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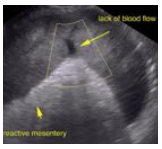

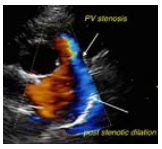

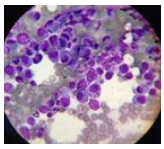
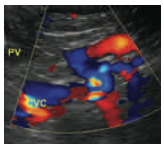

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jax Piserchia

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered male

AGE

17 years

WEIGHT

5.06 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Striano-Kaplan

HOSPITAL NAME

Ramsey Veterinary Hospital

REFERRING VET

Dr. Striano-Kaplan

INVOICE

31518

DATE

7/7/22

PRESENTING CLINICAL SIGNS

Decreased appetite and QOL past week - O notes pet having trouble getting around/unsteady at home. Episodes of abnormal breathing during exam today - ataxic, cyanotic. Pet has a history of Cushings and CVD. Increased liver enzymes and Bilirubin. Pet is currently on RX: Vetoryl 3mg SID, RX: Ursodial 50mg/mL 0.5mL PO BID, RX: Omeprazole 4mg/mL 0.75mL PO SID, and RX: Denamarin 90mg SID. Abnormal PE/Chem/CBC/UA Results: ALT: 178H, ALP: 176H, GGT: 41H, Total Bilirubin: 0.7H

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 residual prostate measured 0.5 cm.

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 left kidney measured 2.52 cm with slight mineralization. The right kidney measured 3.0 cm with cortical infarcts and mineralization that was non-obstructive.

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 0.4 cm. The right adrenal gland measured 0.6 cm.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** is riddled with micro and macronodular changes. The changes were moderately disruptive. Some of the nodular changes in the liver were moderately expansive. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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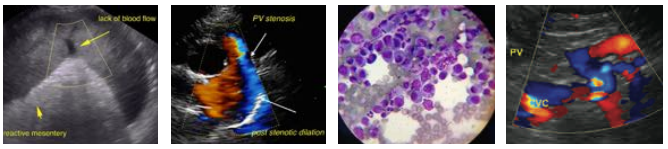

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Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

Moderate degenerative renal disease with non-obstructive mineralization.

Pronounced nodular hyperplasia liver pattern.

Emerging gallbladder mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a mild potential for underlying neoplasia. FNA of the hepatic nodules were noted. Bile acid profile along with continuation of Ursodiol therapy is warranted with further therapy based on hepatic FNA results. If the bile acids are elevated then early hepatic failure may be playing a role. If the bilirubin values continue to rise and are persistently elevated then emerging hepatic failure may be playing a role in the poor appetite. Other causes such as CNS, thoracic or orthopedic disease may be playing a role. Full urinary work-up is warranted. Gallbladder motility study would be ideal. Structurally the adrenal glands appear normal. I recommend reevaluating the adrenal axis in this patient.

For an additional charge an internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services

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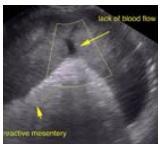
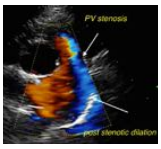
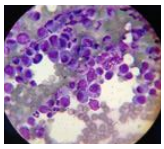
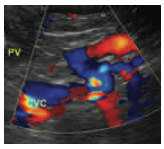

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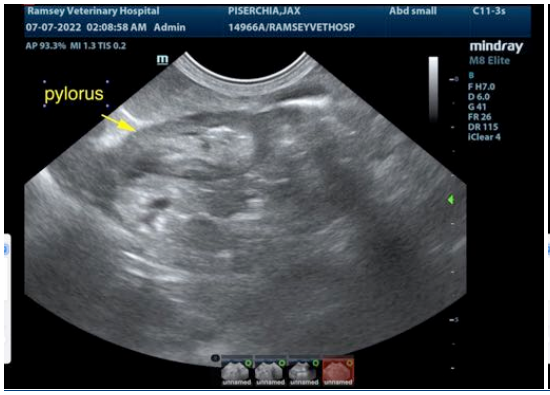

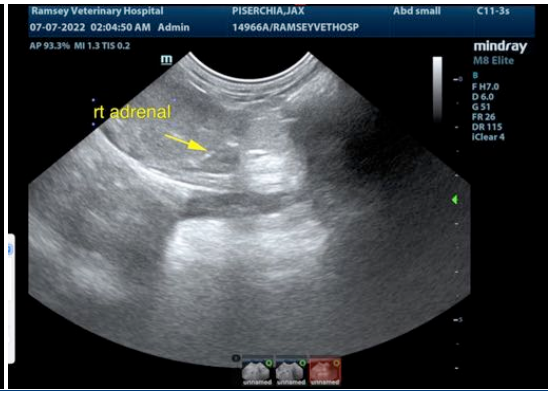

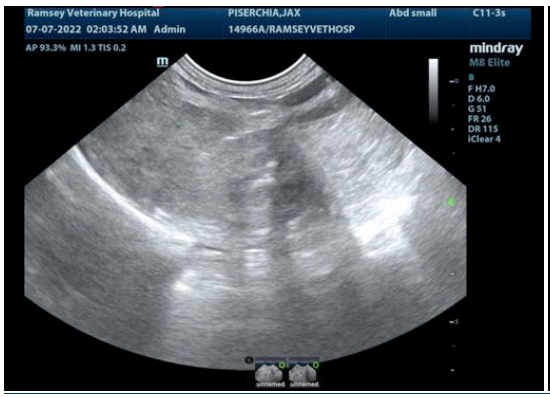
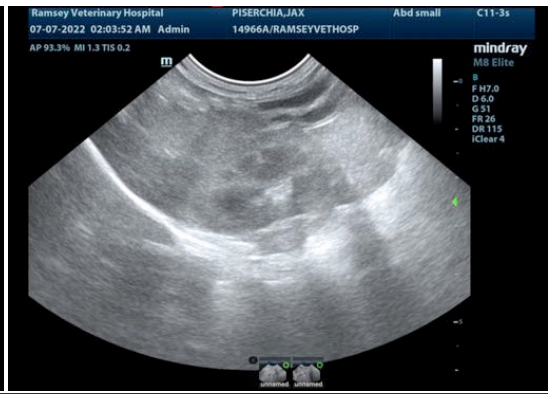
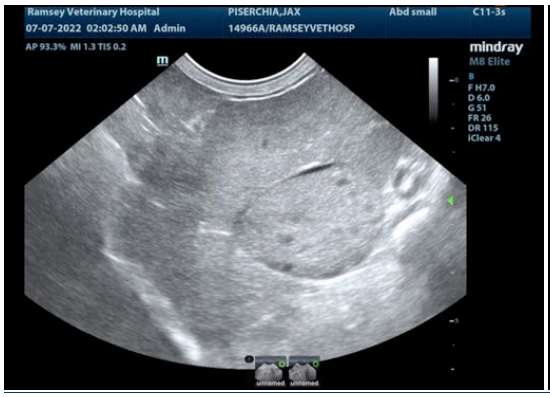
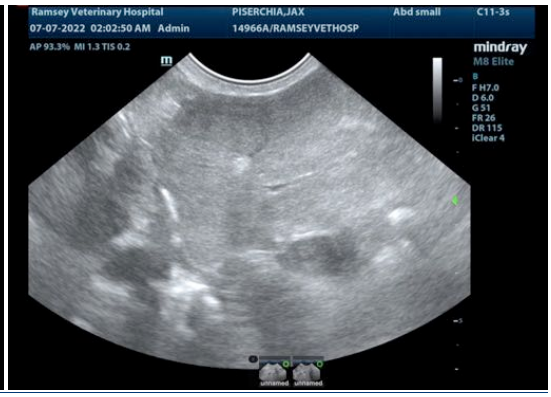
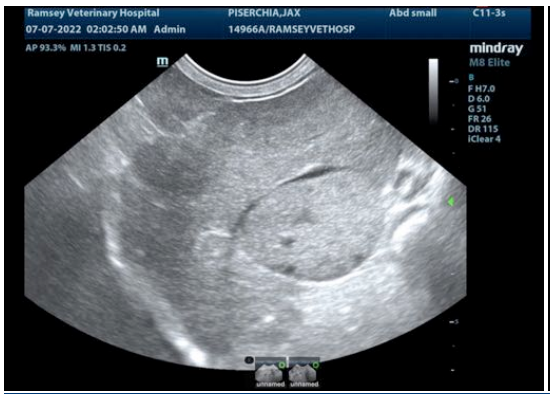


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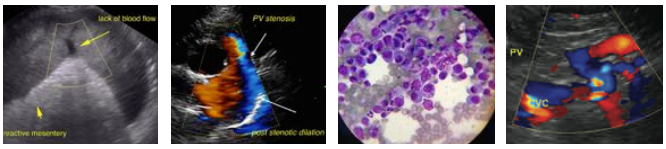

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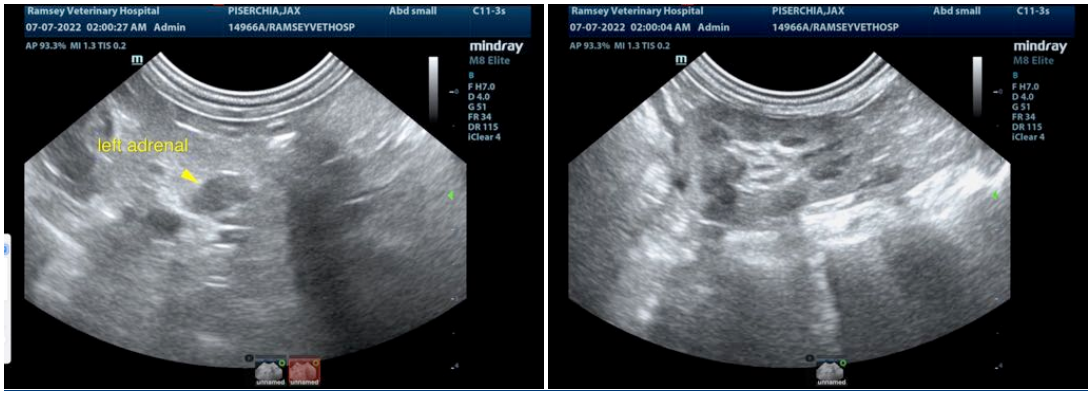

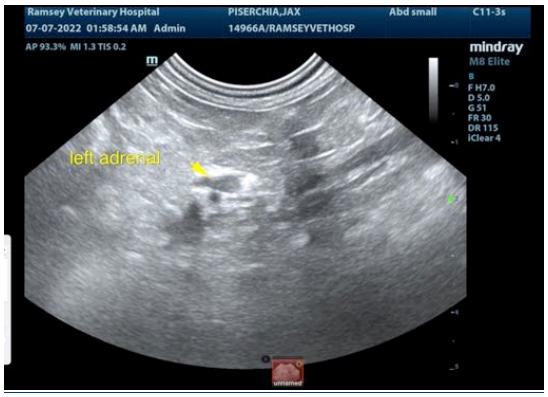

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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