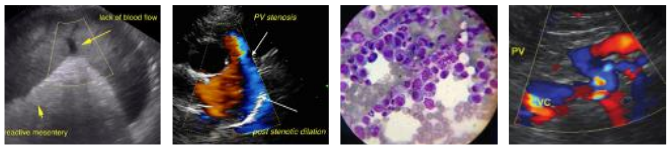

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1-800-838-4268 info@sonopath.com

PATIENT

Timmy Wong

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

13 Years

WEIGHT

13.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on Hudson

REFERRING VET

Dr. Vivian Ng

INVOICE

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PRESENTING CLINICAL SIGNS

History: Decreased appetite, possible regurgitation. History of heart disease: Current meds: furosemide, pimobendan, enalapril, theophylline, +/- metoclopramide, +/- mirtazapine.

Abnormal PE/Chem/CBC/UA Results: ALP 263, K 5.6, PSL 6653, WBC 28.6, neutrophils 24310, monocytes 658.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. A trace amount of debris was noted. Slight sand accumulation and mucucs were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. Wall thickness measured 0.2 cm.

The residual **prostate** was slightly heterogeneous, measuring 1.16 cm, yet uniform with slight areas of mineralization. Mild potential for emerging prostatic neoplasia/carcinoma.

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. The right kidney measured 4.23 cm. The left kidney measured 4.33 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 1.21 cm x 0.61 cm at the cranial pole and 0.43 cm at the caudal pole. The left adrenal gland measured 1.86 cm x 0.61 cm at the caudal pole and 0.53 cm at the cranial pole.

Spleen

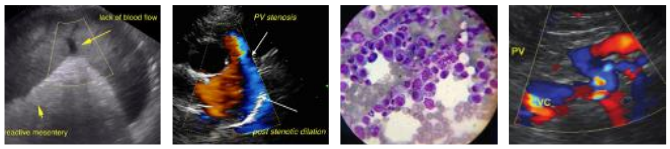
The **spleen** revealed a focal hypoechoic 0.81 cm nodule at the caudal pole. The remainder of the spleen was uniform with no evident pathology.

Liver

The **liver** itself was unremarkable. The minor gallbladder polyp was noted at 0.37 cm.

Gastrointestinal

The **stomach** revealed 2 pyloric polyps, measuring 1.15 cm and 1.14 cm with a large amount of gastric stasis, continuing into the ileocecal junction. Some remodeling was noted in the pyloric outflow as well. A large amount of gastric stasis was present. The gastroesophageal inlet was also thickened and irregular with areas of mineralization. Mineralized upper gastric wall was noted in the



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gastroesophageal inlet. Some luminal material was noted in the distal small intestine as well. Spastic small bowel noted.

Pancreas

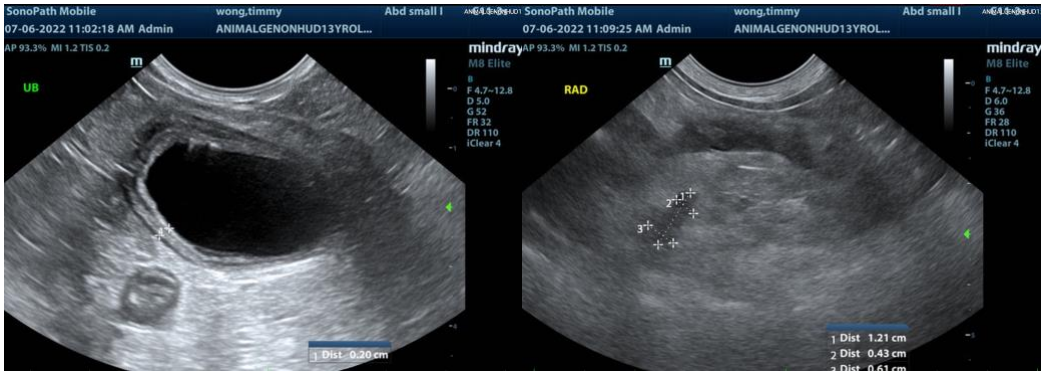
The **pancreas** was hypoechoic and irregular in the right limb with enhanced surrounding mesentery.

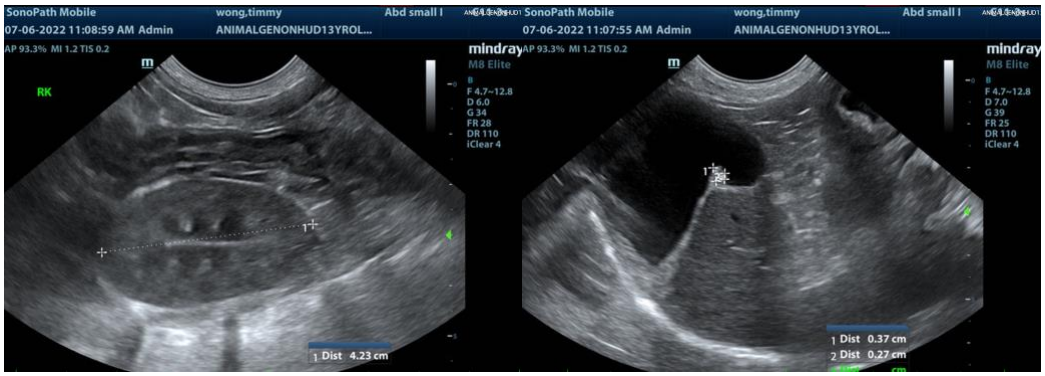
ULTRASONOGRAPHIC FINDINGS

- Heterogeneous prostate
- Slight bladder sand
- Age-related renal changes
- Focal splenic nodule
- Chronic GI changes with polypoid changes at the pyloric outflow and luminal material in the small intestine
- Hypoechoic pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I strongly recommend endoscopy in this patient with focus on biopsies at the gastroesophageal inlet, proximal fundus and proximal cardia, as well as the polyps in the pyloric outflow, for further definition. The transit of material in the distal small intestine may be irritative as well. Otherwise, exploratory surgery with inspection of the jejunum, gastroesophageal inlet and pylorus could all be justified with splenectomy. Chronic gastritis and dystrophic mineralization of the wall is possible. Gastronoma is possible. Gastric carcinoma is possible. Serum gastrin levels may also be appropriate in this patient. Prognosis is guarded. Palliative GI protectants and bland diet are warranted in the meantime.





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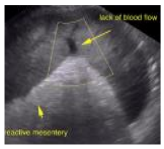
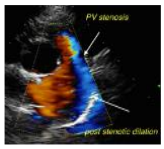
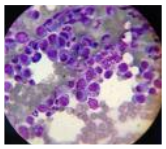
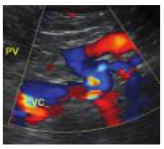

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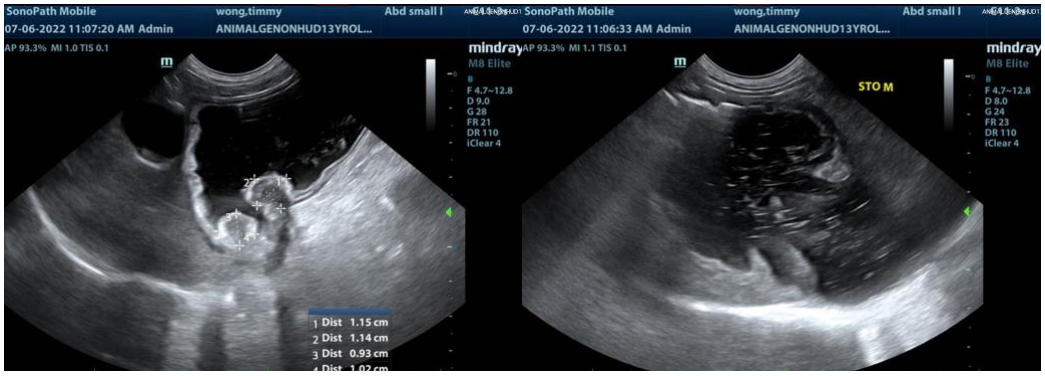

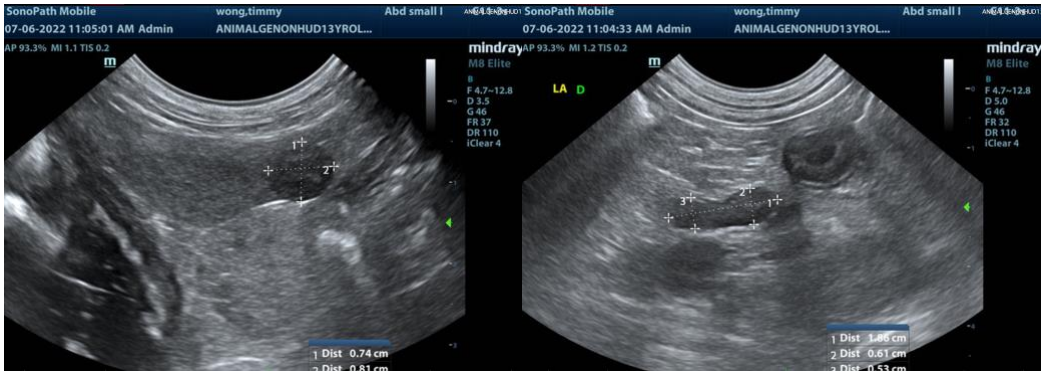

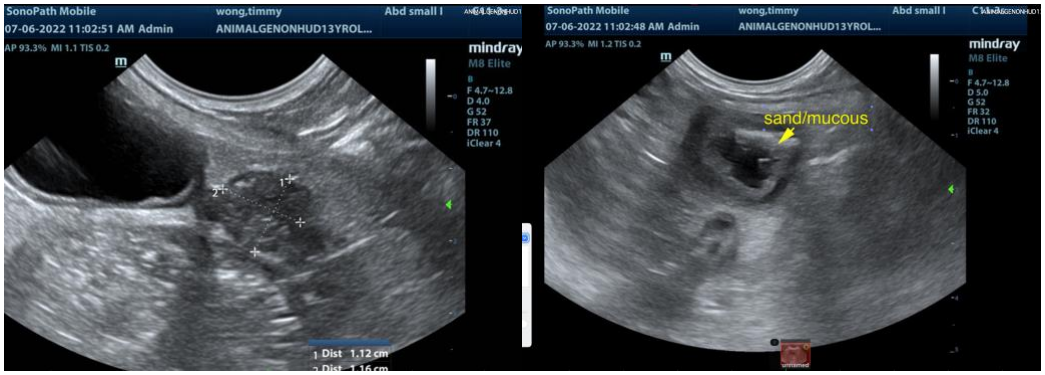

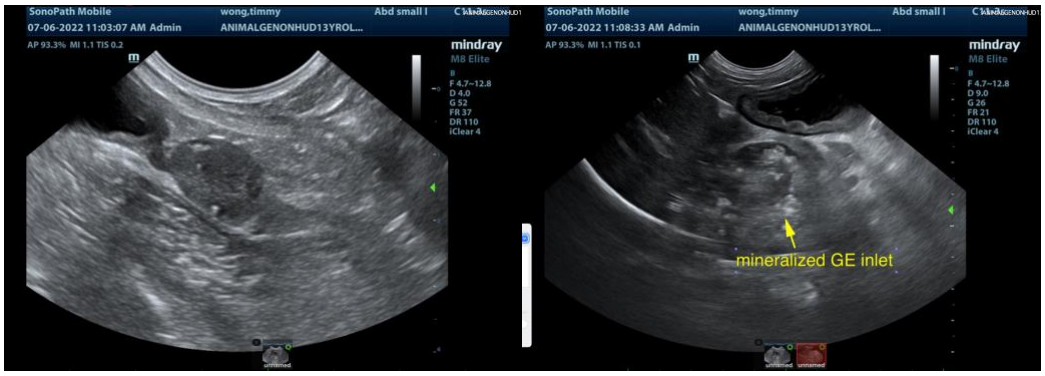

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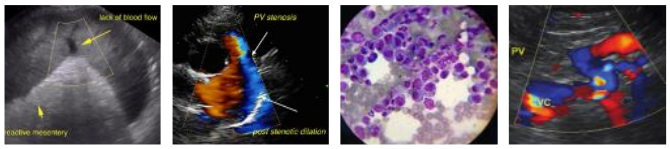

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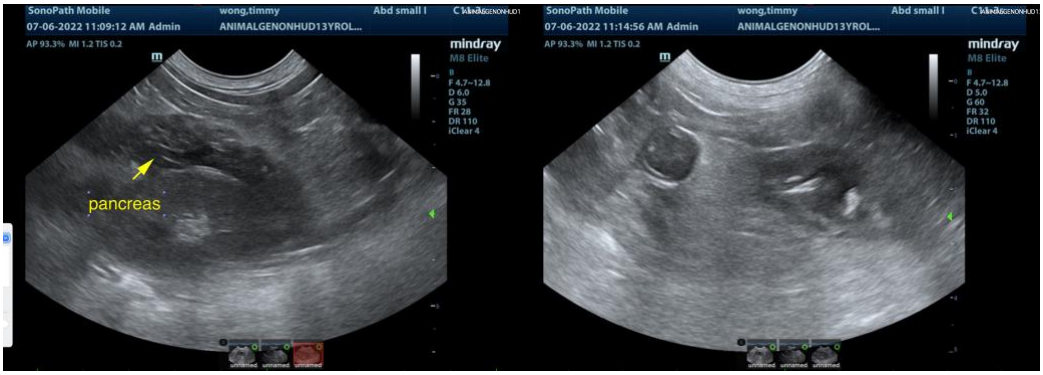

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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