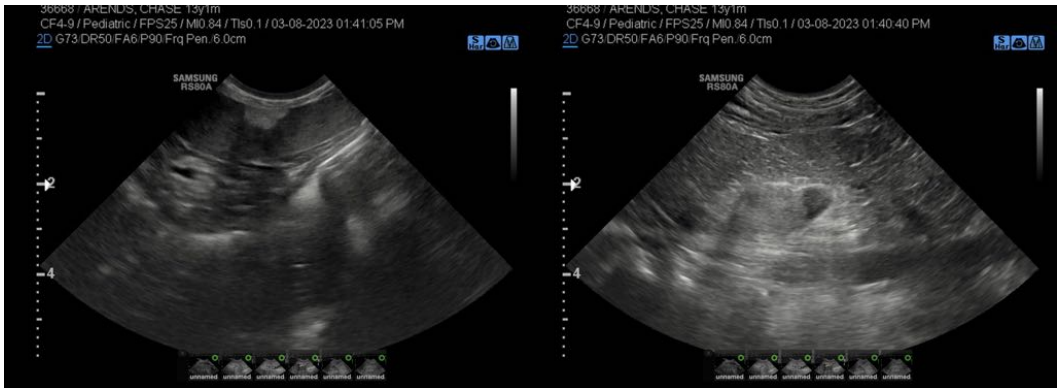
Resolved gallbladder presentation with mild hepatic remodeling.

Splenic lipogranulomatous nodules.

Otherwise, geriatric abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient appears Cushingoid or hypertension is present then further adrenal work-up is indicated. The patient appears stable. No specific further therapy is necessary if the patient is clinically stable. The cause of anorexia is unclear as even though the pancreas appears remodeled, it appears to be quiescent. Other causes of anorexia such as pain related disease, CNS or thoracic disease should also be considered.



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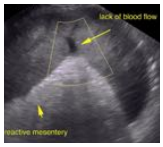

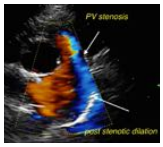

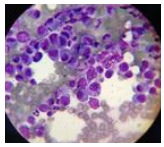
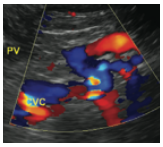

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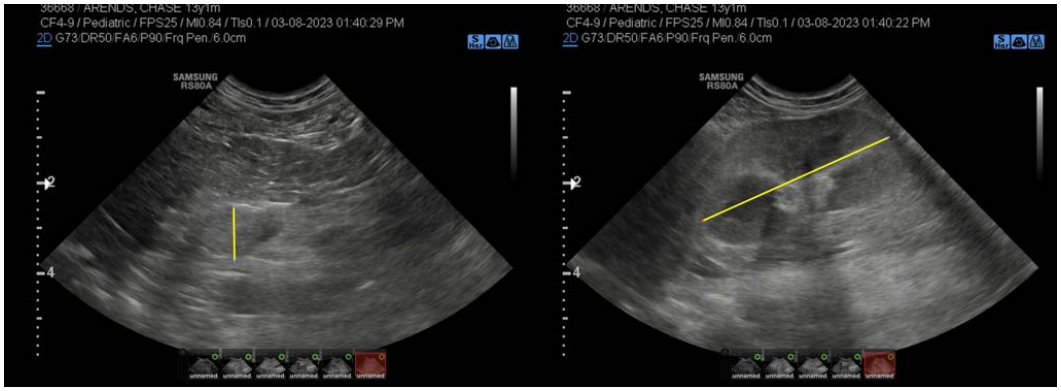

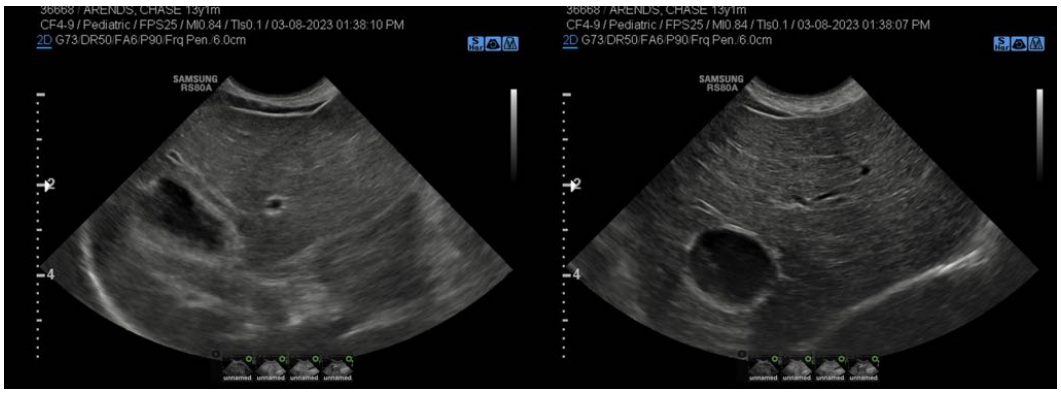

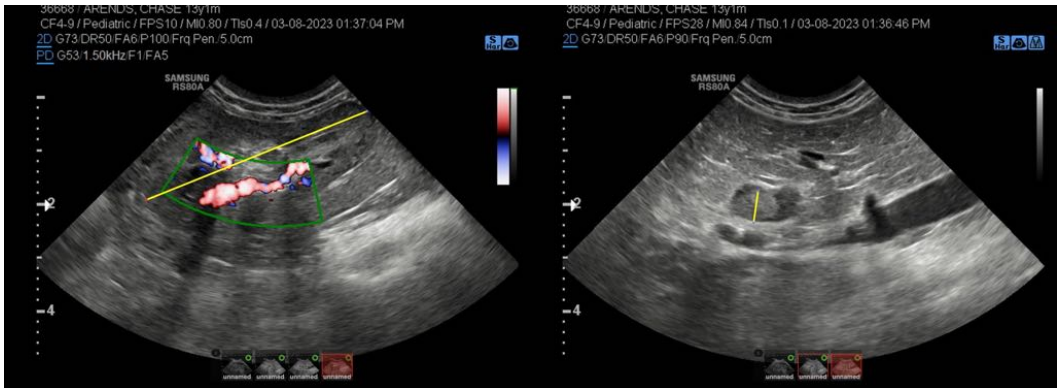

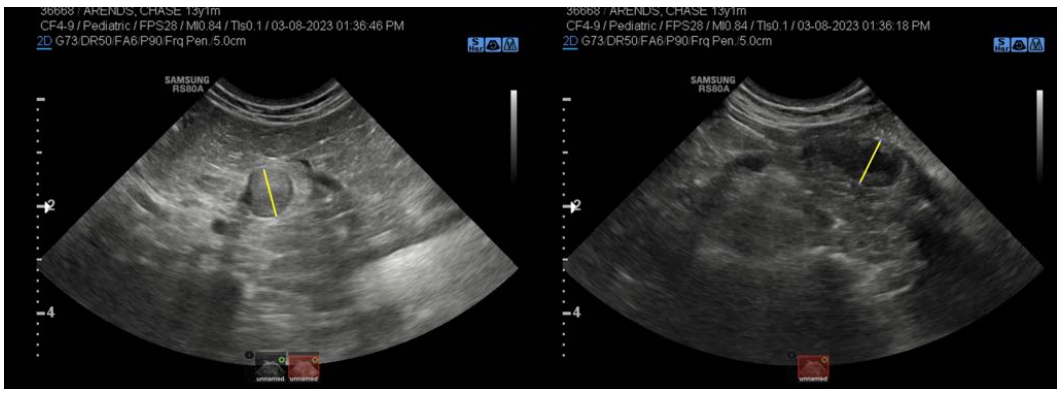

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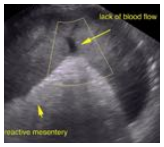
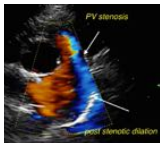
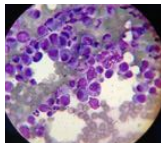
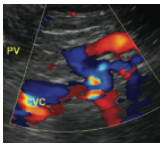

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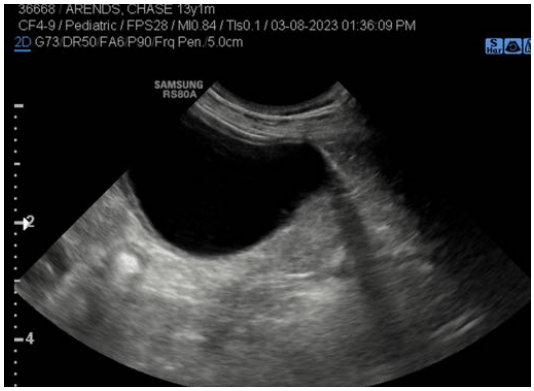

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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