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Clinical Sonography & Telecytology
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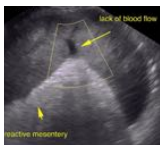
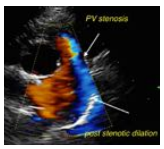
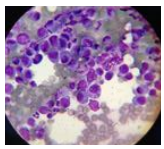
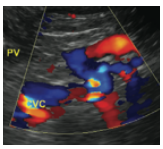

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Benjamin Kuykendall

SPECIES
Canine

BREED
Mix

SEX
Neutered male

AGE
13 years

WEIGHT
24 kgs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Stegemoller

HOSPITAL NAME
North Idaho AH

REFERRING VET
Dr. Stegemoller

INVOICE
31978

DATE
7/26/22

PRESENTING CLINICAL SIGNS

History: Presented for wellness senior screening and dental cleaning. No clinical signs, History of hind limb lameness that is stable.
Abnormal PE/Chem/CBC/UA Results: ALT163 4dx neg UA unremarkable CBC unremarkable BCS 7/9

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 7.6 cm. The left kidney measured 7.1 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 left adrenal gland measured 1.58 x 0.48 cm at the cranial pole and 0.61 cm at the caudal pole. The right adrenal gland measured 1.45 x 0.58 cm at the cranial pole and 0.25 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. Slight heterogenous changes were noted, yet non-disruptive. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** revealed coarse architecture with mildly increased portal markings. Mild, heterogenous parenchymal changes are noted. This is consistent with low-grade inflammatory hepatopathy and some minor level of nodular hyperplasia. FNA is warranted for further definition, yet subjectively appears benign. 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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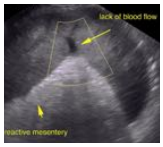

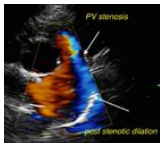

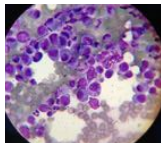
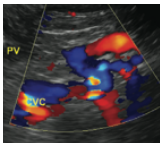

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Gastrointestinal

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

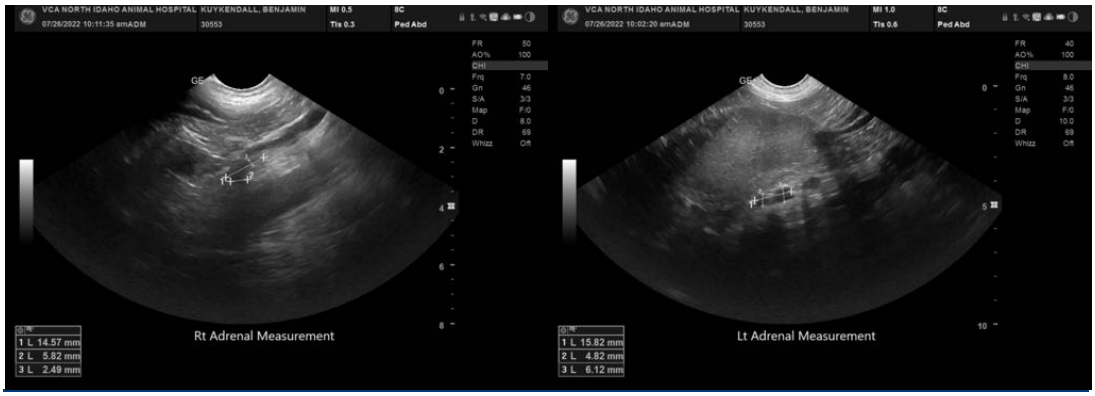
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Hepatic remodeling, non-specific. Nodular hyperplasia pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is indicated for further definition. No contraindication to anesthetic procedure if necessary. In fact FNA can be performed at the time of the dental procedure. Bile acid profile could be considered for further definition to ensure that function is adequate. However, I doubt it would be elevated.



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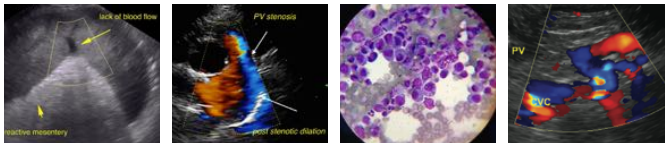

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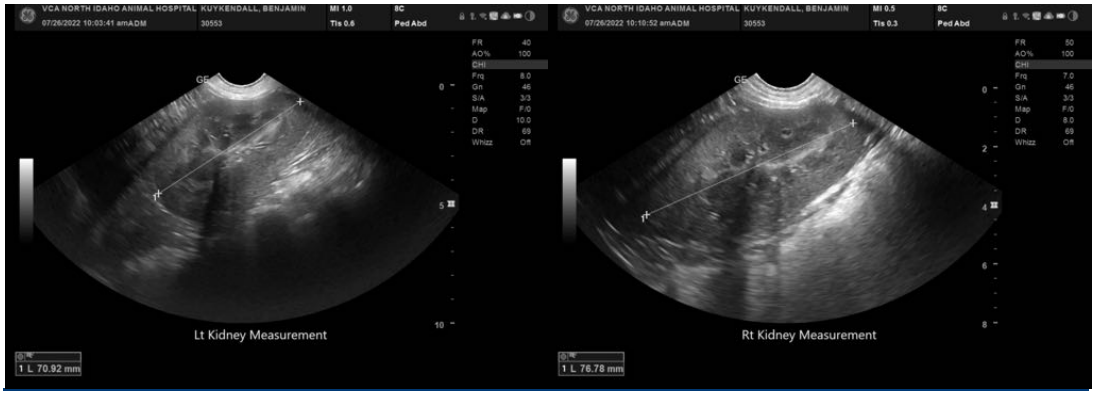

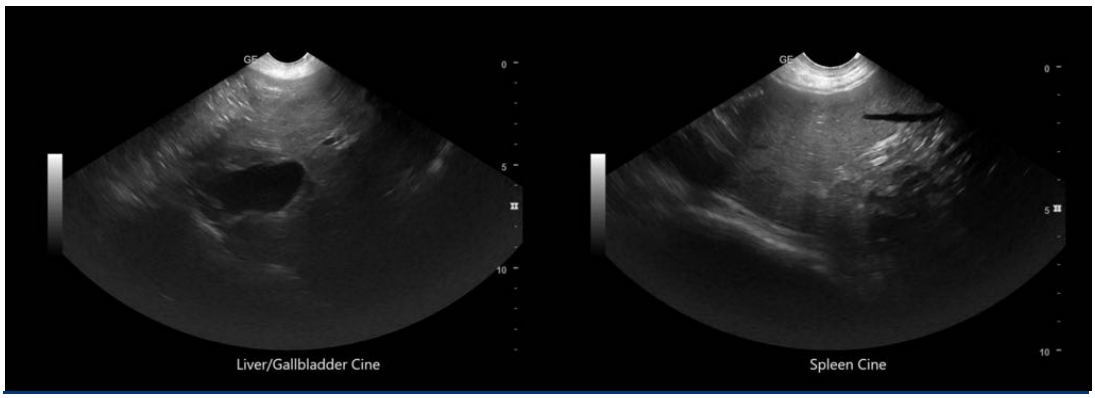

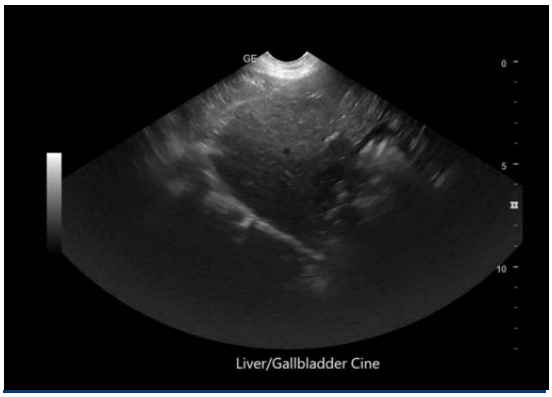

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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