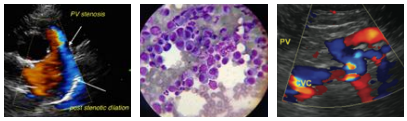
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

7/21/22

PATIENT

Sanmmy King

SPECIES

Canine

BREED

Toy Fox Terrier

SEX

Neutered male

AGE

2/27/07

WEIGHT

8.6 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Healing Paws Veterinary Wellness Center

REFERRING VET

Dr. Preston

INVOICE

31885

PRESENTING CLINICAL SIGNS

History of chronically elevated liver enzymes. Nodular changes found in liver and spleen on last 2 ultrasounds. Presented for routine exam and bloodwork check before cardiology appointment and exam was WNL, however BW showing NRBCs and a very high platelet count. Concerned about bleeding mass. Also, history of mitral valve disease, currently being treated at CVCA for this.
Current Medications: L-Thyroxine - 0.2mg BID - on for 3 years
1.25mg Vetmedin BID - 2 years, Rx hepato support - 1 cap BID - 1 year
Lab Results: ALT 212 (12-118), ALP 216 (5-131), NRBC 4 (0-1/100 WBC), PLT 912 (170-400).
Date of Previous IntraPet Ultrasound: 3/5/22. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, 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 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 right kidney measured 4.15 cm. The left kidney measured 3.45 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 right adrenal gland measured 1.61 x 0.59 cm at the cranial pole and 0.6 cm at the caudal pole. The left adrenal gland measured 1.68 x 0.58 cm at the cranial pole and 0.54 cm at the caudal pole.

Spleen

The **splenic** nodules noted on the prior sonogram appear to have resolved, which can happen with regenerative nodules. Minor coarse architecture was noted in the spleen.

Liver

The **liver** revealed persistent, multi-focal, nodular changes with hyperechoic underlay. Occasional parenchymal cysts were noted in the liver and is not pathological. Increased portal markings were also noted. The gallbladder and common bile duct were unremarkable.

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

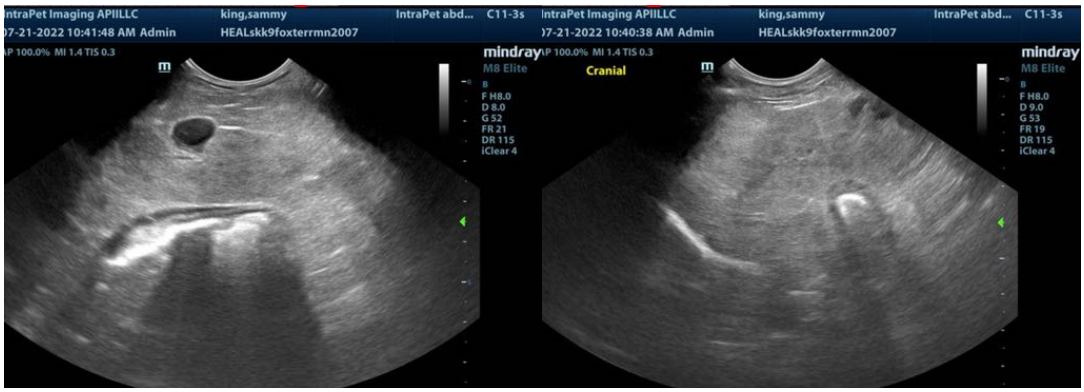
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

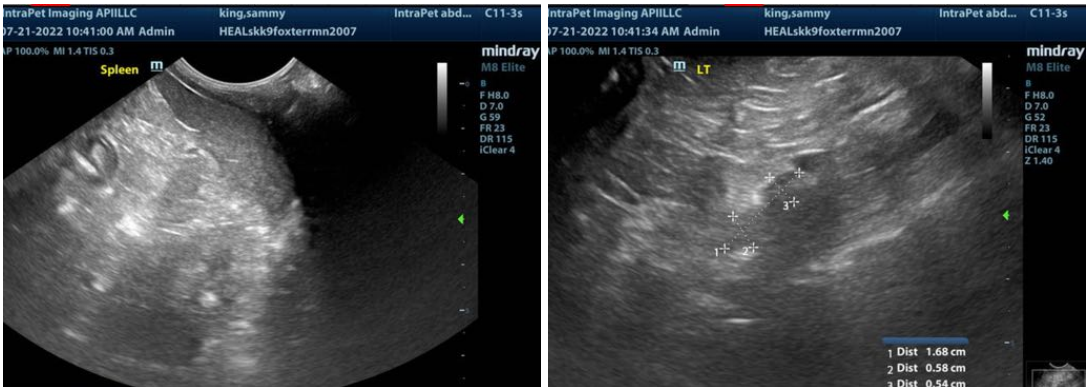
ULTRASONOGRAPHIC FINDINGS

Hepatic remodeling. Subjectively progressed from the prior sonogram. Nodular hyperplasia and hepatic cysts. Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile is indicated given the given the degree of remodeling in the liver. The splenic nodules appear to have resolved. The patient likely has a history of hyperplasia. Some remodeling is noted. FNA of the liver would be valid in this patient. There is no evidence of suspicion of neoplasia.





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
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