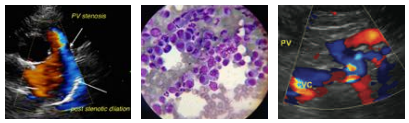
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE
4/25/22

PATIENT
Cocoa Turner

SPECIES
Canine

BREED
Shih Tzu

SEX
Spayed Female

AGE
4/13/13

WEIGHT
8 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Bayside Animal Medical

REFERRING VET
Dr. Beigel

INVOICE
99505

PRESENTING CLINICAL SIGNS

Hx of elevated liver values beginning 10/21, normal on recheck. BW in February NSF per previous DVM records; slow onset of vomiting after eating, lethargic/not willing to go on walks.
Current Medications: Cerenia.
Lab Results: See attached.
Radiographs: Thoracic cavity unremarkable; liver subjectively small in size, stomach wall appears thickened, moderate gas in SI/LI, loss of detail surrounding kidneys; mild mottled appearance to spinous processes of lumbar vertebra and decreased spacing between vertebra at TL junction.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was unremarkable other than minor polypoid changes. There was no overt obstruction noted at the time of the sonogram. Sand accumulation was noted and measured up to 1.8 cm as a grouping. The largest calculus measured 0.21 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 this age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 4.07 cm with pinpoint mineralization. The right kidney revealed slight pyelectasia that measured 0.28 cm. The right kidney revealed pelvic calculus measuring 0.2 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 1.58 x 0.58 cm at the caudal pole and 0.55 cm at the cranial pole. The right adrenal gland measured 1.64 x 0.5 cm at the caudal pole and 0.52 cm at the cranial 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 was noted.

Liver

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.

Gastrointestinal

The **gastric** wall was structurally unremarkable other than minor hypertrophy. There was no loss of curvilinear detail. The small intestine and colon were unremarkable.

Pancreas

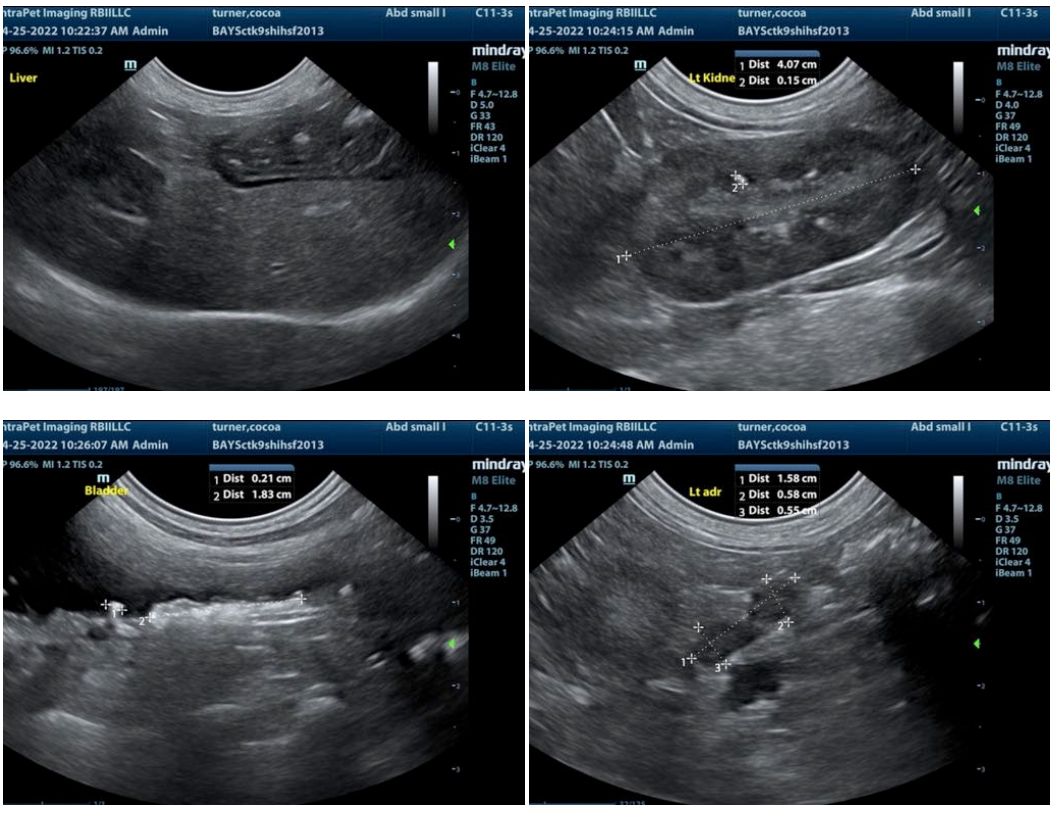
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

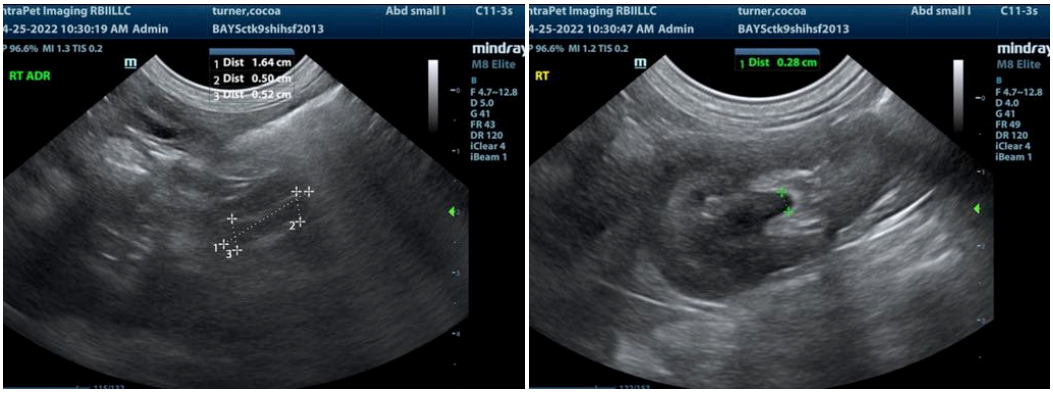
ULTRASONOGRAPHIC FINDINGS

Non-specific, mild chronic inflammatory hepatopathy.
Bladder sand and calculi.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA or core liver biopsy is indicated for further definition. Leptospirosis titers are indicated. There was no evidence of neoplasia. Cystotomy and liver biopsy could be considered in this patient as a combination procedure for further definition. Underlying food intolerance of Helicobacter should be considered.





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
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