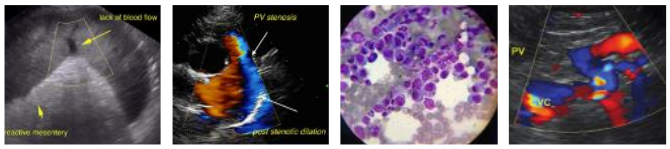
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Rogue Forty

SPECIES
Canine

BREED
Lhasa Apso

SEX
Neutered Male

AGE
12 Years

WEIGHT
13.2 Pounds

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Couser

HOSPITAL NAME
Willamette VH

REFERRING VET
Couser

INVOICE
16496

DATE
7/25/22

PRESENTING CLINICAL SIGNS

History: Presented 7/24 for lower body trembling, concern for poss seizures. Had grand mal seizures as a puppy and was treated with PHB. Suspect actually painful today.

Abnormal PE/Chem/CBC/UA Results: EPOC: LAC 3.09, Glu 106, HCT 62% CBC: HCT 61.4%, rest wnl. Chem17: Glu 87, Alb 4.0, ALKP 450, rest wnl VCheck cPL wnl

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 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. Mineralization was present in the kidneys. Both kidneys measured 4.5 cm. Nonobstructive calculi were noted.

Adrenal Glands

The **left adrenal gland** was slightly heterogeneous, measuring 7.0 mm at maximum width.

The **right adrenal gland** was 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 0.6 cm at the cranial pole and 0.4 cm at the caudal pole.

Spleen

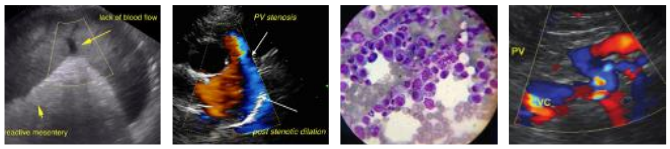
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or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

Liver

The **liver** itself was unremarkable. Sludge density was noted in the gallbladder, measuring approximately 3.0 cm x 3.0 cm. This appears to be fairly well organized, I recommended power doppler assessment of the gallbladder content to ensure this is not a mass 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 demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.



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Pancreas

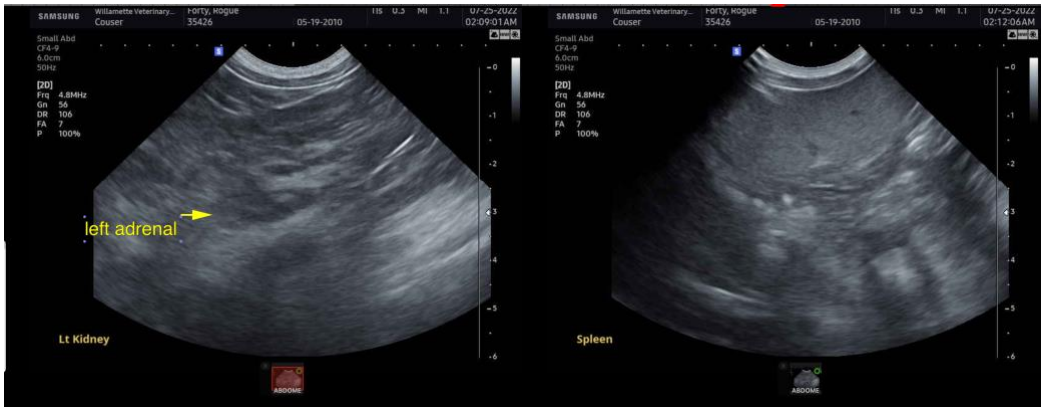
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

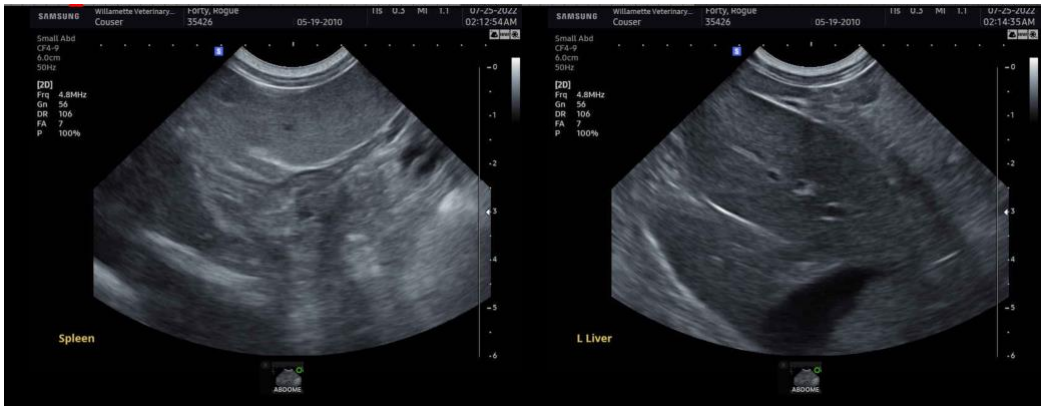
ULTRASONOGRAPHIC FINDINGS

- Organized excessive gallbladder debris or possible tissue proliferation- Power doppler assessment indicated.
- Age-related renal changes with mineralization
- Heterogeneous left adrenal gland

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of abdominal visceral disease that would be considered related to the underlying abdominal pain. Orthopedic assessment is recommended, as well as CNS assessment.





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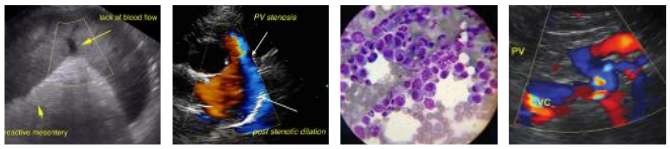

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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