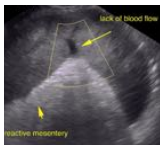

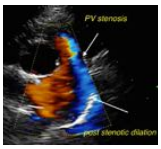

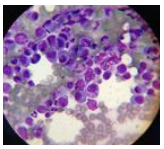
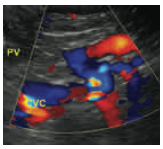

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1-800-838-4268 info@sonopath.com

PATIENT

Ella Post

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

3 years

WEIGHT

17 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

IMAGING PERFORMED BY

Kelly Vazquez , CVT

HOSPITAL NAME

Riverdale Integrative VC

REFERRING VET

Dr. Kuo

INVOICE

30236

DATE

5/10/22

PRESENTING CLINICAL SIGNS

Patient has SARDs, bloated abdomen, Cushing's suspected vs. pancreatitis. Elevated liver enzymes. Abnormal PE/Chem/CBC/UA Results: ALT 213, ALP 525. Urine cortisol:creatine ratio 179, urine cortisol 89.5, urine creatinine 155.8. USG 1.037, pH8.0, protein 2+, 2+ ammonium MG phosphate.

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 right kidney measured 4.56 cm. The left kidney measured 4.3 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 right adrenal gland measured 1.47 x 0.47 cm at the caudal pole and 0.36 cm at the cranial pole. The left adrenal gland measured 1.49 x 0.4 cm at the caudal pole and 0.35 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 minor, uniform swelling and slight coarse architecture. The portal vein to vena cava ratio was 1:1. The portal vein measured 0.6 cm and the vena cava measured 0.69 cm. The gallbladder and common bile duct were unremarkable.

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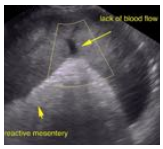
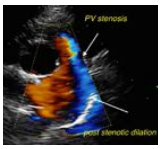
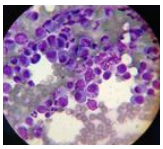
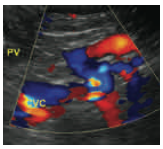

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was some retention of ingesta noted in the stomach. Transit of chyme into the small intestine appeared to be normal. Some mucosal speckling was noted in the small intestine possible related to early lymphangectasia.

Pancreas

The **pancreatic** base revealed remodeling. There is a potential for low-grade inflammation.

ULTRASONOGRAPHIC FINDINGS

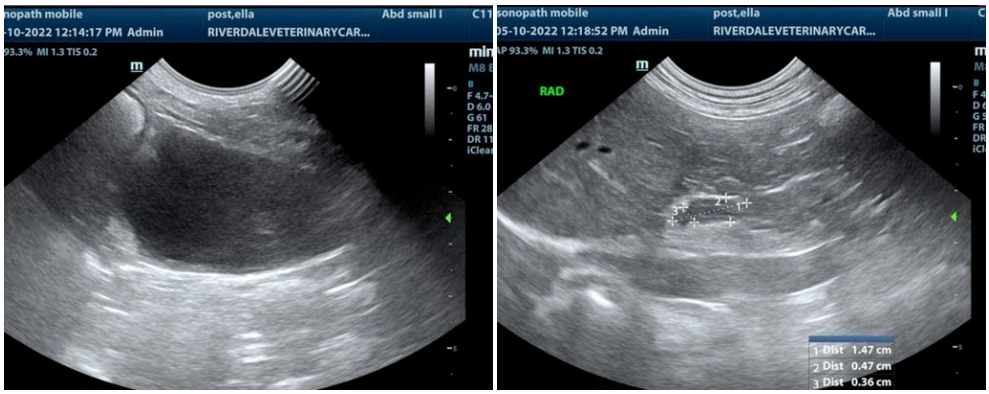
Structurally unremarkable abdomen with benign hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that the urine specific gravity is well concentrated and the adrenal glands appear normal, typical Cushing's is not likely an issue in this patent. If the urine specific gravity drops below 1.020 then work-up for early PDH is possible. Only a small percentage of Cushingoid patient's have normal adrenal glands and this patient being 3 years of age would be extremely rare. However, atypical Cushing's or other endocrinopathy should be considered. Full adrenal panel to the University of Tennessee may be appropriate.

The patient likely has a history of pancreatitis with possible low-grade inflammation given the remodeling noted.

Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected.



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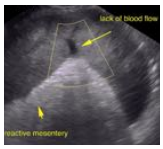
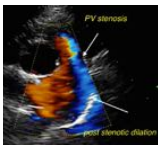
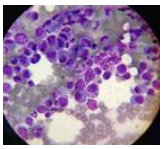
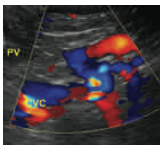

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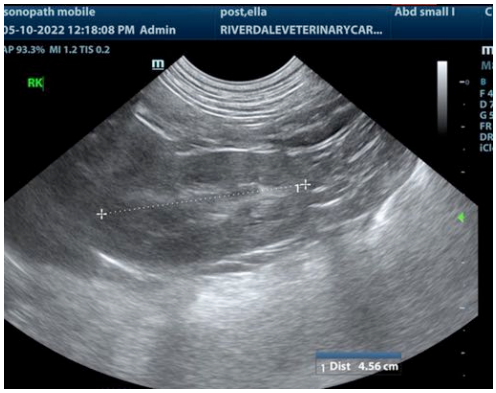

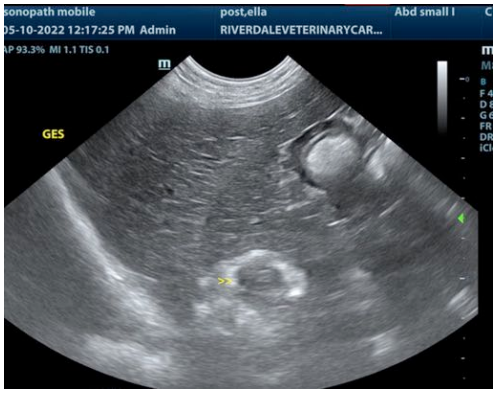

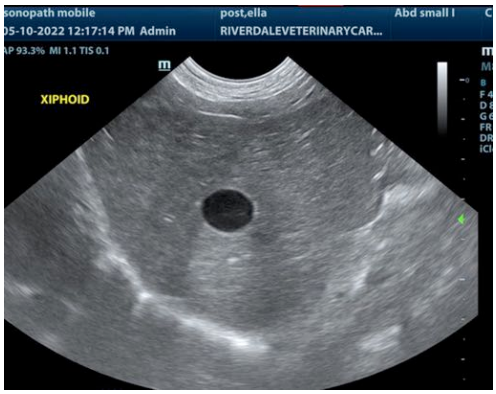

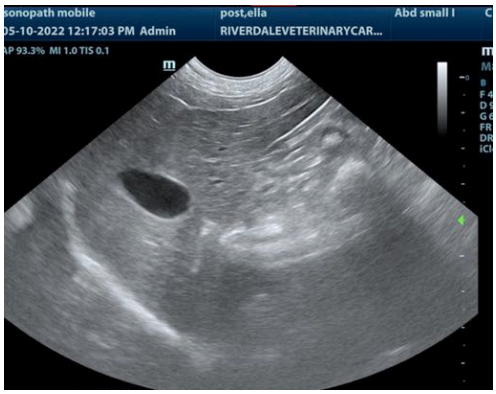


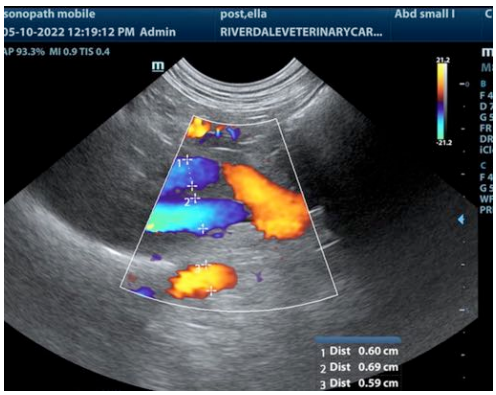

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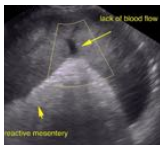
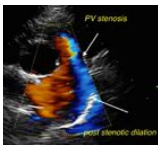
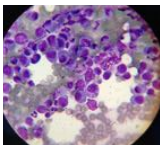
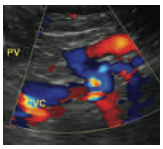

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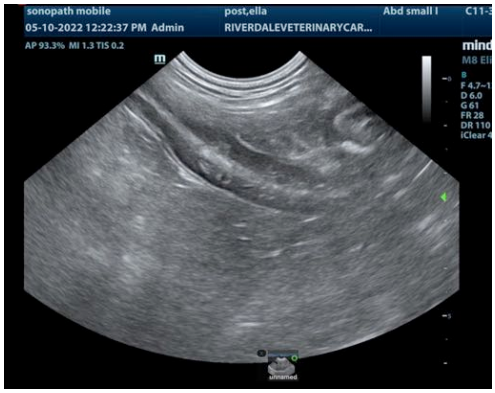

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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