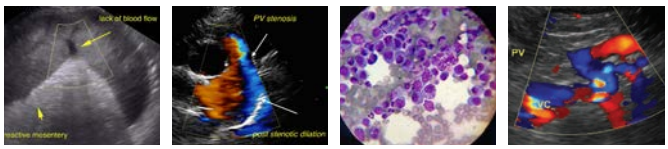
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Jackson Martin

SPECIES
Canine

BREED
Schipperke

SEX
Neutered Male

AGE
12 Years 8 Months

WEIGHT
14.8 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Carly Pate

HOSPITAL NAME
VCA McKenzie AH

REFERRING VET
Dr. Arpaia

INVOICE
40643

DATE
8/19/22

PRESENTING CLINICAL SIGNS

P has historically high ALP, rechecked in August 2022 and they have increased. August serum sample appeared lipemic after ~22hour fast- opted to run Triglycerides after hx of hypertriglyceridemia. C has noted some vomiting recently, but associated with pre-BW fasting so unsure if related. Hx of tracheal sensitivity. PT/PTT pending

Abnormal PE/Chem/CBC/UA Results: 8/16/22 Chemistry profile - Recheck ALP and triglycerides - ALP 761 (5-131)-- previously 376 in June 2022 - triglycerides 1386 (29-291) -previously 589 in March 2018 March 2018 calcium 11.6, June 2022 calcium 11.0

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 0.91 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 left kidney measured 4.37 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 0.56 cm at the cranial pole and 0.32 cm at the caudal pole. The left adrenal gland measured 0.68 cm at the caudal pole and 0.46 cm at the cranial pole.

Spleen

The **spleen** presented a hypoechoic nodule measuring 0.5 cm x 0.72 cm, non-disruptive. A separate nodule measured 0.81 cm in the mid spleen.

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. Hyperechoic non-disruptive nodules noted in the mid cranial liver up to 1.3 cm. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Minor gallbladder polyps noted at 1.07 cm x 0.57 cm.

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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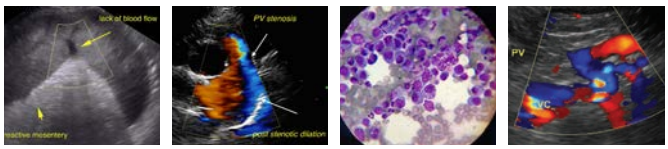

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Pancreas

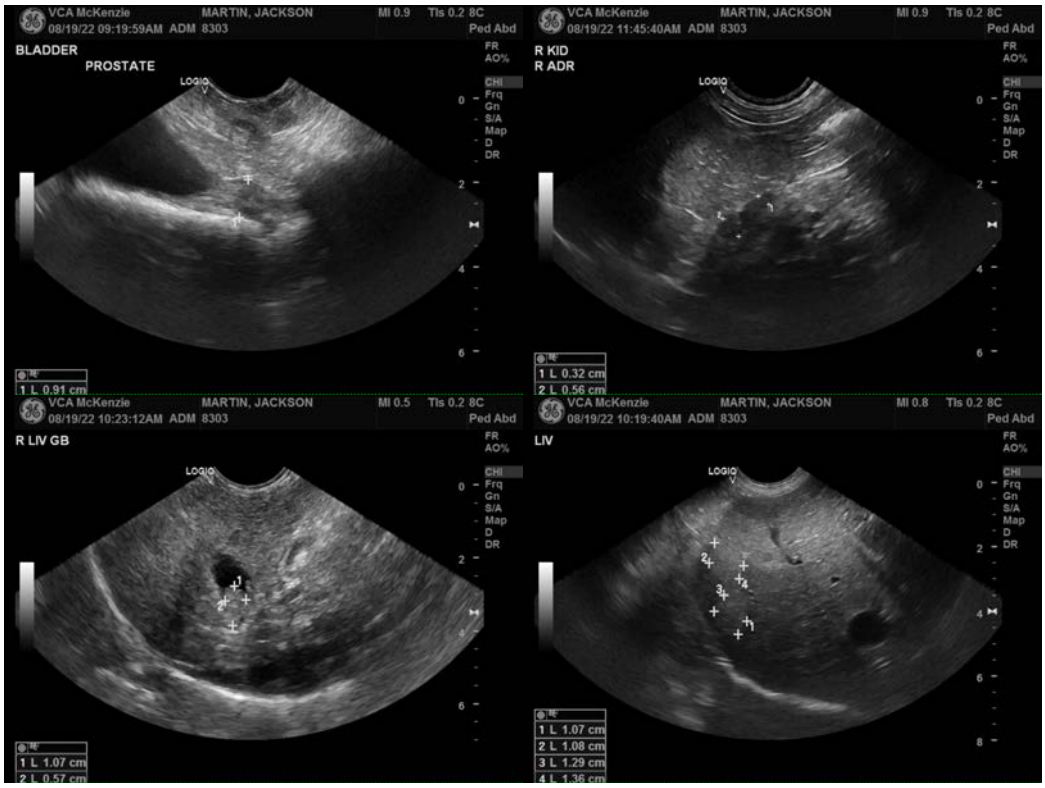
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Largely geriatric abdomen with non-disruptive splenic and hepatic nodules and gallbladder polyps
- Minor irregularity to the left adrenal gland

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic and hepatic nodules would be ideal for further definition and monitoring with recheck sonogram in one month to assess for any growth in nodular changes. Rapid view of the heart revealed no evident pathology. Nodular hyperplasia of the spleen and liver likely, mild potential for emerging neoplasia.



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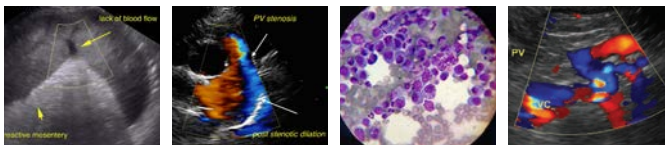

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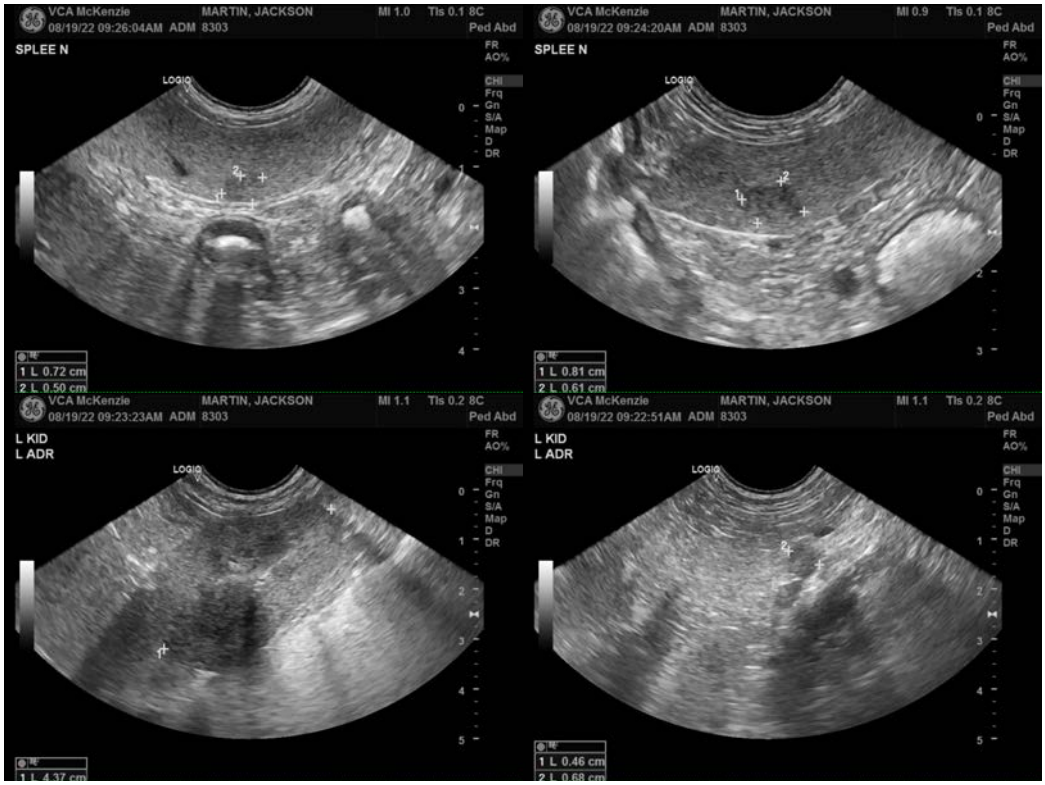

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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