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Clinical Sonography & Telecytology
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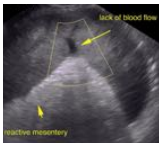
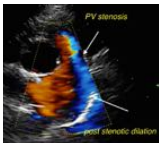
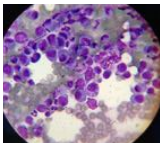
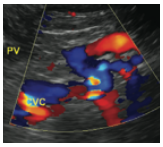

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1-800-838-4268 info@sonopath.com

PATIENT
Quincy Sinton

SPECIES
Canine

BREED
Boston Terrier

SEX
Neutered male

AGE
14 years

WEIGHT
25 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Striano-Kaplan

HOSPITAL NAME
Ramsey VH

REFERRING VET
Dr. Striano-Kaplan

INVOICE
46464

DATE
8/4/23

PRESENTING CLINICAL SIGNS

History: Hind end weakness, no C/S/V/D, no PU/PD
Abnormal PE/Chem/CBC/UA Results: heart murmur 2/6 on exam, tense abdomen, referred upper airway noise, arthritis ALT: 153H, ALP: 607H, Cholesterol: 369H Bile acids pending 11/22 UCCr 31

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented minor, apical wall polyps, polypoid changes and coalescing grouping of calculi and measured 0.75 cm.

The residual prostate measured 0.5 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. Moderate mineralization was noted in the kidneys. Slight cortical cyst was noted in the kidneys. The right kidney measured 5.39 cm. The left kidney measured 5.34 cm with slight pyelectasia and echogenic debris.

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 1.7 x 0.6 cm. The right adrenal gland measured 1.2 cm at the cranial pole and 0.7 cm at the caudal pole.

Spleen

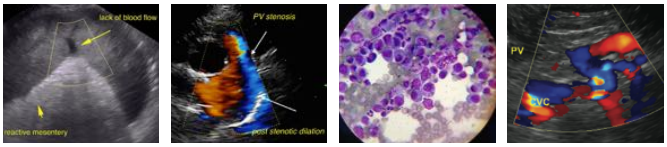
The **spleen** was uniform with multi focal hyperechoic changes. This is consistent with lipogranuloma. This is not overtly pathological.

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. Occasional, non-disruptive, hypoechoic, nodular change. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder and common bile duct were unremarkable.

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



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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.

Free Abdomen

A large amount of abdominal fat was noted in this patient.

ULTRASONOGRAPHIC FINDINGS

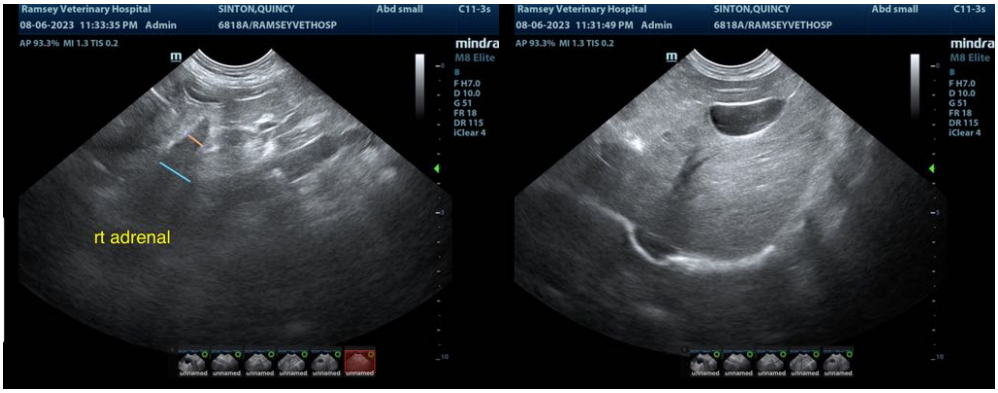
Lipid plaques in the liver, nodular hyperplasia.

Age related hepatic changes.

Otherwise, unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is likely passing renal calculi periodically given the renal presentation and pyelectasia in the left kidney. There was some echogenic debris in the left renal pelvis. The clinical signs may be somewhat related to the urolithiasis. Cystotomy, stone analysis and culture are indicated. 4-6 week antibiotic therapy may be necessary if UTI is evident given the chronic changes in the left kidney. The hepatic presentation subjectively appears benign, yet FNA would always be valid in this type of presentation for further definition.



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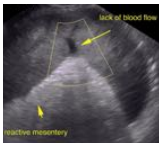
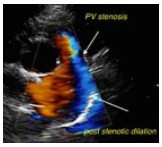
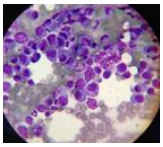
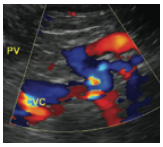

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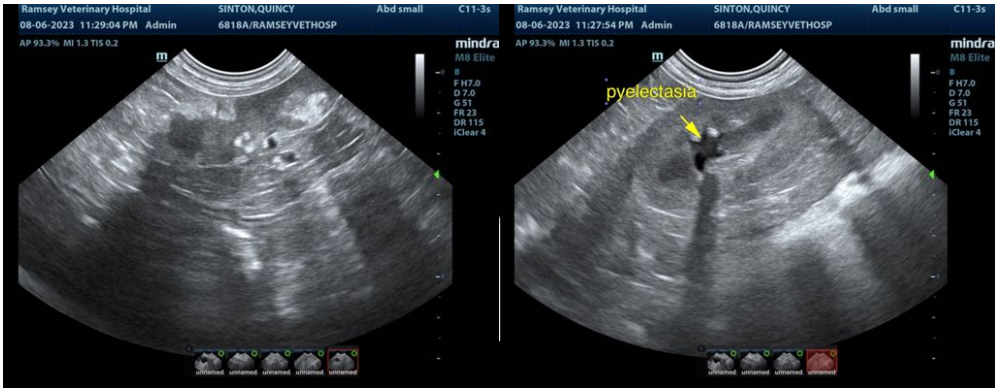

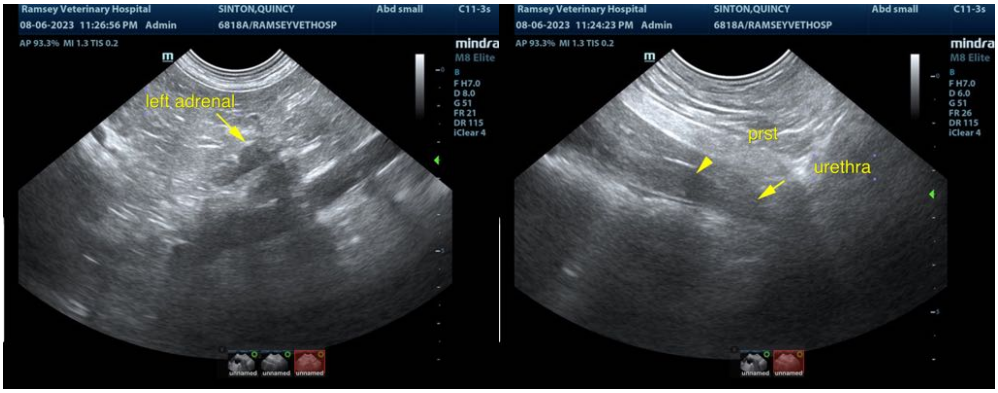

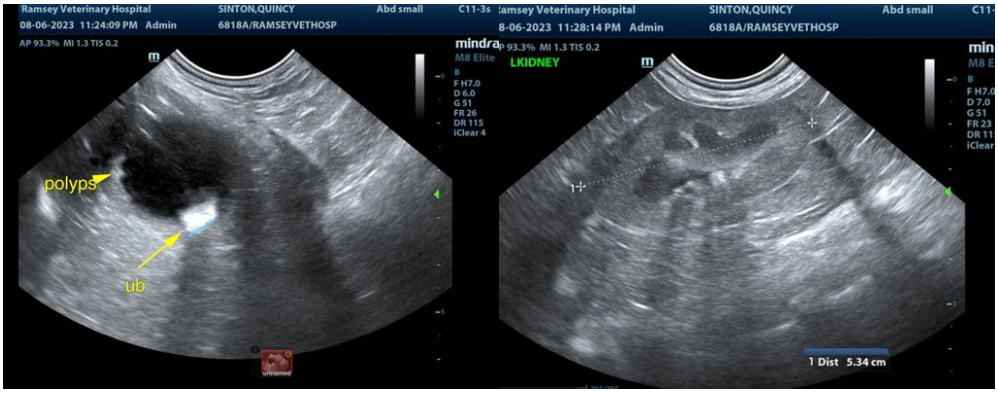

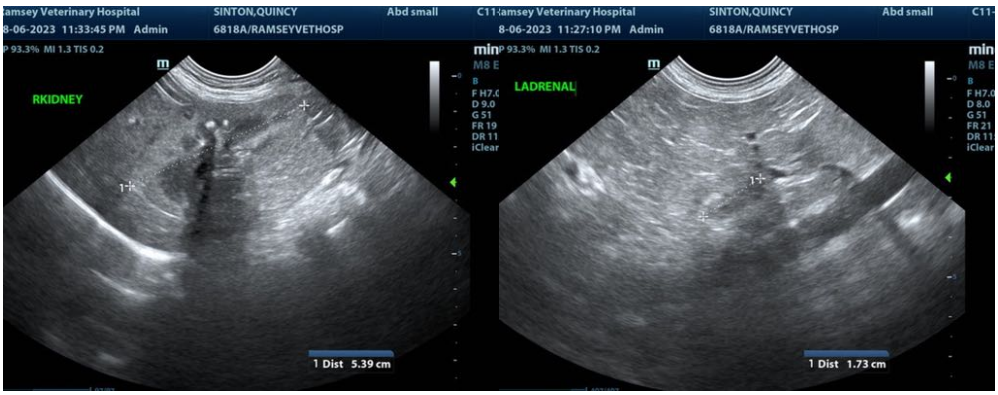

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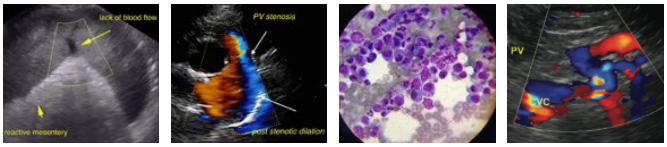

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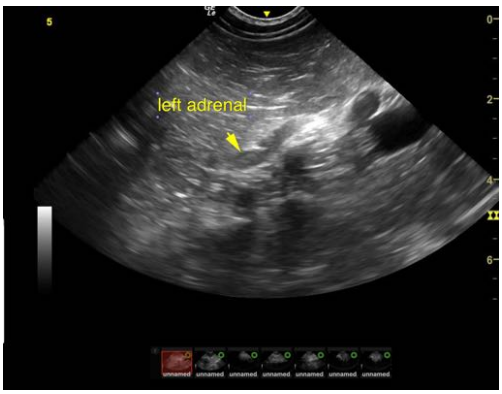

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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