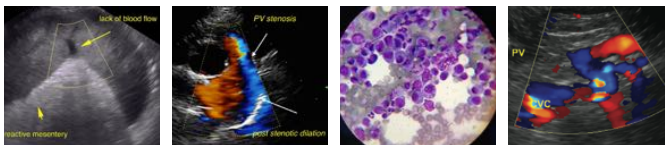
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Barney Cesonis

SPECIES
Canine

BREED
Yorkie Cross

SEX
Neutered male

AGE
9 years

WEIGHT
4.5 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Biederbeck

HOSPITAL NAME
Lomsnes VH

REFERRING VET
Dr. Biederbeck

INVOICE
76029

DATE
7/10/23

PRESENTING CLINICAL SIGNS

History: Ultrasound for neighbouring clinic. Abdomen distended and abnormal lab work on pre-anes exam prior to dental procedure. On RC HP and apoquel.
Abnormal PE/Chem/CBC/UA Results: Abnormal lab results: BILE ACIDS (PRE) 4.3(0.0 14.9 umol/L) BILE ACIDS (POST) 31.1 H (0.0 29.9) Albumin 4.7 g/dl, AlkP 1001, glucose 6.7 USG 1.022, 4+ bld, 2+ protein (has a urolith)

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. Calculus was noted and measured up to 0.6 cm and 0.74 cm. No evidence of inflammatory or neoplastic changes was 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. Mineralization was noted in the kidneys. The left kidney measured 4.22 cm. The right kidney revealed a pelvic calculus noted and measured 4.4 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.

Spleen

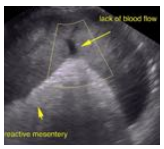
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

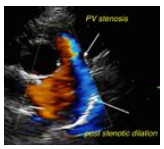
Liver

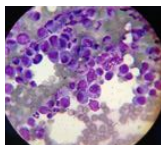
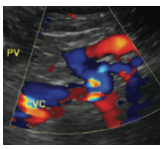
Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. The gallbladder was over distended with suspended debris and striating bile. This is consistent with immature mucocele formation.

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





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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxyphoid palpation reveals pain response. No overt masses were noted.

ULTRASONOGRAPHIC FINDINGS

Subjectively benign hepatopathy with remodeling.

Emerging gallbladder mucocele.

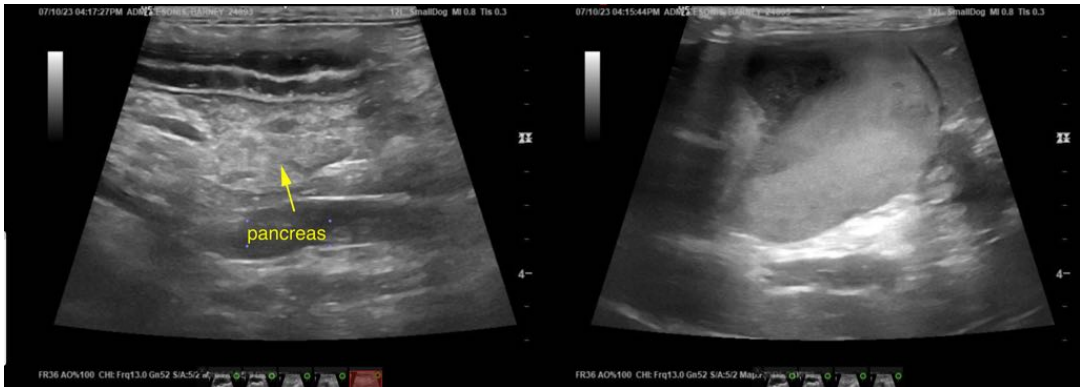
Bladder calculi.

Renal calculi, non-obstructive at the time of the sonogram.

Pancreatic fibrosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bile acid elevation may be owing to mucocele formation. Proactive cholecystectomy and cystotomy can be considered in this patient along with liver biopsy. Ursodiol is recommended over the next 6-8 weeks can also be considered. However, eventual cystotomy would be necessary regardless. If medical management is to be utilized then Ursodiol is recommended over the next 6-8 weeks is indicated with a recheck sonogram at that time. Dissolution diet can be considered for the bladder calculi.



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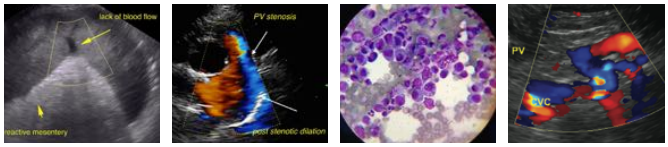

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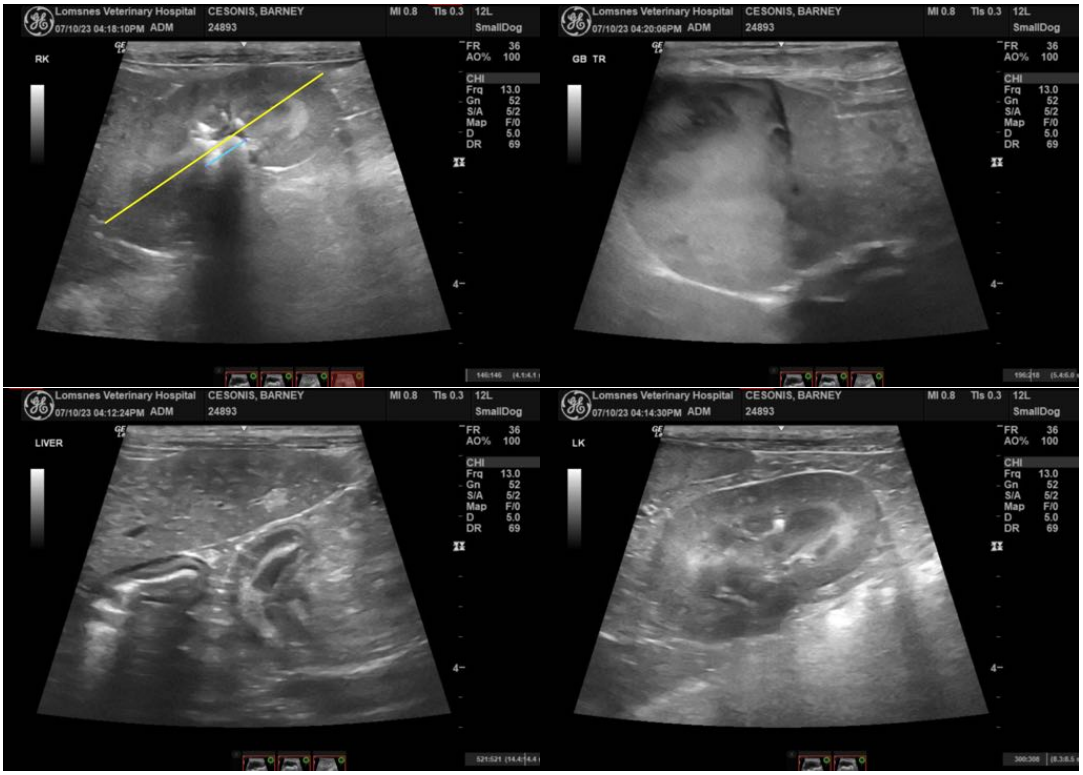

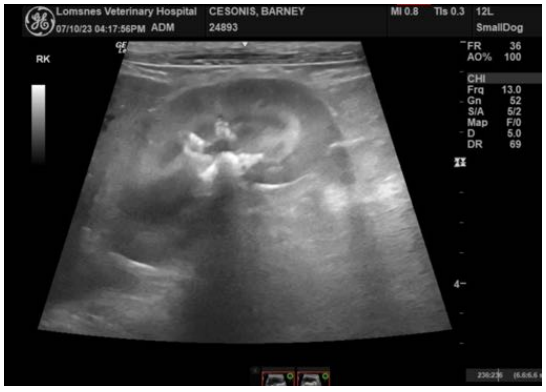

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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