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Clinical Sonography & Telecytology
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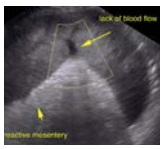
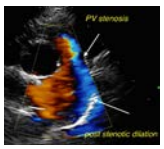
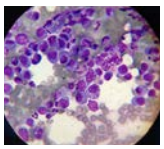
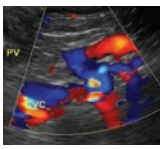

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1-800-838-4268 info@sonopath.com

PATIENT
Izzy Castelli

SPECIES
Canine

BREED
Cocker Spaniel X

SEX
Male

AGE
11 Years

WEIGHT
22 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dallas Reynolds, LVT

HOSPITAL NAME
Lone Mountain AH

REFERRING VET
Dr. Taylor Parker

INVOICE
38850

DATE
6/17/22

PRESENTING CLINICAL SIGNS

2 month history of lethargy and panting all the time. No vomiting/diarrhea. Not taking any medications. Bloodwork and x-rays done yesterday
Abnormal PE/Chem/CBC/UA Results: X-rays 1. Suspect mild hepatosplenomegaly. Differentials include malignancy, such as lymphoma, versus benign processes, such as hepatic nodular hyperplasia, fatty infiltration, or endocrine hepatopathy and splenic extramedullary hematopoiesis. Bloodwork ALT 125 ALP 196 BUN 40 PSL 218 Protein 3+ in urine

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 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 kidneys measured 6.0 cm each.

Adrenal Glands

Both **adrenal glands** were mildly enlarged and slightly swollen. The right adrenal gland measured 0.60 cm.

Spleen

The **spleen** presented occasional hyperechoic lipogranulomatous changes and was folded upon itself caudally.

Liver

The **liver** presented multifocal isoechoic nodular changes with mild disruption of architecture and uniform swelling. A hyperechoic nodule was noted, measuring 2.5 cm in the left medial liver. FNA indicated. The gallbladder presented slight overdistention and minor excessive debris.

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 right limb of the **pancreas** presented mixed hypoechoic, irregular parenchyma in a region of approximately 3.0 cm x 2.5 cm, consistent with chronic active pancreatitis.

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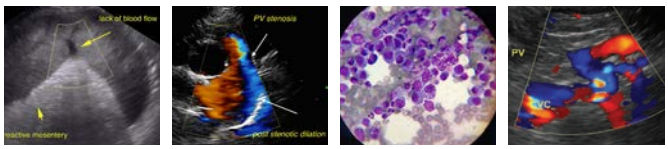

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PRIMARY FINDINGS

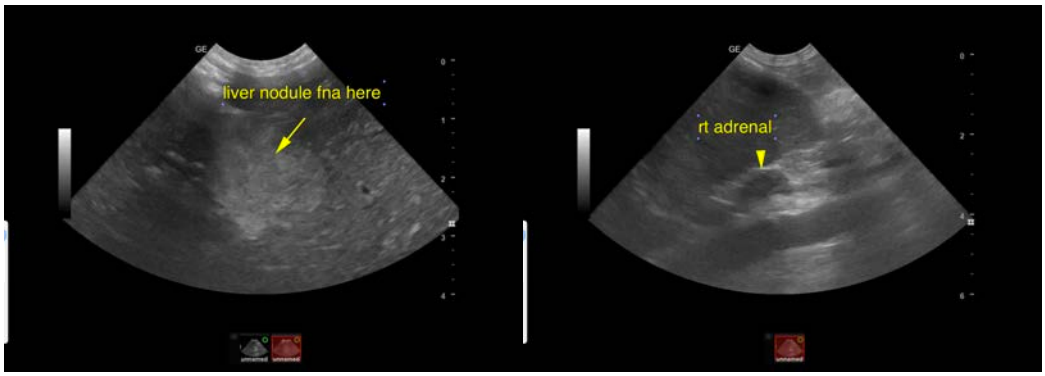
- Nodular hyperplasia liver pattern with excessive gallbladder debris - mild potential for underlying neoplasia
- Chronic active pancreatitis
- Swollen adrenal glands

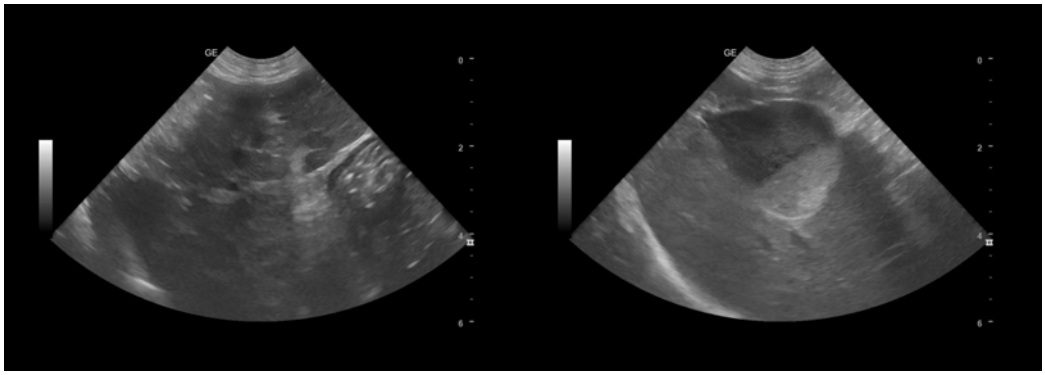
SECONDARY FINDINGS

- Age related renal changes
- Folded spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient is Cushingoid and USG is <1.020, workup for PDH would be indicated. Bile acid profile and FNA of the liver indicated. Both the hypoechoic and hyperechoic nodular changes warrant sampling. Blood pressure measurements recommended. Treatment for pancreatitis indicated with Enrofloxacin/Metronidazole. Ursodiol therapy warranted over the next 6 weeks. Bland diet indicated. Recheck sonogram at that time, assuming the patient makes positive progress.





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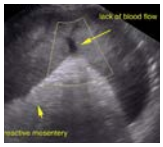
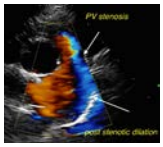
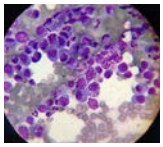
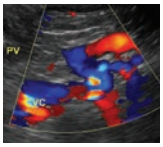

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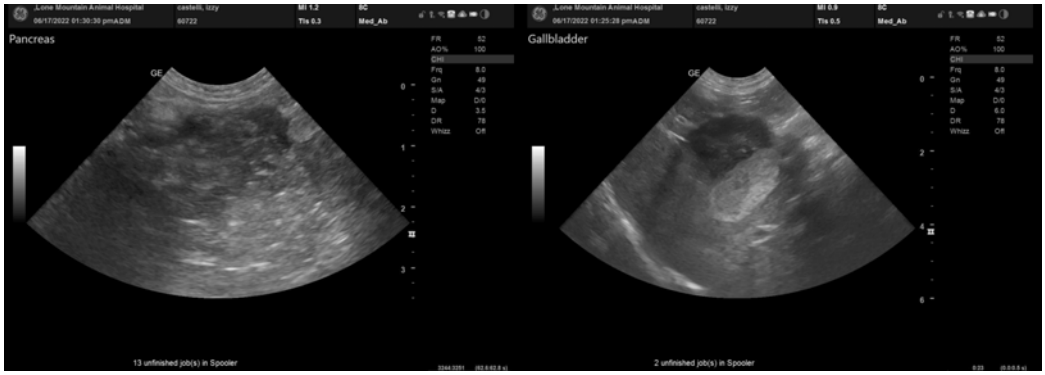

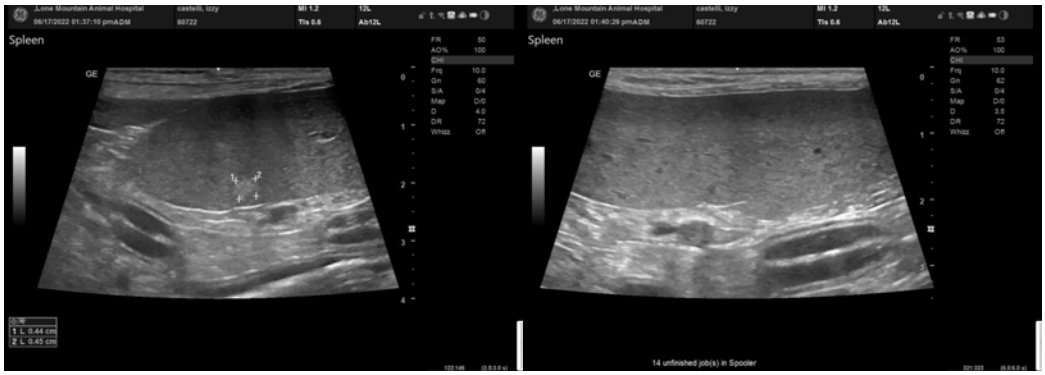

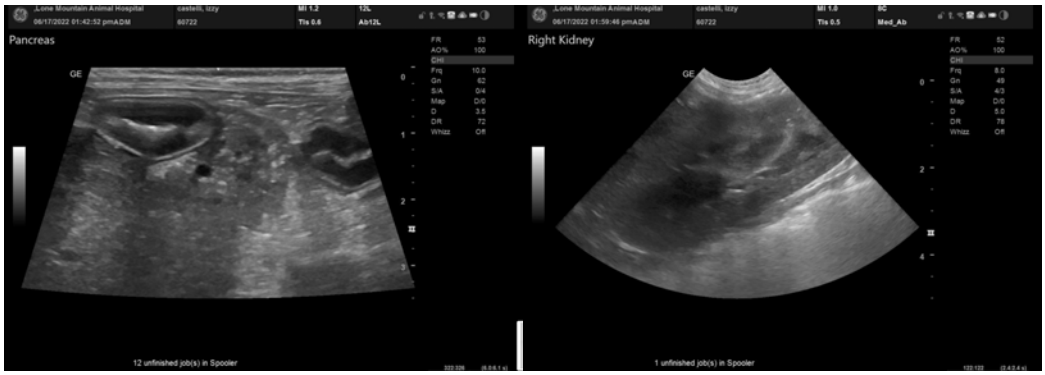

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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