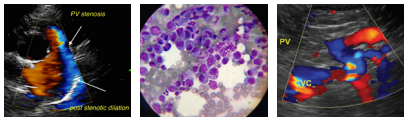
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

DATE

4/13/22

PATIENT

Paolo Burkitt

SPECIES

Canine

BREED

Coton de Tulear

SEX

Neutered Male

AGE

12/13/06

WEIGHT

13 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Frederick Road VH

REFERRING VET

Dr. Beyer

INVOICE

36870

PRESENTING CLINICAL SIGNS

Has not been eating well for months. Hx of myelopathy T3-L3 2020. Hx full mouth extractions. Pants and paces at night. Long hx of elevated ALT.

Current Medications: Cerenia 16mg PRN, Gabapentin 100mg every 8-12hrs PRN, Methocarbamol PRN, Denamarin when able to give, Solliquin PRN and Dasuquin when able, Owner has Entyce at home to use PRN, has used Galliprant in the past as well.
Lab Results: Proteinuria. Crea 1.6 (0.5-1.5), BUN/UREA 39 (9-31), ALT 155 (18-121), Spec CPL 529 (0-200), UPC 0.5.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 residual prostate was uniform at 0.76 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. The left kidney measured 3.75 cm with slight pyelectasia of 0.58 cm. The right kidney measured 3.13 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 2.14 cm x 0.71 cm at the caudal pole and 0.61 cm at the cranial pole. The right adrenal gland measured 1.99 cm x 0.59 cm at the caudal pole and 0.53 cm at the cranial pole. The right adrenal gland measured 0.41 cm at the cranial pole with focal mineralization of 0.25 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 were noted.

Liver

The **liver** presented coarse architecture and increased portal markings. Hypoechoic nodular changes noted, non-disruptive. Minor excessive gallbladder debris and trace amount of sand noted.

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

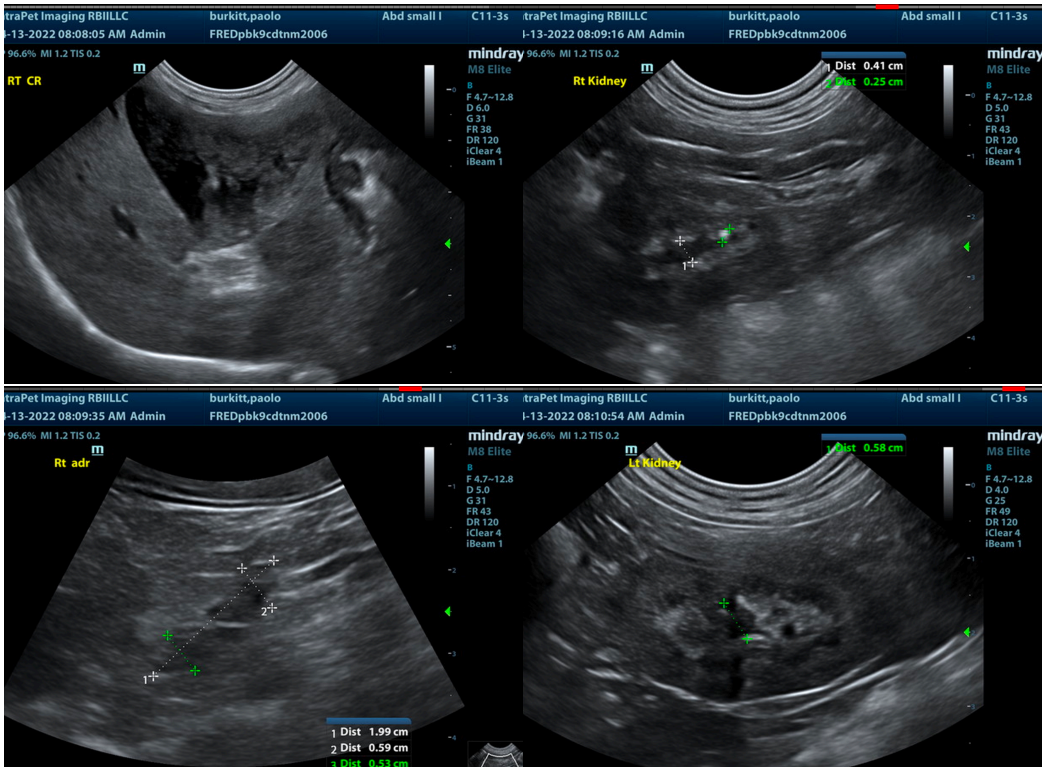
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

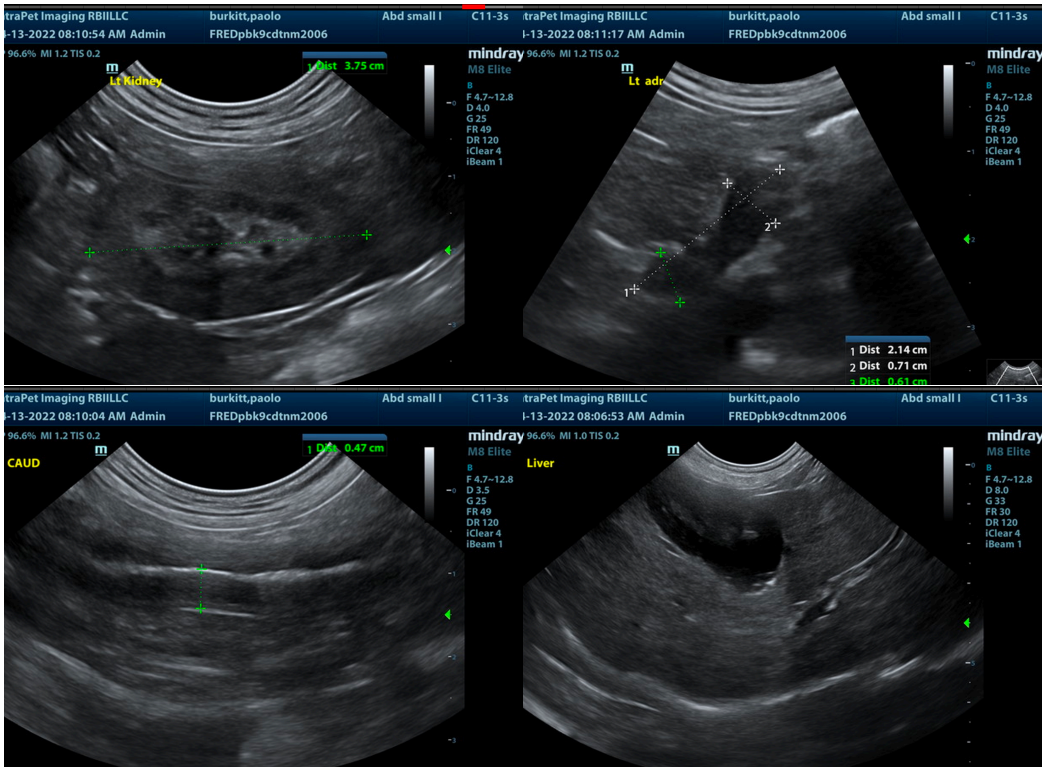
ULTRASONOGRAPHIC FINDINGS

- Largely geriatric abdomen with heterogeneous hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile could be considered for further definition, yet likely benign. No overt suspicion of hepatic dysfunction. No obvious evidence of pathology in the abdomen to be responsible for the hyporexia. Orthopedic pain, CNS disease, thoracic disease should all be considered.





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.

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