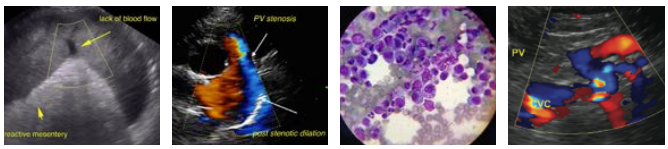
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Max Windsor

SPECIES
Canine

BREED
Pomeranian

SEX
Neutered male

AGE
12 ½ years

WEIGHT
5.2 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Colborne

HOSPITAL NAME
Neighbourhood VC

REFERRING VET
Dr. Colborne

INVOICE
43915

DATE
4/20/23

PRESENTING CLINICAL SIGNS

History: 2 seizures in the last two years. Not associated with food intake- seems stress induced. No other neurologic signs noticed. No V/D. Good appetite and energy. No medications. No hx of toxin ingestion. No travel hx.
Abnormal PE/Chem/CBC/UA Results: High normal HCT Originally got severe elevation of ALT (too high to read) on our machine and and mild elevation of bilirubin but when diluted and repeated ALT was only mildly elevated. Moderate hyperproteinemia with both glob and alb elevated mildly. Low thyroid. USG 1.030.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a minimal amount of urine present. Slight, micropolypoid bladder wall changes were noted.

The residual prostate measured 1.0 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. Pinpoint renal mineralization was noted. The right kidney measured 3.67 cm. The left kidney measured 3.53 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 0.5 cm at the caudal pole and 0.43 cm at the cranial pole. The right adrenal gland measured 0.8 cm in width.

Spleen

The **spleen** was folded upon itself cranially with minor, heterogenous parenchymal changes. The changes are expected for this age patient. There were no overt masses or suspicion of neoplasia. Multi-focal, lipogranulomas were noted in the spleen.

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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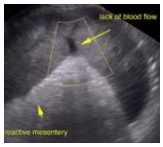
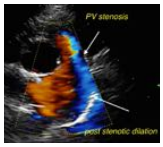
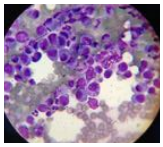
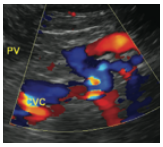

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Gastrointestinal

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.

ULTRASONOGRAPHIC FINDINGS

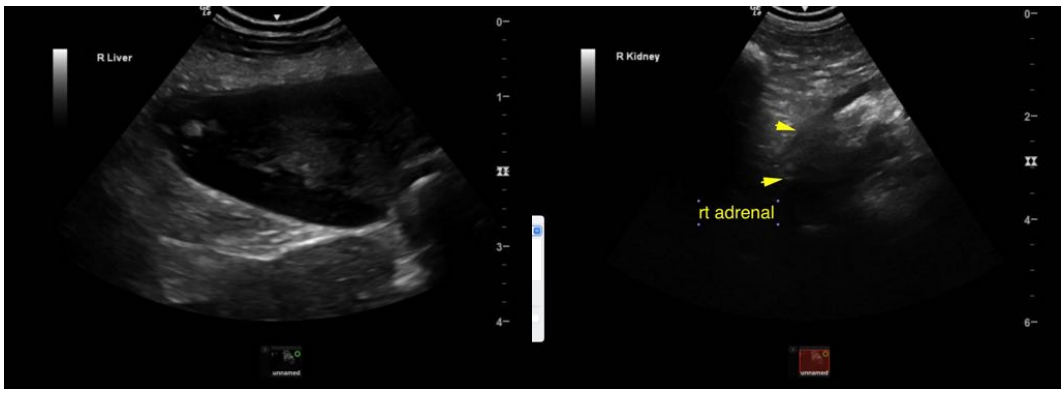
Age related renal changes.

Heterogenous splenic changes with lipogranulomas. Benign splenic fold.

Age related hepatic changes. Non-specific inflammatory hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver was not viewed in its entirety owing to poor depth resolution. There was no evidence of pathology directly related to the clinical signs. Given the patient's history brain CT contrast is recommended. FNA of the liver is indicated. Leptospirosis titers are recommended.



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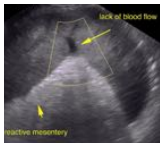
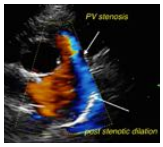
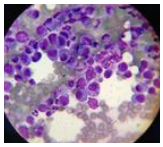
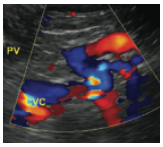

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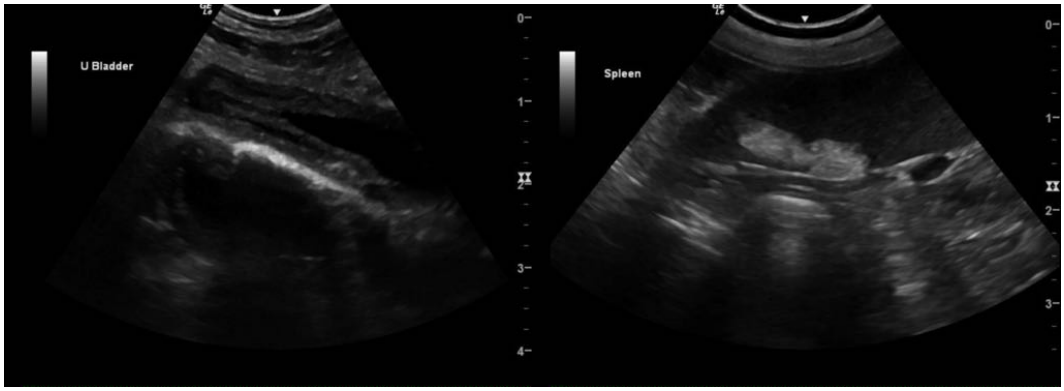

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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