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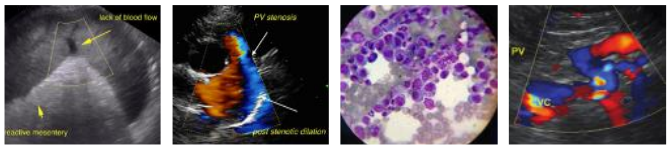

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1-800-838-4268 info@sonopath.com

**PATIENT**

Zack Devieney-Hinkle

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

3.6 kg

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Callihan

**HOSPITAL NAME**

Animal Emergency Care

**REFERRING VET**

Dr. Baker

**INVOICE**

16034

**DATE**

6/13/22

## PRESENTING CLINICAL SIGNS

History: Presented for intermittent hematochezia and tenesmus for > 2 weeks. Diarrhea reported , though stool brought in today was formed (though small) and had small amt mucus and blood coating. Weight is reported stable. Appetite mildly decreased, attitude pretty normal

Abnormal PE/Chem/CBC/UA Results: PE today reports nothing overtly amiss; rectal exam no masses palpated; anal sacs full; no blood or mucus on glove No labs today but Was seen by Boundary Bay ER on 6/1/2022 for same, labs at that time showed: - mild elev globulins -mild elev ALT. -Fecal negative.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

A minimal amount of urine was present in the **urinary bladder**. The urinary bladder was structurally unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 right kidney measured 4.0 cm. The left kidney measured 3.65 cm. Multifocal cortical mineralizations were noted in the renal cortices.

### *Adrenal Glands*

The **left adrenal gland** was 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 0.48 cm.

Slight heterogeneous changes were noted in the **right adrenal gland**, without capsular expansion. The right adrenal gland measured 0.4 cm at the caudal pole and 0.6 cm at the cranial pole.

### *Spleen*

The **spleen** revealed a hypoechoic target type nodule, measuring 1.0 cm at the mid caudal body. Cranial folding of the spleen 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 mild to moderate chronic inflammatory hepatopathy.

### *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*

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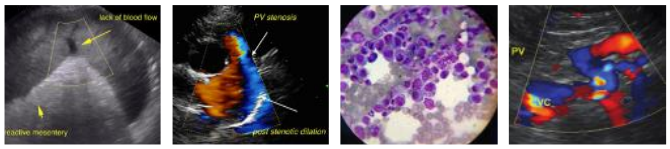

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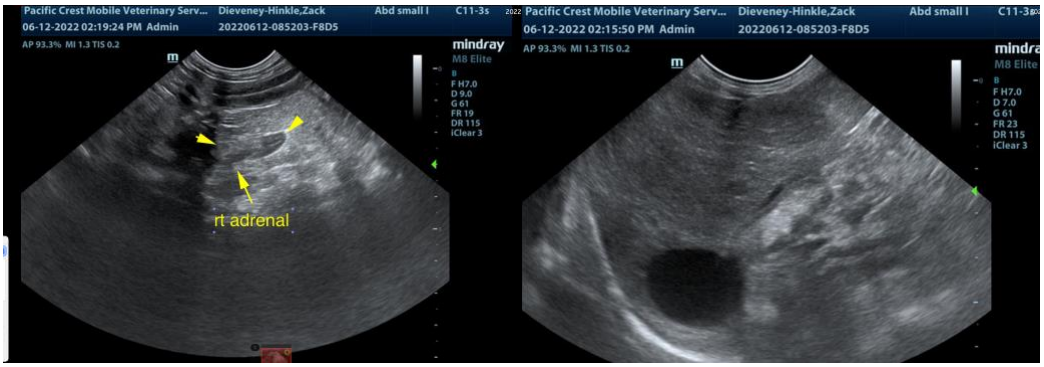
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

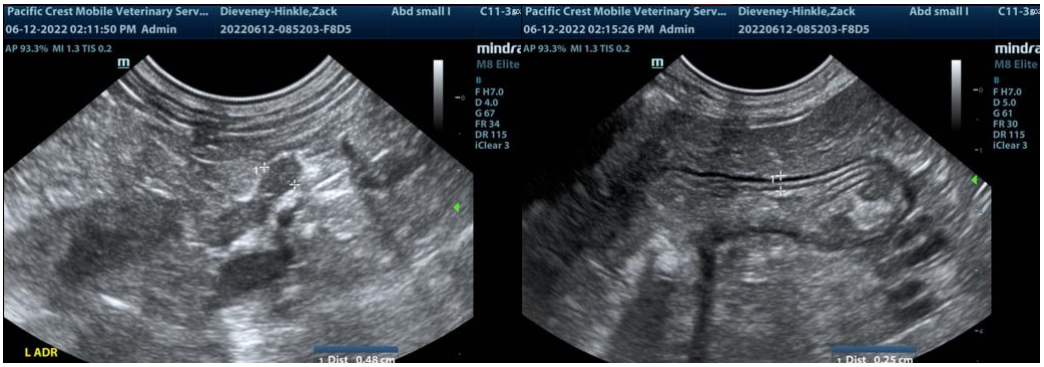
## ULTRASONOGRAPHIC FINDINGS

- Nonspecific moderate chronic inflammatory hepatopathy
- Heterogeneous right adrenal gland
- Age-related renal changes with mineralization
- Splenic nodule

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend bile acid profile in this patient regarding the hepatic remodeling. Early hepatic dysfunction may be an issue. FNA of the liver to assess inflammatory cell type, as well as FNA of the splenic nodule recommended for further definition. Splenectomy and liver biopsy could be considered; however, the splenic nodule may be very benign. The liver may be involved in the clinical signs, however, structurally the GI tract was unremarkable. Occult parasitism, dietary intolerance, dietary indiscretion and intestinal dysbiosis are all possible.



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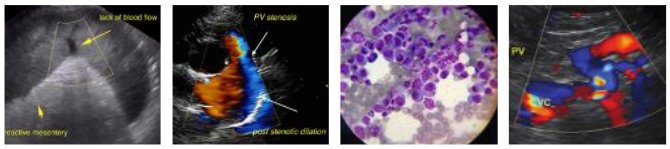

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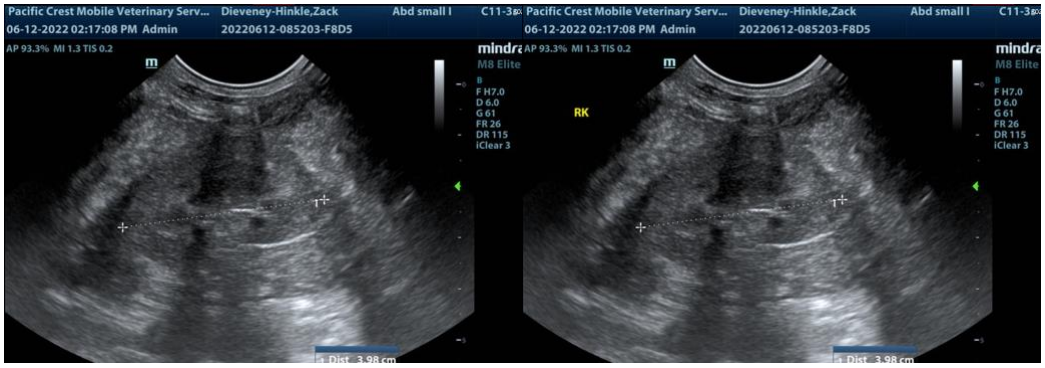


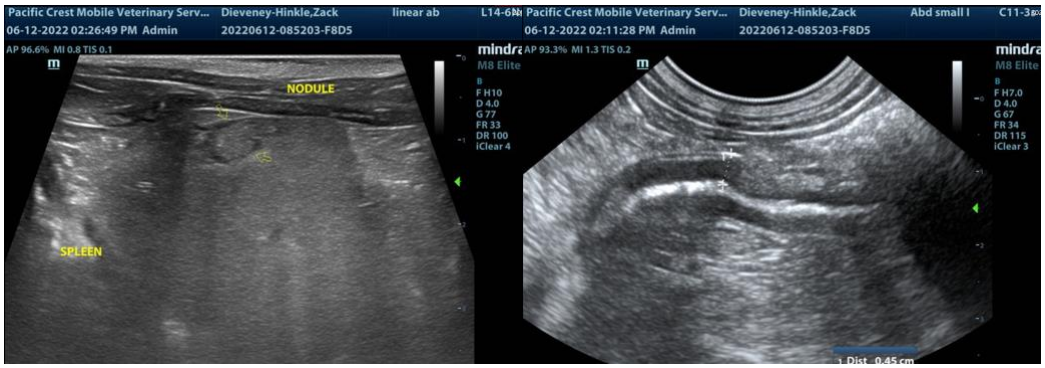


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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
info@SonoPath.com