SonoPath
Clinical Sonography & Telecytology
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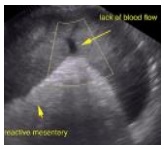
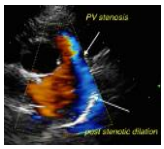
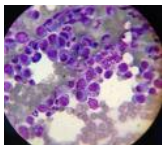
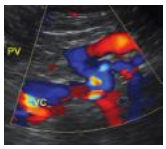





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Pint Hlavach

SPECIES

Canine

BREED

English Bulldog

SEX

NM

AGE

9 years

WEIGHT

25.3 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Donna Markland DVM

HOSPITAL NAME

Island Mobile Paws Veterinary Service

REFERRING VET

Central Island Veterinary Emergency Hospital

INVOICE

10551ag

DATE

05/10/2022

PRESENTING CLINICAL SIGNS

Abnormal PE/Chem/CBC/UA Results: PE: 2/5 pain on abdominal palpation. Mildly icteric sclera CBC: Monocytes=1.33 (0.16-1.12) RBC=4.62 (5.65-8.87) MCV=76.2 (61.6-73.5) MCH=26.4 (21.2-25.9) (normal HCT=35.2 (37.3-61.7)) Chem: ALP=3500 (23-212) ALT=304 (10-125) Chol=12.31 (2.84-8.26) TBili=41 (0-15) SDMA=18 (0-14) UA (catheter) usg=1.019 pH=8.0 BLD = 250 Ery/uL BIL = 6 mg/dL UBG = 4 mg/dL LEU = Negative OTHER: Lepto witness negative aPTT and cit PT=wnl Slide agglutination negative

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 kidneys revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. A cortical infarct was noted in the dorsal cortex of the left kidney. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present.

The left kidney measured 6.5 cm in length. The right kidney measured 5.32 cm in length.

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 2.23 cm in length by 0.57 cm caudal pole width by 0.4 cm cranial pole width. The right adrenal gland measured 0.5 cm caudal pole width by 0.8 cm cranial pole width.

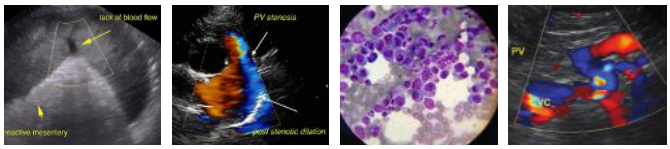
Spleen

Minor irregular swelling of the spleen was noted in the cranial body measuring 4.14 cm x 2.88 cm.

Liver

Exam of the cranial abdomen demonstrated mild excessive liver size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

Gastrointestinal



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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

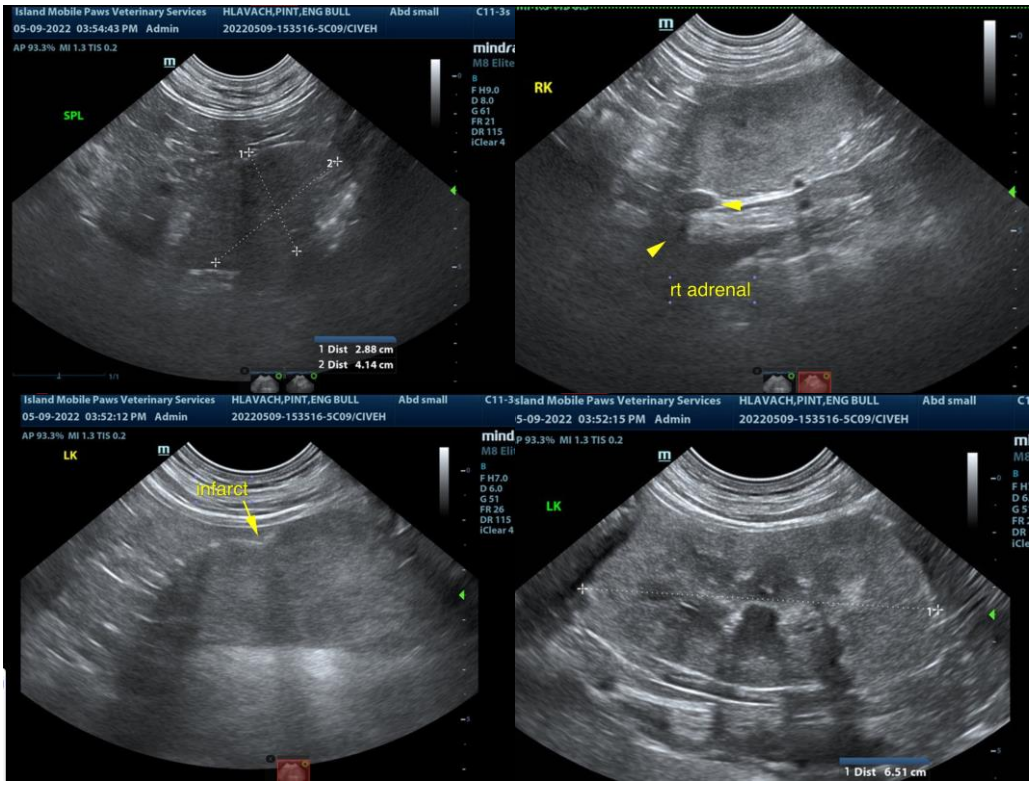
The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal, and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Minor inflammatory hepatopathy
- Minor splenic swelling
- Mild age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis or history of acute hepatic insult should be investigated. A FNA of the liver is warranted. An FNA of the spleen as well would be ideal however subjectively the spleen appears benign. The 4 cm structure in the spleen may represent an accessory spleen. Otherwise, an unremarkable abdomen.



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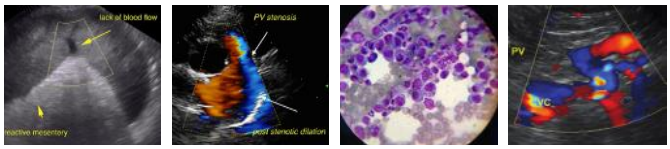

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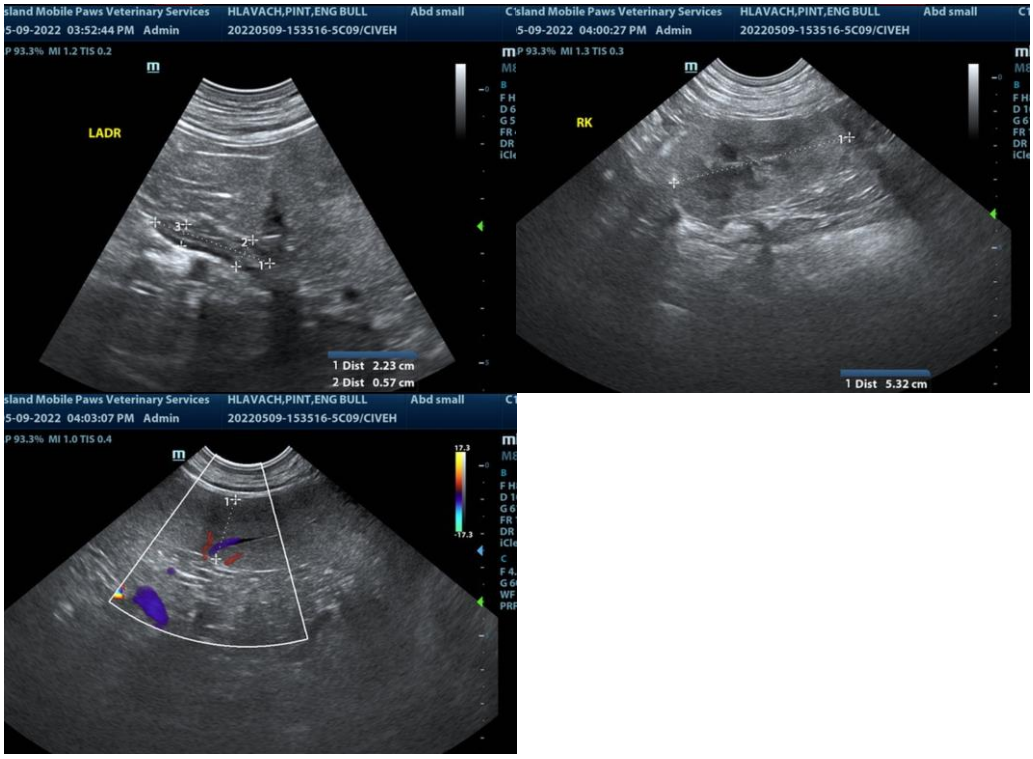

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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