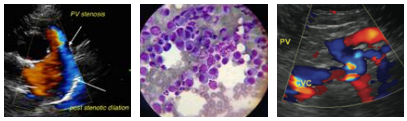
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

DATE

4/6/23

PATIENT

Miko Avent

SPECIES

Canine

BREED

Yorkie

SEX

Neutered male

AGE

2018

WEIGHT

11.2 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Banfield Towson

REFERRING VET

Dr. Mike

INVOICE

43740

PRESENTING CLINICAL SIGNS

Chronic elevations (since 2020/2021) AP increasing. No steroid use (topical or otherwise).
Current Medications: Denamarin.
Lab Results: 10/2021 AP 537, 11/2021 AP 759, 2/2022 AP 423, 3/23/23 AP 1026. Bile acids pre <1.0, post 2.8.
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**, 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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.08 cm. The right kidney measured 4.03 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 2.11 x 0.6 cm at the caudal pole and 0.54 cm at the cranial pole. The right adrenal gland measured 1.82 x 0.49 cm at the caudal pole and 0.66 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** revealed uniform enlargement with hyperechoic parenchymal changes. Slight, heterogenous parenchymal changes were noted in the liver. There was no evidence of portosystemic shunting. The portal vein to vena cava to aortic ratio was 1:1. The gallbladder and common bile duct were unremarkable.

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

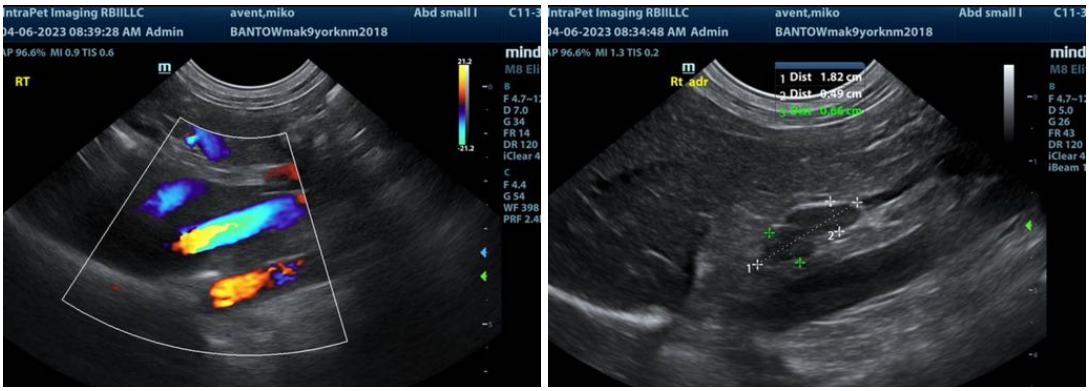
The **pancreas** was hypoechoic and mildly swollen, yet there was no evidence of active inflammation. The right limb measured 2.1 cm.

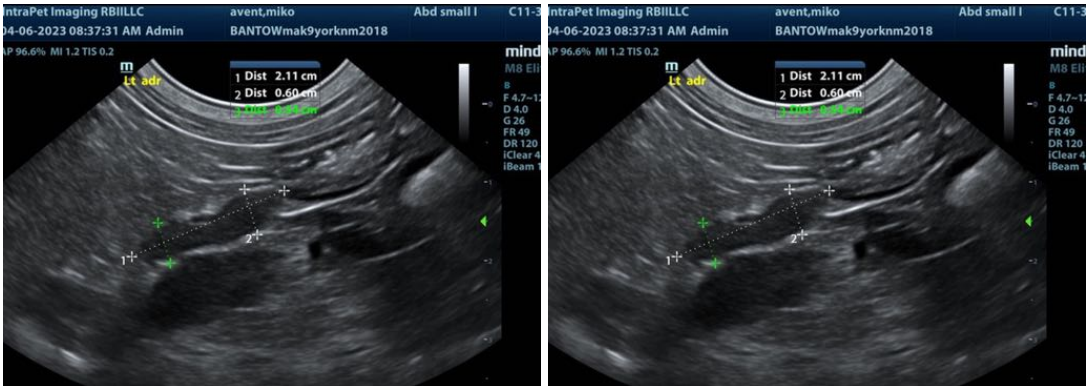
ULTRASONOGRAPHIC FINDINGS

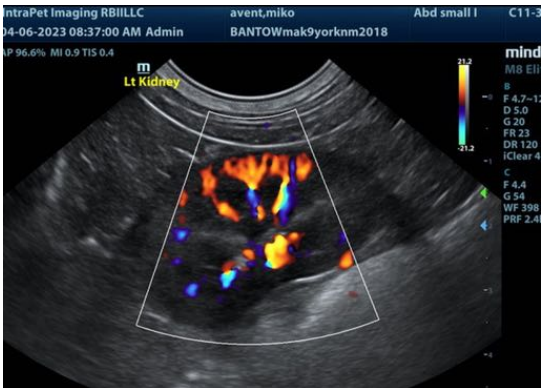
Metabolic hepatopathy or lipidosis pattern.
Structurally normal abdomen and adrenal glands.

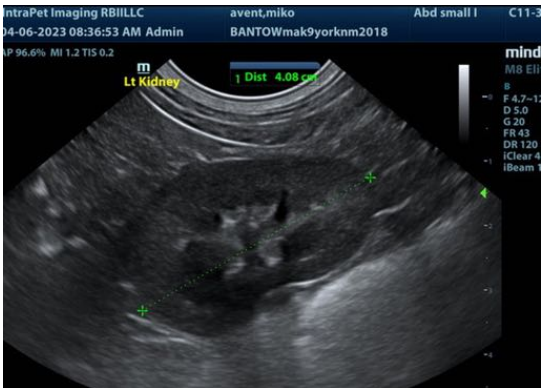
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is recommended for further definition.









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
Eric.Lindquist@SonoPath.com