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Clinical Sonography & Telecytology
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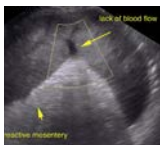
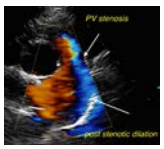
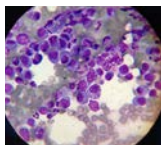
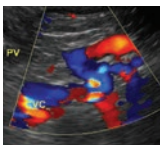

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Chloe Guarisco

SPECIES
Canine

BREED
Boston Terrier

SEX
Spayed Female

AGE
8 Years

WEIGHT
11 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Christina

HOSPITAL NAME
Animal Health VC

REFERRING VET
Dr. Rodriguez

INVOICE
43897

DATE
7/17/23

PRESENTING CLINICAL SIGNS

P presented on 7/14/23 for not eating well and lethargy. P is on Vetoryl 2.5mg SID for cushings disease. Sent out bloodwork (see below), gave 100mls SQ fluids, Cerenia SQ.

Abnormal PE/Chem/CBC/UA Results: 7/14/23 RBC - 2.0, Hemoglobin -5.0, HCT - 15%, Platelets - 525, in house PCV 7/17/23 - 15% TP - 5.2 g/dl, all other chemisty and CBC values WNL, T4 - 0.9 Whole body Radiographs NSF, 7/17/23 In house baseline Cortisol - 4.7 In house blood smear - moderate anisocytosis, mild polychromasia, target cells. Antech CBC pathology review pending.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. Slight mineralization noted. The left kidney measured 4.06 cm. The right kidney measured 4.0 cm.

Adrenal Glands

The **left adrenal gland** was enlarged with swollen contour, measuring 0.88 cm at the cranial pole and 0.71 cm at the caudal pole.

The **right adrenal gland** presented normal size and contour, measuring 0.60 cm at the cranial pole and 0.40 cm at the caudal 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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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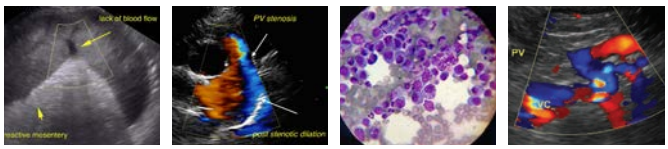

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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

- Enlarged left adrenal gland – hyperplasia, pheochromocytoma, carcinoma all technically possible.
- Age related renal changes
- Partially full stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of direct cause of anemia. GI blood loss, bone marrow disease possible. For hemolytic disease I would expect a bilirubin elevation, which was not reported. CBC path review and bone marrow aspirate warranted. Blood pressures warranted. If hypertension is an issue, urine catecholamine indicated to assess for pheochromocytoma of the left adrenal. The left adrenal does appear resectable.

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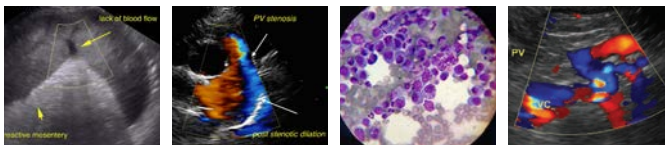

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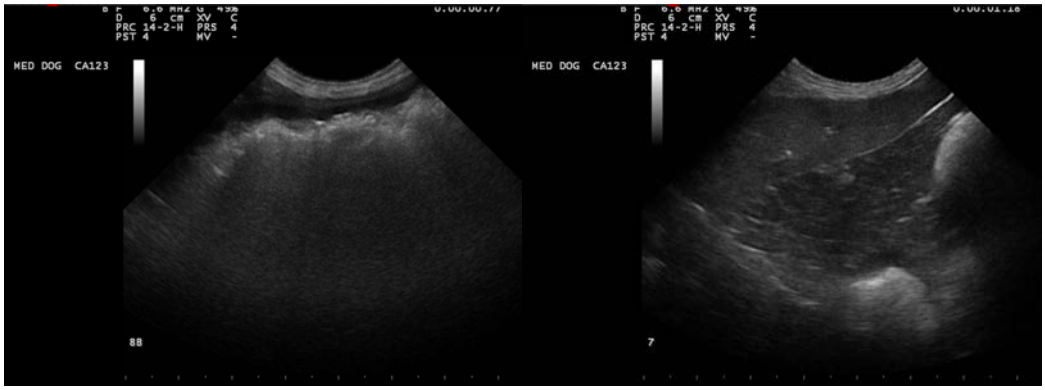

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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