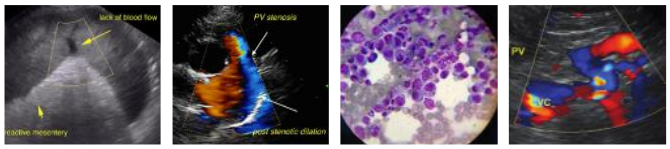
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Tucker Blower

SPECIES

Canine

BREED

Morkie

SEX

Neutered Male

AGE

11 Years

WEIGHT

5.8 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Singh

HOSPITAL NAME

Balmy Beach PH

REFERRING VET

Dr. Singh

INVOICE

15940

DATE

6/8/22

PRESENTING CLINICAL SIGNS

History: losing balance Lethargy, insidious in nature. Has proprioceptive deficits in both pelvic limbs, L>R - rads of spine were submitted to Sonopath, there is Ventral to L1, superimposed on the cranial pole of one kidney – suspect the right kidney – a granular mineral opacity is seen, measuring approximately 8 x 3 mm in size. RADIOGRAPHIC DIAGNOSIS • Possible discopathy T12/T13 • Dystrophic mineralization ventral to L1 Bloodwork showed marked elevations in ALKP, initially ALT was normal. Also had pancreatitis. REcheck labs showed marked elevation in ALP and mild elevation in ALT. Ultrasound shows hypoechoic nodules in the liver. Not sure how to relate the changes in the spinal cord, pancreatitis, and now liver nodules. Not sure if there may be lymphoma? or some other metastatic process? Results of pre and post prandial bile acids are pending. Looking for assistance on how to best manage this patient in the most economically feasible way. Owners are running tight on funds. Not sure if they want to go for MRI/CT scan due to costs. FNA of liver nodules?

Abnormal PE/Chem/CBC/UA Results: elevation in spec cPL Elevation in liver enzymes

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 mild 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 and left kidney measured 4.0 cm, each.

Adrenal Glands

The **adrenal glands** were not visualized.

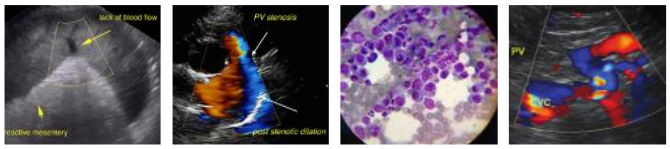
Spleen

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. Caudal folding of the spleen was noted.

Liver

The **liver** was swollen and heterogeneous with hypoechoic nondisruptive nodular changes. The gallbladder and common bile duct were unremarkable. A minor amount of debris was noted in the gallbladder.

Gastrointestinal



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The gastrointestinal tract presented considerable gastric artifact due to the presence of ingesta. This did not permit thorough evaluation of portions of the gastric and upper intestinal structure. No overt abnormality was seen in the visualized tissue, however. This is consistent with a post-prandial presentation within a few hours of mealtime. If the prandial temporal interval does not fit the case history, and the patient presents a history of post-prandial vomiting, this could indicate a delayed upper gastrointestinal outflow due to primary or secondary pyloric hypertrophy, upper GI infiltrative disease, motor deficits, or a non-visualized foreign body. A prudent approach would be to rescan this patient at 24 hour NPO status to further review the non-visible regions if stomach primarily as well as assess any delayed outflow issue.

Pancreas

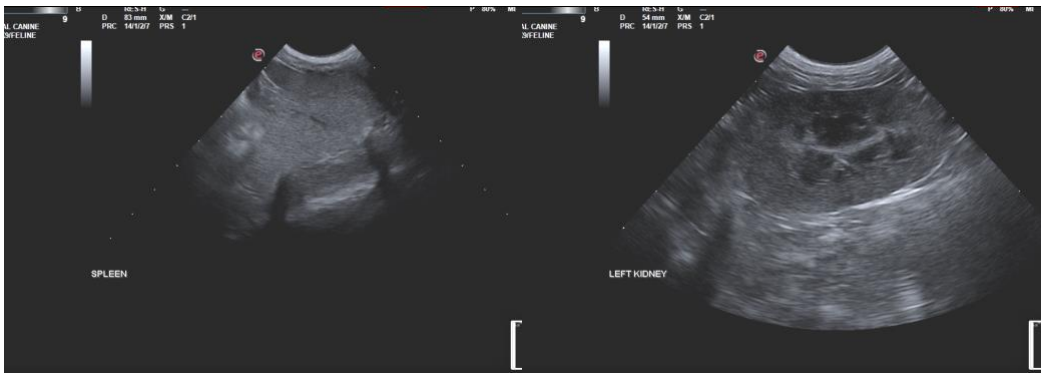
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Subjectively benign hepatopathy with nodular changes
- Gallbladder debris, minor
- Folded spleen
- Age-related renal changes
- Full stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of overt pathology. FNA of the liver could be considered for further definition, however, subjectively appears benign.



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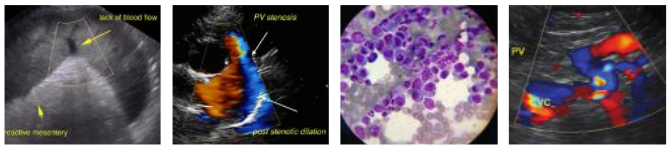

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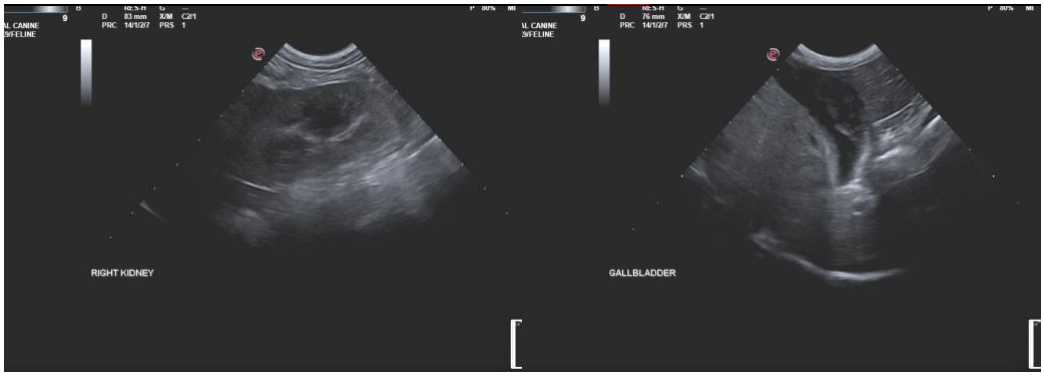

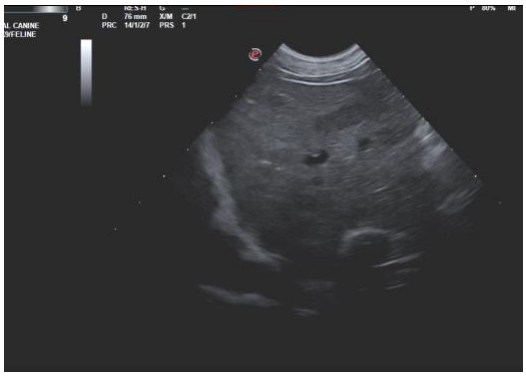

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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