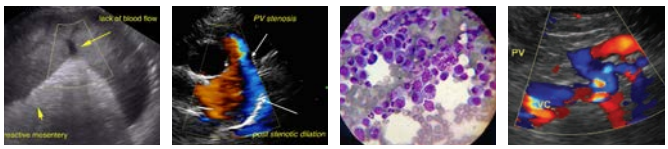
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Chewy Bornico

SPECIES
Canine

BREED
Lhasa Apso

SEX
Neutered Male

AGE
15 Years

WEIGHT
6.9 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Matthew Olcha

HOSPITAL NAME
East Meadow Vet Center

REFERRING VET
Dr. Matthew Olcha

INVOICE
38660

DATE
6/11/22

PRESENTING CLINICAL SIGNS

Progressive chronic and intermittent vomiting now progressed to anorexia. P icteric today. Normal bloodwork and x-rays on 5/19.
Abnormal PE/Chem/CBC/UA Results: CBC/Chem normal on 5/19 > ALP, ALT, GGT, and bilirubin today - see attached

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 4.0 cm. The right kidney measured 4.0 cm. Slight hyperechoic medullary rim sign noted on both kidneys with blunting of the caudal pole of the right kidney. This may be a normal variant or owing to infarct.

Adrenal Glands

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. The left adrenal gland measured 0.50 cm. The right adrenal gland measured 0.60 cm at the cranial pole and 0.40 cm at the caudal 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 were noted.

Liver

The **liver** presented increased portal markings and coarse architecture, consistent with inflammatory hepatopathy. The gallbladder was unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

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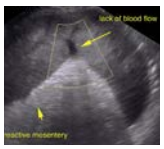
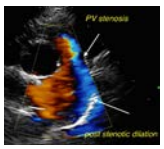
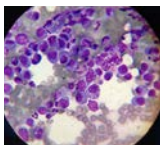
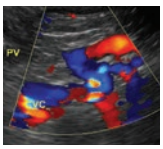

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Pancreas

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.

PRIMARY FINDINGS

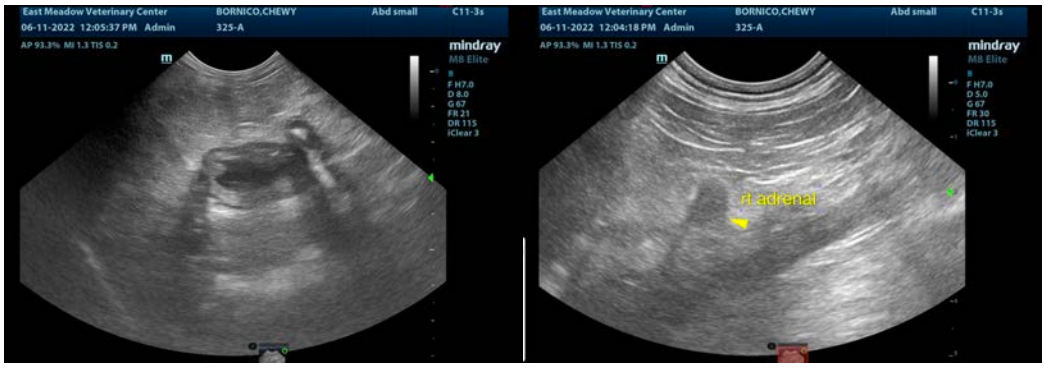
- Acute on chronic inflammatory hepatopathy
- Gastroenteritis

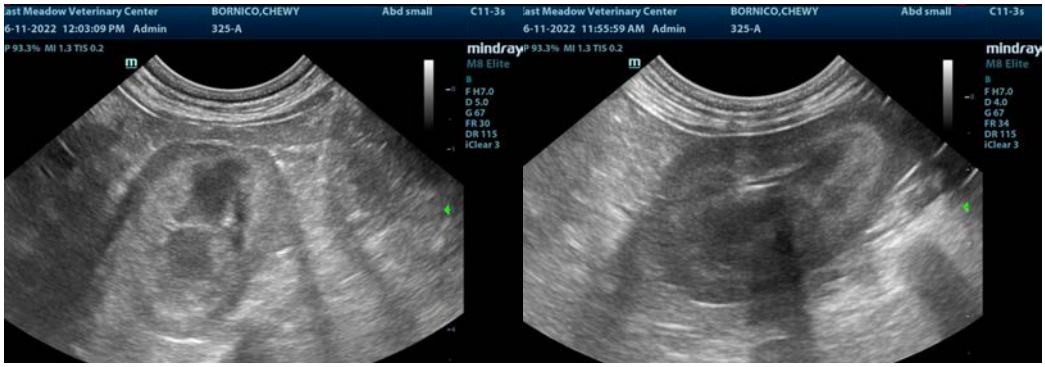
SECONDARY FINDINGS

- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis titers indicated. No overt evidence of neoplasia. Ampicillin/Metronidazole combination, nutraceuticals all indicated as well as IV fluid support and GI protectants. Prognosis good to guarded depending upon response to therapy. Core liver biopsy would be ideal for further definition. However, FNA may provide supportive information for type of inflammation and whether the changes are consistent with Leptospirosis. Other toxin exposure such as mushroom toxicity or similar should be considered.





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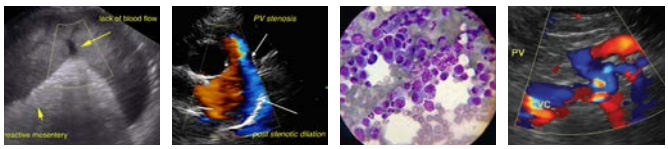

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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