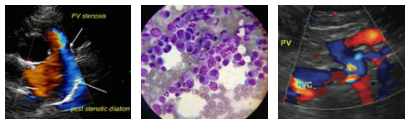
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE
8/26/21

PATIENT
Karma Ogden

SPECIES
Canine

BREED
Boxer

SEX
Spayed Female

AGE
2009

WEIGHT
67.8 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME
Healing Paws Veterinary Wellness Center

REFERRING VET
Dr. Preston/Chabalko

INVOICE
91543

PRESENTING CLINICAL SIGNS

Patient has had elevated liver enzymes since at least February of this year, but have gotten suddenly much higher in the past 2 months. Has been having episodes of pu/pd as well, suddenly worsened in the past month, drinking a lot. Otherwise eating fine, no other issues
Current Medications: Rx Hepato Support supplement - 2 capsules BID
On a glucosamine supplement as well.
Lab Results: Liver values: May 2021 ALP 181, ALT 121, June 2021 ALP 169, ALT 235, August 2021 ALP 240, ALT 419.
Date of Previous IntraPet Ultrasound: No previous
Sedation: not needed
Stat Report: not requested

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 5.91 cm.

Adrenal Glands

The right **adrenal gland** was uniform and measured 2.52 x 0.1 cm at the caudal pole and 1.24 cm at the cranial pole. The left adrenal gland was slightly enlarged and measured 2.84 x 0.93 cm at the cranial pole and 0.91 cm at the caudal pole.

Spleen

The **spleen** revealed hypoechoic nodule at the mid cranial body and measured 1.5 cm. The architecture was disrupted.

Liver

The **liver** revealed mildly increased portal markings with slight coarse architecture. The gallbladder and common bile duct were unremarkable. The changes are most consistent with non-specific low-grade inflammatory hepatopathy.

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

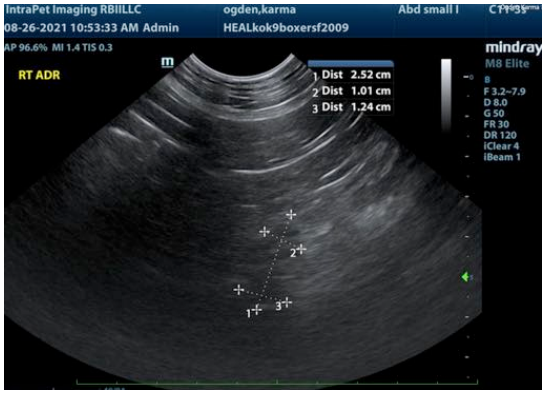
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

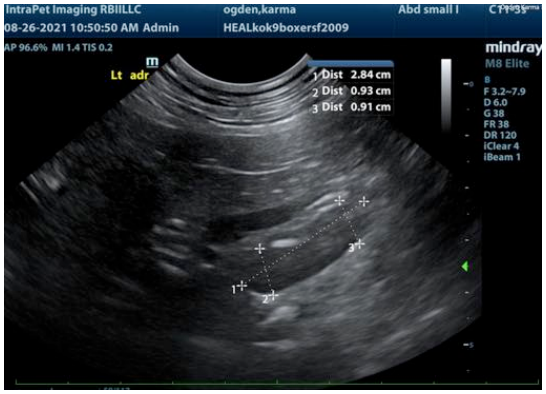
ULTRASONOGRAPHIC FINDINGS

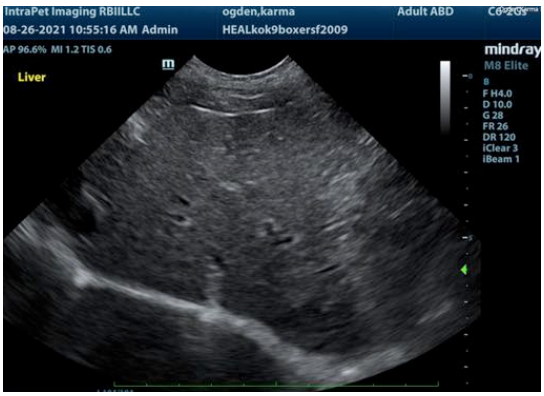
Splenic nodule. Differentials include round cell neoplasia, hyperplasia, or hemangiosarcoma.
Non-specific hepatic inflammatory hepatopathy.
Slightly enlarged left adrenal gland. Likely a normal variant.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Either direct splenectomy and liver biopsy could be justified or FNA of the splenic nodule and FNA of the general liver to assess inflammatory cell type. Blood pressure measurements are recommended.







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
Eric.Lindquist@SonoPath.com