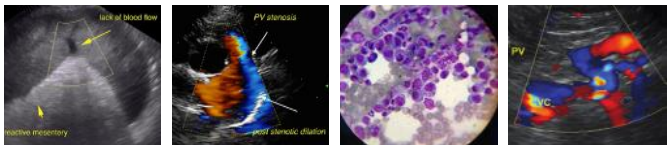
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Guieseppe Muro

SPECIES

Canine

BREED

Rat Terrier

SEX

MN

AGE

16 yr

WEIGHT

11 lb

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Joan Gramazio

HOSPITAL NAME

Shohola Veterinary Hospital

REFERRING VET

Dr. Joan Gramazio

INVOICE

10864ag

DATE

06/20/2022

PRESENTING CLINICAL SIGNS

History: Recent seizure onset over the weekend and progressing renal values
Abnormal PE/Chem/CBC/UA Results: SDMA 21 (0-14) Cre 2.1 (0.5-15) BUN 50 (9-31) ALT 130 (18-121) ALP 480 (50-160) potassium 5.9 (4-54) Na:K 25 (28-37) anion gap 28 (11-26) TP 7.6 (5.5-7.5) Globulins 4.1 (2.4-4) Urine SG 1015

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra presented normal thicknesses and normal tone to a depth of 1.0 cm. 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 left kidney was subnormal in size measuring 3.0 cm in length. Cortical infarcts and remodeling were present in the left kidney. The right kidney was not visualized.

Adrenal Glands

The left adrenal gland was not visualized. The region of the left adrenal gland contained no evident pathology.

The right adrenal gland was not visualized.

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 images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some moderate age-related parenchymal remodeling was noted but likely not clinically significant at this time. Hypoechoic nodular change was noted in the left cranial liver measuring 1.5 cm. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented minor excessive debris with overdistention noted and bile measuring approximately 5.0 cm. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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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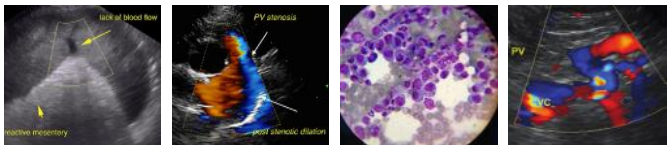

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The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory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

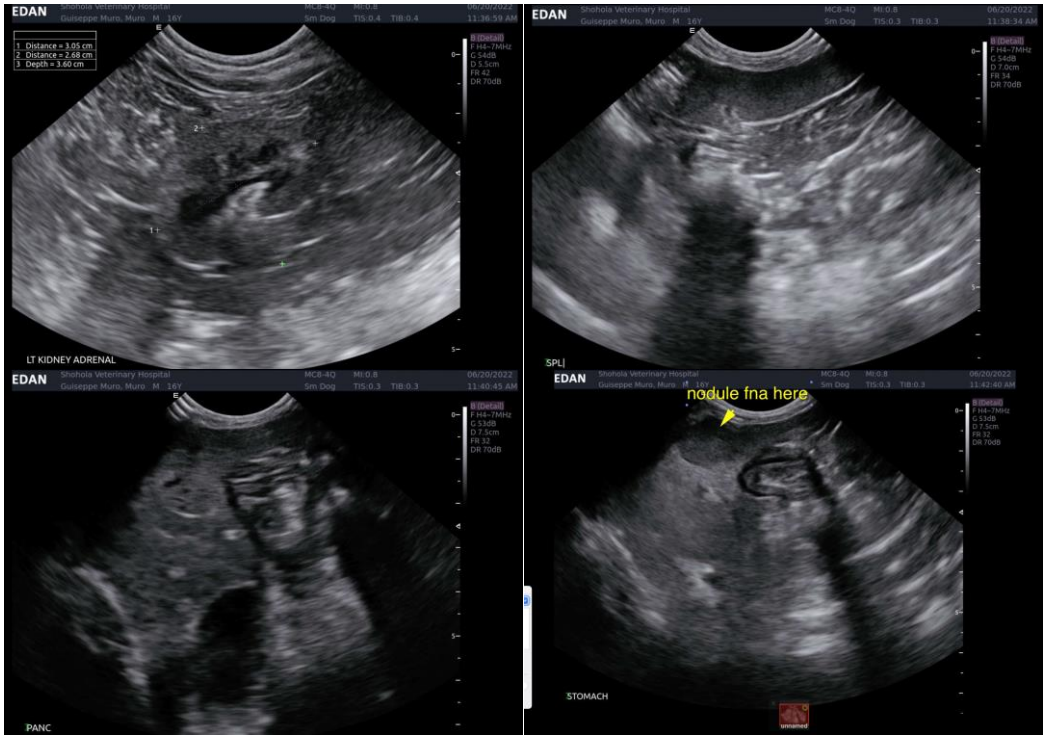
ULTRASONOGRAPHIC FINDINGS

- Moderate degenerative left renal changes
- Further imaging of the right kidney and adrenal glands is indicated
- Undefined nodular hepatic changes with emerging gallbladder mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Blood pressure measurements are recommended. A contrast CT of the skull is recommended. Variable nodular changes were noted in the liver could be creating a mass effect however resolution was poor and the nodular changes could not be adequately evaluated. Further imaging and FNA are warranted.

*Note-this is not largely a technique and positional issue but a machine resolution and inability to penetrate issue. Re-evaluation of machine resolution is warranted in this case.



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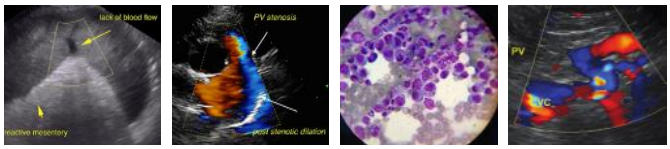

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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