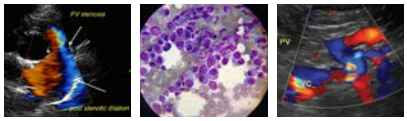
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

6/30/23

PATIENT

Milo Cook

SPECIES

Canine

BREED

Morkie

SEX

Neutered Male

AGE

7/26/11

WEIGHT

9.7 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Madonna Vet Clinic

REFERRING VET

Dr. Brockett

INVOICE

43673

PRESENTING CLINICAL SIGNS

Decreased appetite, losing weight, diabetic- on insulin, treating for heart failure.

Current Medications: 4 units vetsulin BID, Amoxi-clav 62mg BID, vetmedin 1.25mg BID, Gabapentin 50mg 2-3 times a day, lasix 10mg SID, Vitamin B12 injection monthly
Lab Results: elevated liver enzymes(ALT-2941, ALKP-272, GGT-13)
Date of Previous IntraPet Ultrasound: 10/18/21. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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** were normal in size and contour; however, a minor hyperechoic ring was noted at the corticomedullary junction. This is consistent with diabetic nephropathy. This is likely from glucosuria. However, assessment for proteinuria is also warranted. This is an idiopathic finding, but an expected finding in diabetic patients. Anechoic cyst noted at the cranial pole of the left kidney measuring 0.71 cm. Subcapsular cyst measuring 5.0 mm noted at the cranial pole. The left kidney measured 4.24 cm. The right kidney measured 4.02 cm.

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 1.91 cm x 0.69 cm at the caudal pole and 0.64 cm at the cranial pole. The right adrenal gland measured 2.09 cm x 0.67 cm at the caudal pole and 0.67 cm at the cranial 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 slight increased portal markings and coarse architecture. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastric** wall was thickened with mucosal hypertrophy. Wall thickness measured up to 1.2 cm. The small intestine and colon were unremarkable.

Pancreas

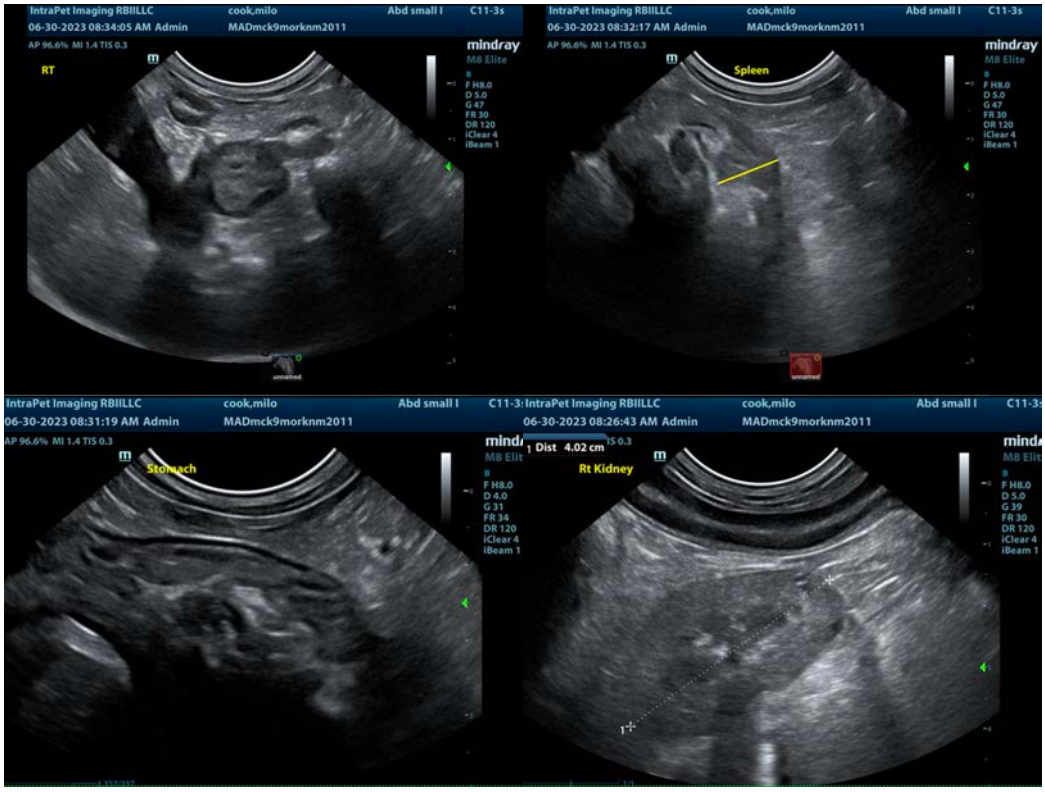
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

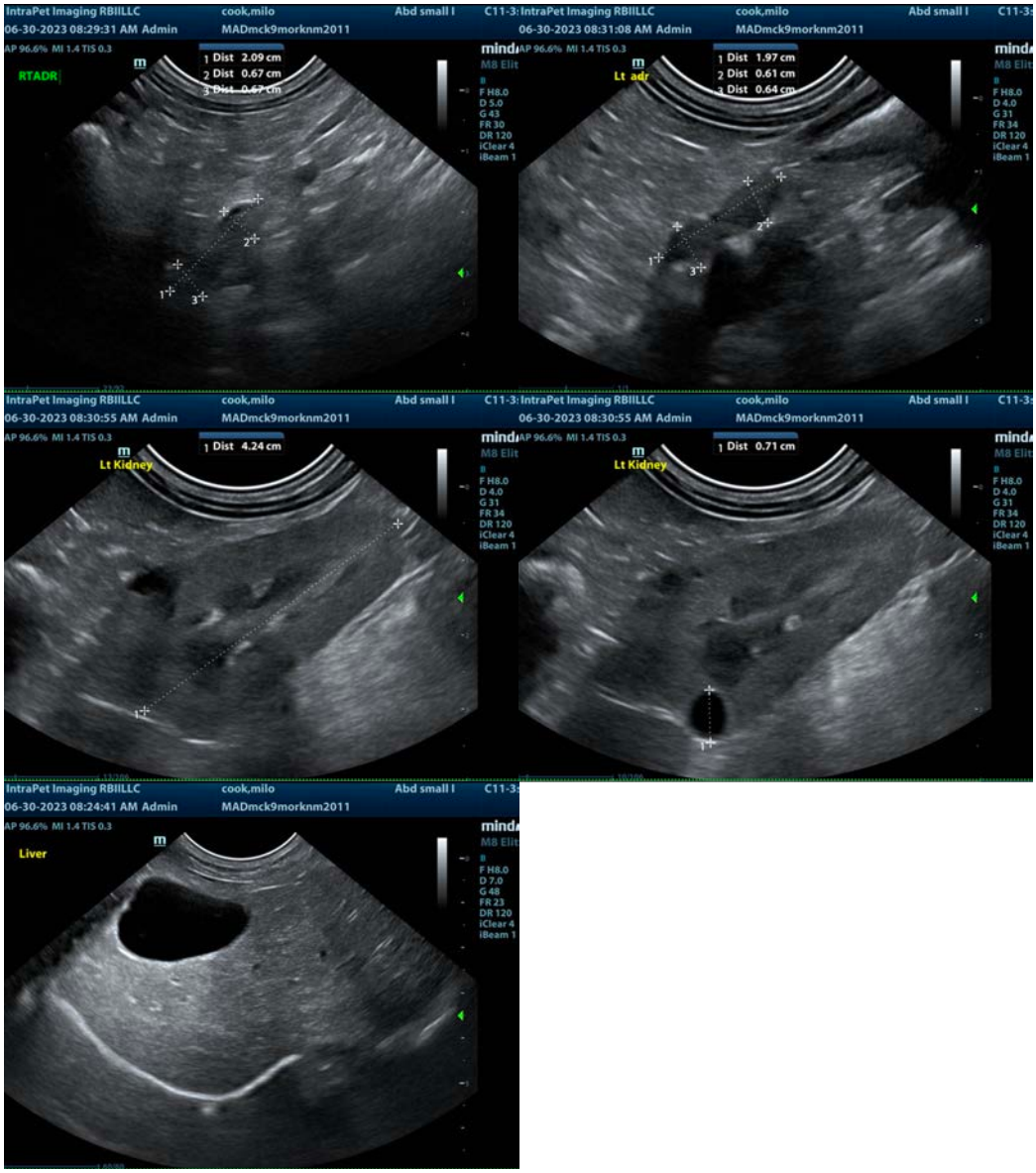
ULTRASONOGRAPHIC FINDINGS

- Non-specific chronic inflammatory hepatopathy/vacuolar hepatopathy pattern
- Mild to moderate degenerative renal changes and polycystic cortices
- Minor gastric mucosal hypertrophy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver with Leptospirosis titers indicated. No overt evidence of neoplasia. However, I cannot rule out emerging gastric neoplasia. If any hyporexia is an issue, then endoscopy indicated. However, I would recommend focusing on the inflammatory liver pattern.





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