

PATIENT PRESENTING CLINICAL SIGNS

Angel Kwong History: Obese. Grade III/VI systolic murmur. Collapsing trachea. Stage 3 CKO progression. Current meds: Renal diet BP: 104, 109, 111 mmHg. Having bi-cavity ultrasound exams.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED 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.

SEX The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are moderate and most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Slight pyelectasia was noted in the left kidney. The left kidney measured 4.72 cm. The right kidney measured 5.1 cm. Occasional cortical cysts noted in the kidneys.

WEIGHT Adrenal Glands

24 Pounds The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 0.72 cm at the caudal pole and 0.75 cm at the cranial pole. The right adrenal gland measured 0.72 cm.

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

Liver

HOSPITAL NAME

Pine Banks AH

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Slight heterogeneous parenchymal changes noted. Vascular tracts were of normal volume and no evidence of congestion was noted. The hepatic lymph nodes were unremarkable.

REFERRING VET

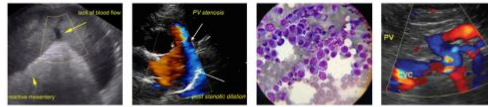
Hasan Syed, DVM

The **gallbladder** was overdistended with excessive largely dependent debris and minor striation. This is consistent with immature gallbladder mucocele. The gallbladder measured approximately 6.0 cm in width.

INVOICE Gastrointestinal

17342

DATE



PATIENT

The **gastrointestinal tract** revealed minor areas of spasming and slight thickening without loss of detail.

Angel Kwong

Pancreas

SPECIES

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Canine

BREED

Poodle

ULTRASONOGRAPHIC FINDINGS

SEX

- Moderate chronic degenerative renal changes
- Bilateral adrenal hypertrophy
- Mineralized spleen
- Immature gallbladder mucocele
- Spasming and thickening in the GI tract
- Age-related pancreatic changes

Spayed Female

AGE

13 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

I'm concerned both for PDH/Cushings in this patient. If urine specific gravity is <1.020, I recommend work up for pituitary dependent hyperadrenocorticism. Gallbladder motility study is warranted regarding the gallbladder. Ursodiol therapy over a 6-week period with recheck sonogram at that time is recommended.

24 Pounds

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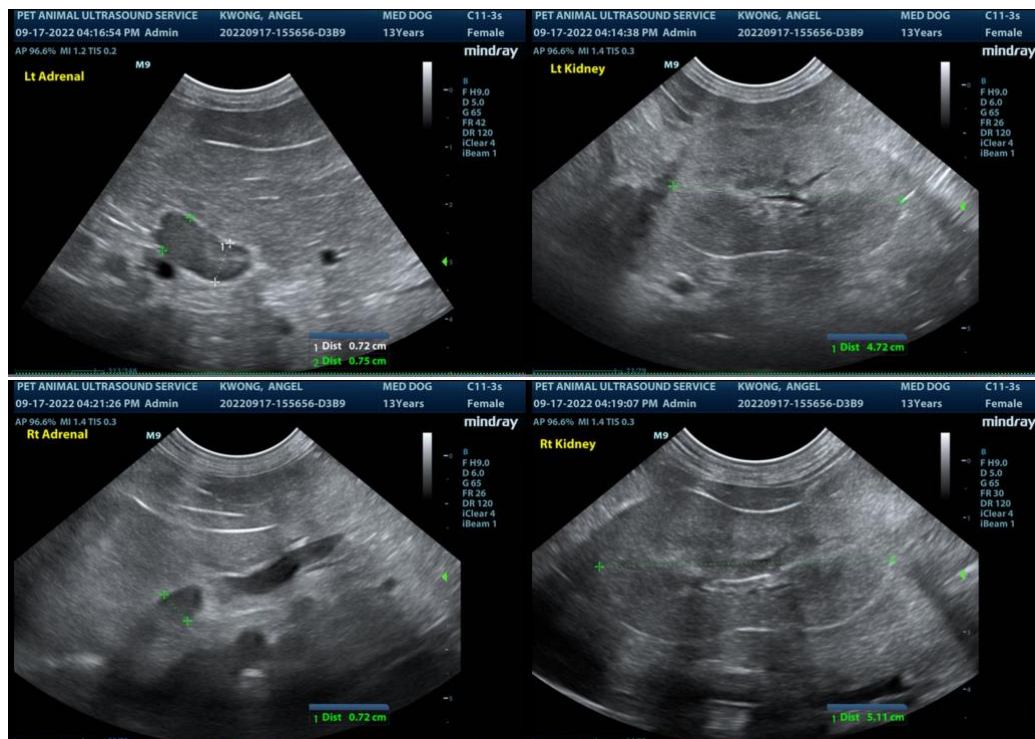
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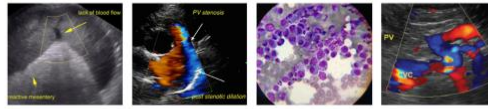
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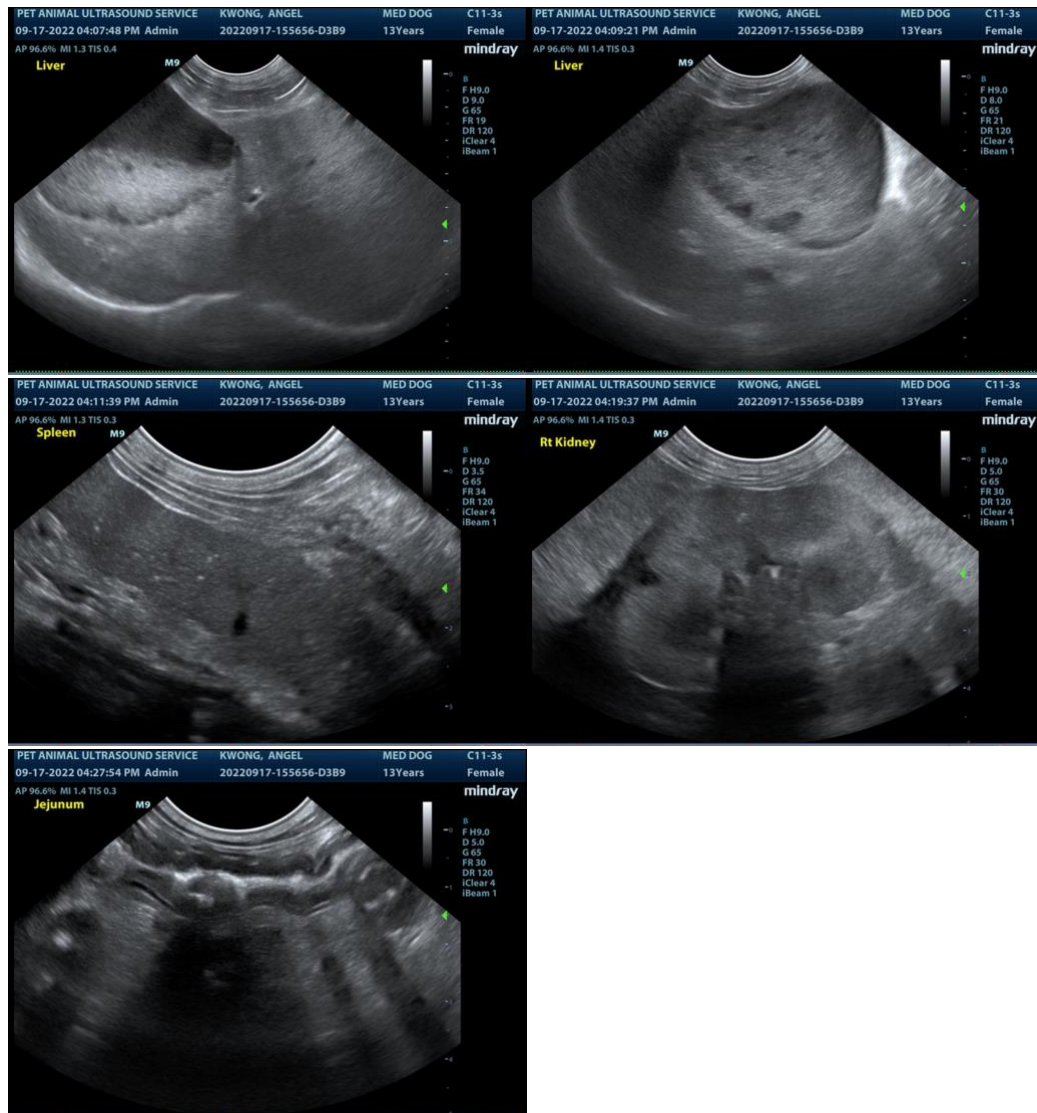
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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