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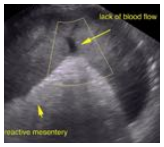
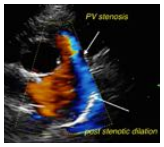
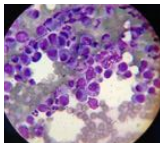
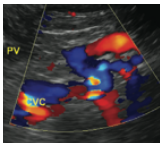

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1-800-838-4268 info@sonopath.com

PATIENT

Violet Archambault

SPECIES

Canine

BREED

Dachshund

SEX

Spayed female

AGE

13 years

WEIGHT

21.4 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. McGarvey

INVOICE

32528

DATE

8/24/22

PRESENTING CLINICAL SIGNS

History: PU/PD, elevated LE. Gaining weight. DDx liver disease vs. Cushing's disease.
Abnormal PE/Chem/CBC/UA Results: PE: moderate potbelly appearance. BW: ALP 4,035, ALT 617, GGT 28, Lipase 334. Eosinopenia.

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 5.44 cm. The left kidney measured 5.23 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 0.8 cm at the cranial pole and 0.74 cm at the caudal pole. The right adrenal gland measured 1.21 cm at the cranial pole and 0.67 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 was noted.

Liver

The **liver** was uniformly swollen. Lobar biliary calculus was noted in the right medial liver and measured 0.3 cm. The calculus was non-obstructive. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. The gallbladder wall was mildly echogenic and with a minor amount of sand. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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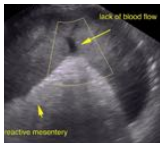
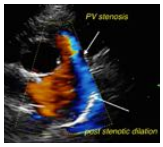
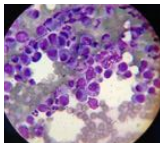
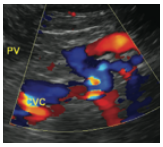

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Gastrointestinal

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

Subjectively benign hepatopathy. Lobar biliary calculus was noted in the right medial liver.

Vacuolar hepatopathy pattern with inflammatory component.

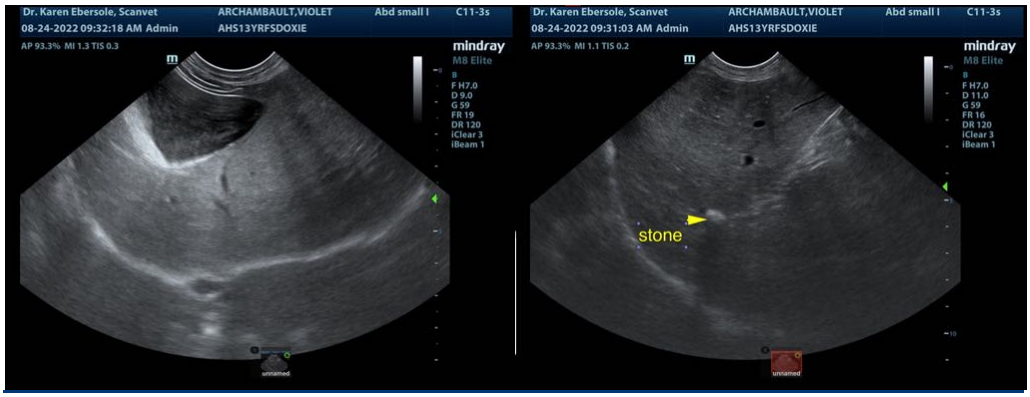
Structurally normal adrenal glands.

Minor dependent gallbladder debris was noted.

Splenic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Early PDH is a potential. Ursodiol therapy is warranted over the next 6-8 weeks along with FNA of the liver. If solid Cushingoid parameters are present then work-up for PDH could be considered as a small percentage of patient's with PDH can have measurably normal adrenal glands. Splenic and hepatic mineralization were noted, which is suggestive of endocrinopathy. Recheck sonogram is recommended in 6-8 weeks. There was no evidence of suspicion of neoplasia.



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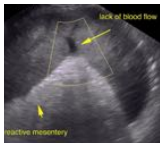

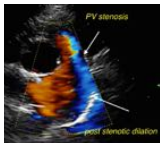

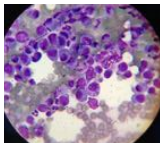
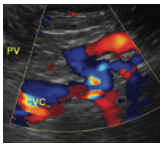

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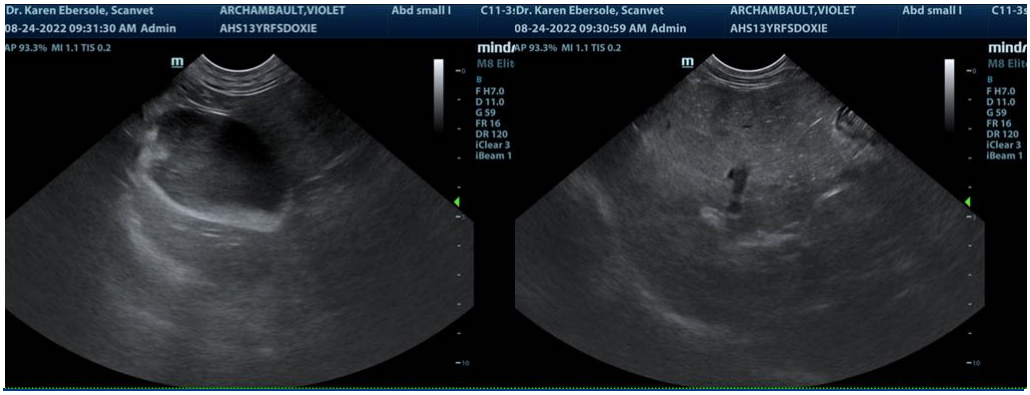

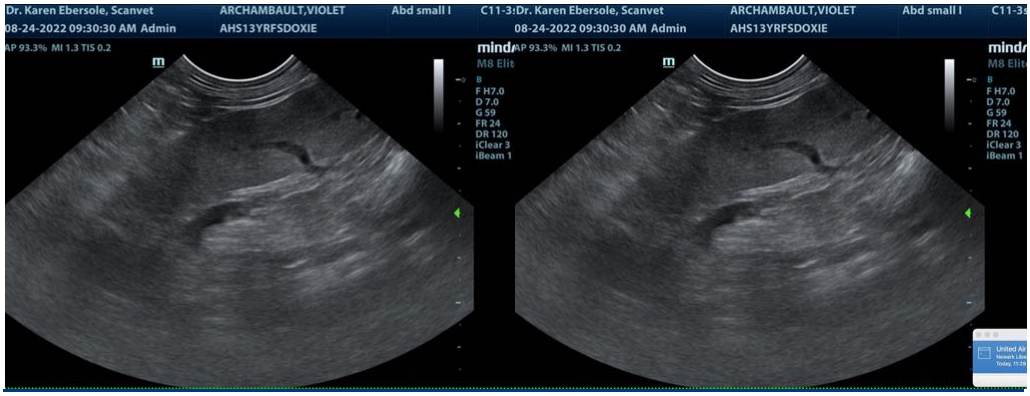

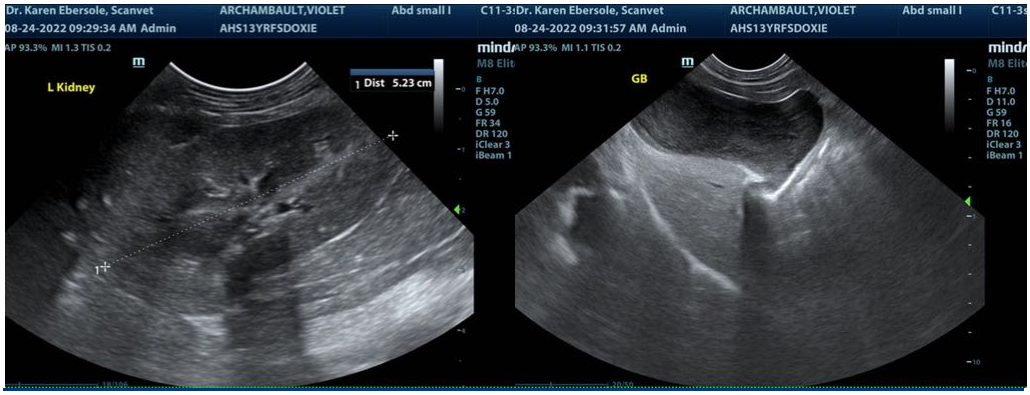

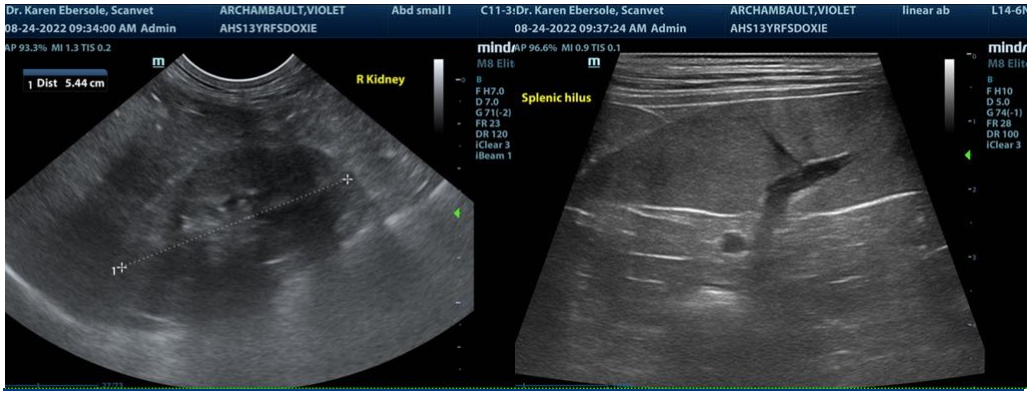

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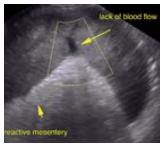
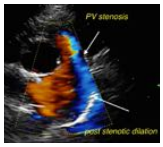
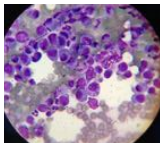
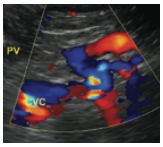

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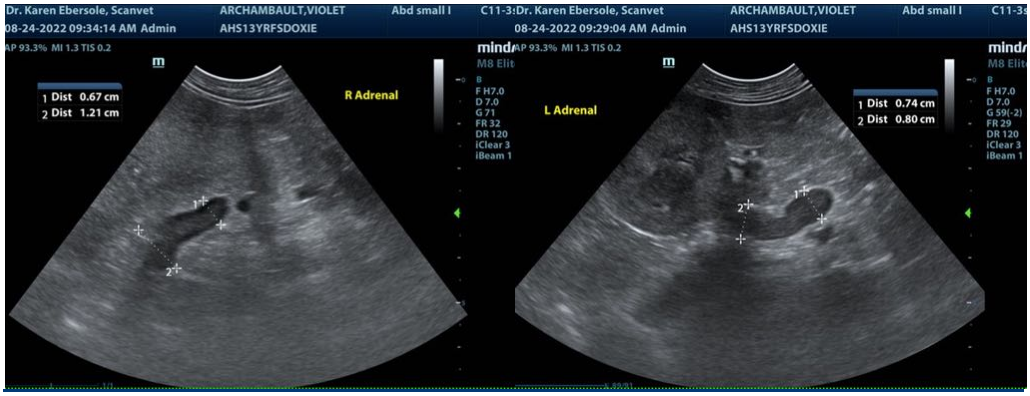

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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