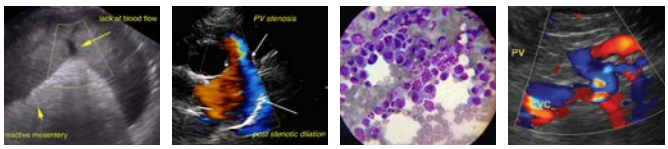

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1-800-838-4268 info@sonopath.com

PATIENT

Tucker Schorr

SPECIES

Canine

BREED

Keeshound

SEX

Neutered Male

AGE

8 Years

WEIGHT

16 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Calgary Family Vet

REFERRING VET

Dr. Lopez

INVOICE

39892

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7/27/22

PRESENTING CLINICAL SIGNS

Weight loss alopecia diagnosed Cushings and Hypothyroid and Alopecia X . On veteryl and thyroid medication Atopica
Abnormal PE/Chem/CBC/UA Results: Cushings and thyroid regulated new blood 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 residual prostate was uniform at 1.04 cm.

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 5.37 cm. The left kidney measured 6.27 cm. Slight mineralization noted in both kidneys.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 0.78 cm at the cranial pole and 0.64 cm at the caudal pole. The left adrenal gland measured 0.89 cm at the cranial pole and 0.78 cm at the caudal pole.

Spleen

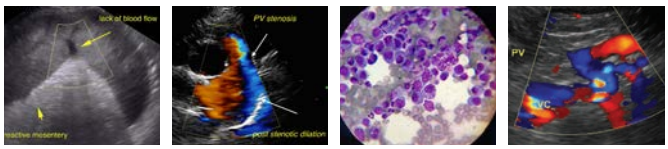
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or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

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio.



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Intestinal wall thickness measured up to 0.32 cm. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Heart

Rapid view of the heart revealed no evident pathology. Normal volumes. However, tricuspid insufficiency velocities would be necessary to rule out pulmonary hypertension or right-sided disease, yet not suspected. No evidence of pericardial effusion or masses.

PRIMARY FINDINGS

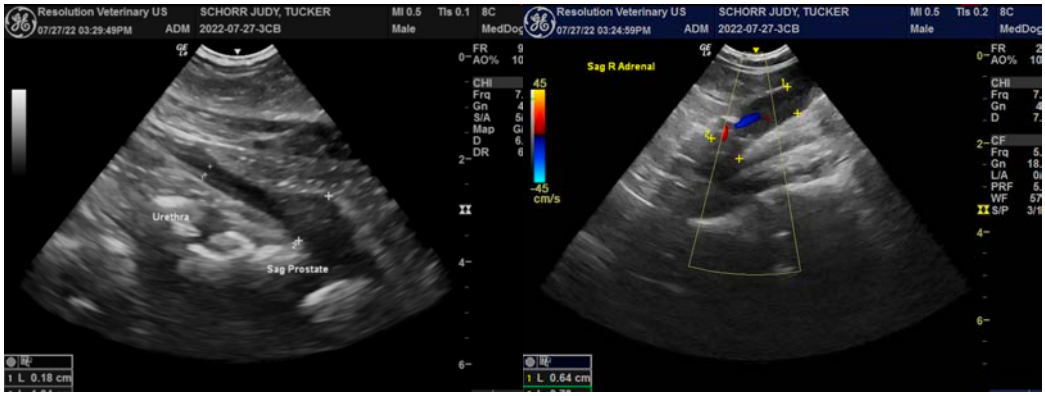
- Bilateral adrenal hypertrophy, expected changes for PDH on Vetoryl therapy
- IBD GI pattern

SECONDARY FINDINGS

- Age related renal, hepatic and pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdomen appears stable. The vena cava was dilated in this patient. This may be owing to sedation if the patient was sedated at the time of the sonogram. Otherwise, obstructive disease in the caudal thorax should be considered. Chest radiographs indicated.



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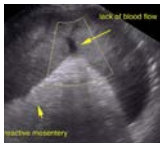
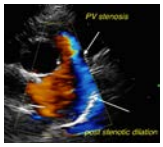
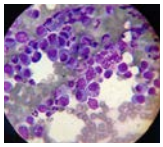
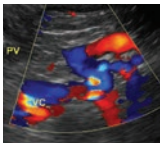

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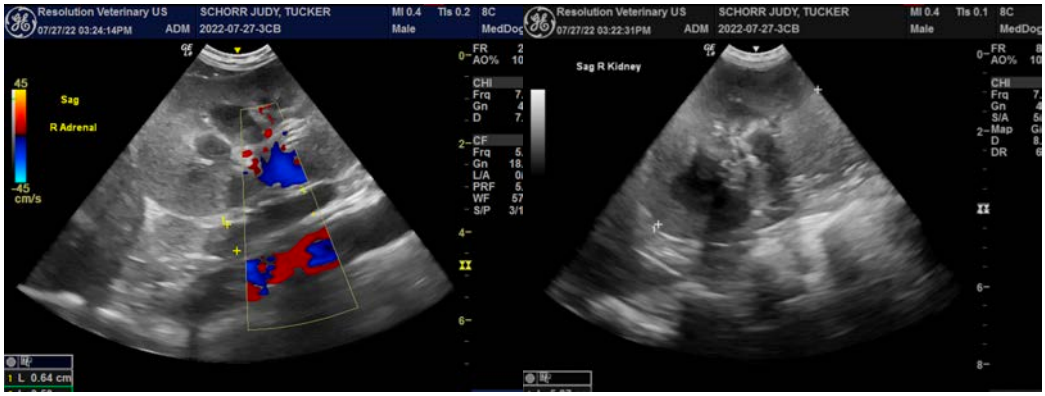

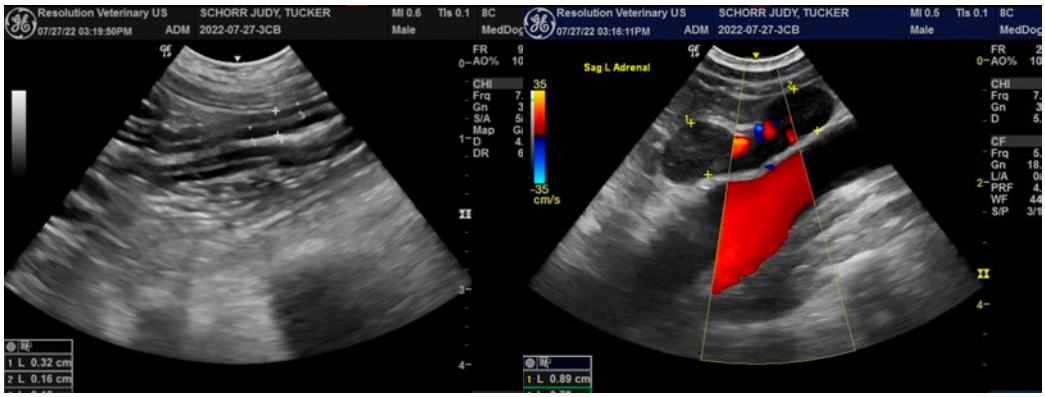

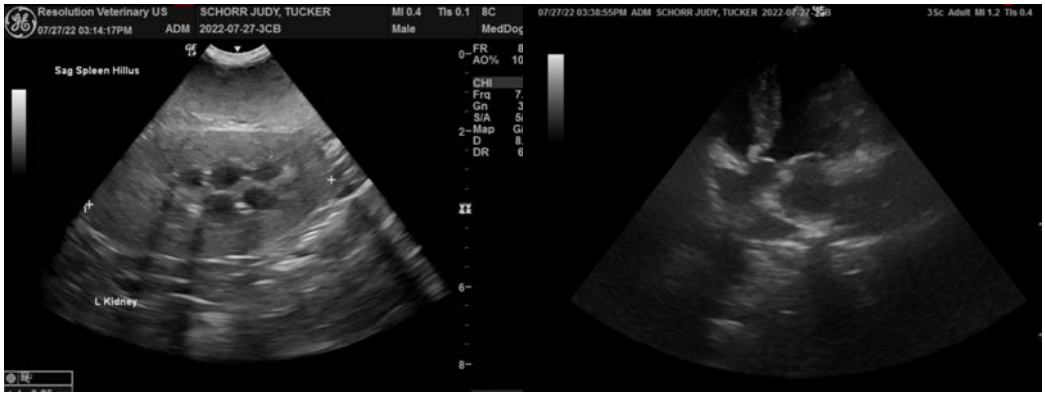

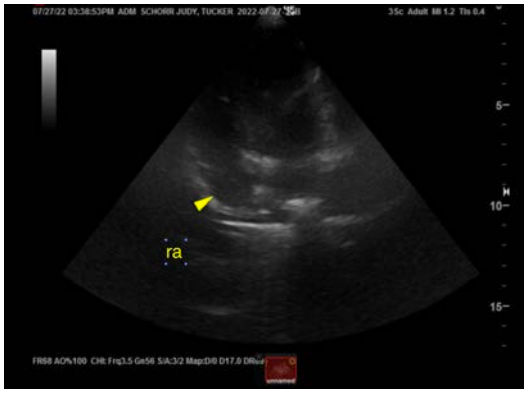

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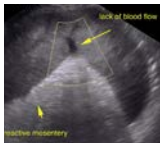
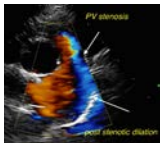
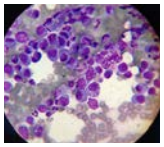
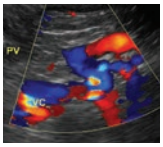

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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