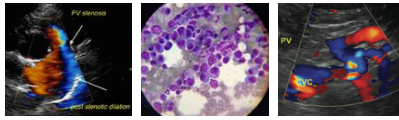


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**SonoPath**

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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

**DATE**

7/11/23

**PATIENT**

Ellie Marie Whyte

**SPECIES**

Canine

**BREED**

Labrador Mix

**SEX**

Spayed female

**AGE**

3/22/15

**WEIGHT**

76 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**HOSPITAL NAME**

Festival VC

**REFERRING VET**

Dr. Beron

**INVOICE**

76079

**PRESENTING CLINICAL SIGNS**

Lifelong transient grade 1/6 ejection murmur- more persistent lately. History of elevated VHS, has increased to 12.5 as of 6/23/23; mild perihilar edema on survey radiographs. Newly diagnosed epilepsy. Current Medications: None listed.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Torbugesic.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

**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 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. The left kidney measured 7.03 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 3.12 x 0.77 cm at the caudal pole and 0.56 cm at the cranial pole. The right adrenal gland measured 3.28 x 0.77 cm at the caudal pole and 0.93 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 was noted.

**Liver**

The **liver** was uniformly swollen and heterogenous with hypoechoic, nodular changes. Minor, increased portal markings were noted. The gallbladder and common bile duct were unremarkable. There was no evidence of masses or concern for neoplasia.

**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**

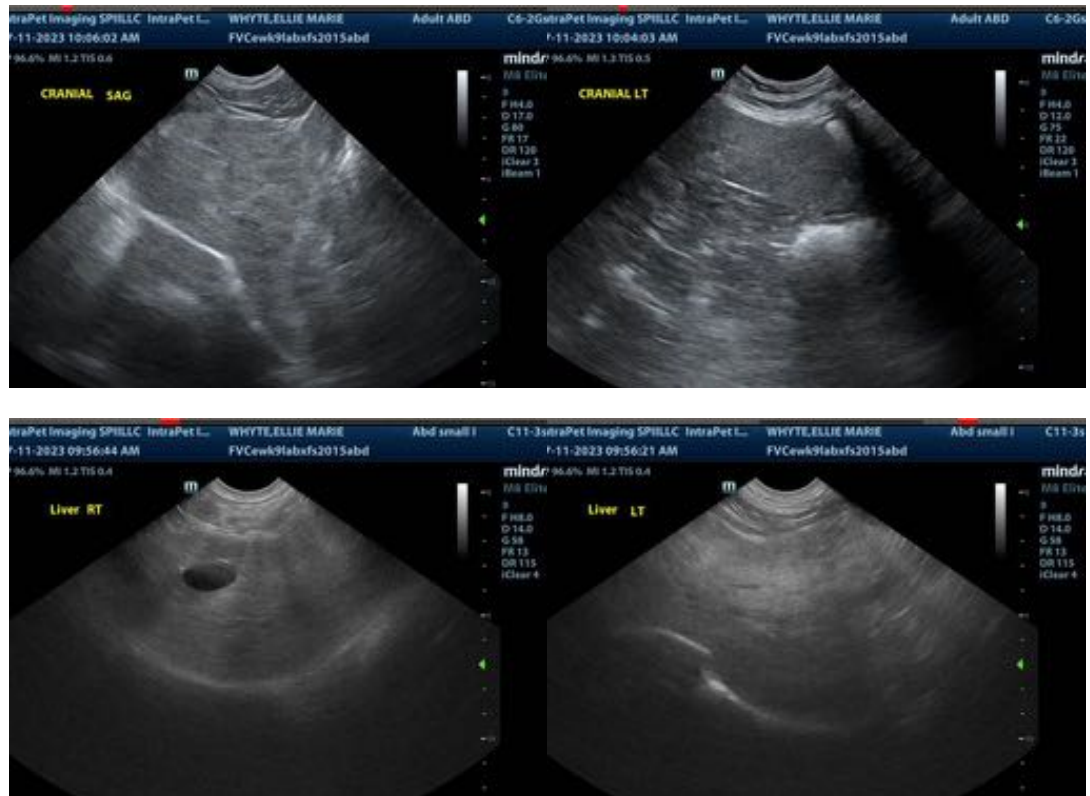
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

### **ULTRASONOGRAPHIC FINDINGS**

Vacuolar hepatopathy and nodular hyperplasia pattern with heterogenous adrenal glands. Potential emerging PDH.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If the urine specific gravity is less than 1.020 then eventual work-up for pituitary dependent hyperadrenocorticism is indicated.





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](mailto:info@SonoPath.com)